A Health and Social Care Delivery Plan - For People to be Healthy and Supported

2013-2016

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Purpose

This Plan provides the delivery vehicle for the Healthy and Supported outcome of our Joint Health & Well Being Strategy. It directly contributes to the two overarching priorities for our community - **One Darlington: Perfectly Placed**.

One Darlington – describes our approach to people in our borough, to make sure that they are not disadvantaged by lack of income, where they live or any other circumstance that might constrain their potential to achieve good outcomes. The outcomes we seek for One Darlington are that:

- People are healthy and supported
- People are educated and skilled
- People are financially secure
- People live in cohesive communities

Perfectly Placed – describes our approach to the place that is our local environment, helping to shape our infrastructure, economy, neighbourhoods and care for the environment, that makes Darlington a great place to live. The outcomes we seek for Perfectly Placed are that:

- People live in sustainable neighbourhoods
- People are safe and free from crime
- People are ambitious and entrepreneurial.

The primary objective of this plan in delivering against these priorities is to focus on narrowing the gap and addressing inequalities. In order to deliver against this, three high level priorities have been identified which require joint action across health, social care and public health.

Priority actions:

Action 1. To focus resources in areas of highest need
To develop a pathfinder model in a community which enables services and support to be delivered with a scale and intensity that reflects the level of need within the community (this is known as proportionate universalism). The model would rely on the realignment of existing resources with a specific community which would be selected using health needs data as well as community engagement. When developed this model of delivery and resource alignment could be rolled out across the borough.

Action 2. To create a sustainable health and social care economy
This will deliver a number of key actions across the health and social care economy including the commissioning for resilience programme (outlined in figure 1), quality improvement programmes in health and social care and early intervention and prevention.

Action 3. To improve the management of long term conditions
This will include public health measures to prevent the onset of long-term conditions across the population and the delivery of a collaborative improvement project across health and social care.

These actions have been developed using the direction provided by the health and wellbeing strategy and are informed by: local assessment of health and social care need, the evidence base for effective actions and feedback from stakeholders including the public on the issues most important to them.

To improve healthy life expectancy, mental well-being, reduce preventable illness and deaths ensuring individuals, families and communities are supported within these actions we will focus on:

- Obesity and physical activity
- Alcohol and substance misuse
- Smoking and tobacco control
- Teenage conception
- Mental well being
- Choice and support to manage long term conditions and independence
- Giving children the best possible start in life
- Safeguarding vulnerable children and adults

Rather than address these issues independently, this plan will look innovatively to an integrated approach which seeks to maximise health gain and the improvement of social care outcomes. The Plan delivers on the requirement for the Health and Well Being Strategy to promote integrated commissioning and provision between health, public health and social care and to encourage integrated working between the commissioners of health and social care services. These priorities for action therefore focus on opportunities to integrate health and social care services, to pool funds and to jointly commission provision where this makes sense.

Each action resonates clearly with the commitments for working together within the Health and Well Being Strategy. These are:

- To relentlessly focus on narrowing the outcomes gap between individuals, groups and neighbourhoods; (Action 1 and 3)
- To mitigate the impacts of child poverty, the economic downturn, public expenditure cuts and welfare reform on the community and wider economy promoting decent standards of living; (Action 2)
- To develop community capacity/resilience, support networks and community led and controlled interventions and projects; (Actions 1, 2 and 3)
- To utilise population insight and intelligence to better target key messages and programmes of action; (Action 1, 2 and 3)
- To strengthen the role of early intervention and prevention in mitigating harm and reducing costs. (Action 1, 2 and 3)

The Plan aims to **enhance the capacity of the whole system** to improve health and social care outcomes, providing the tools for communities and a wide range of organisations to promote and improve health and wellbeing. The delivery of the plan will result in the development of sustainable skills, structures and resources which maximise opportunities for health improvement and reduce inequality at every opportunity.

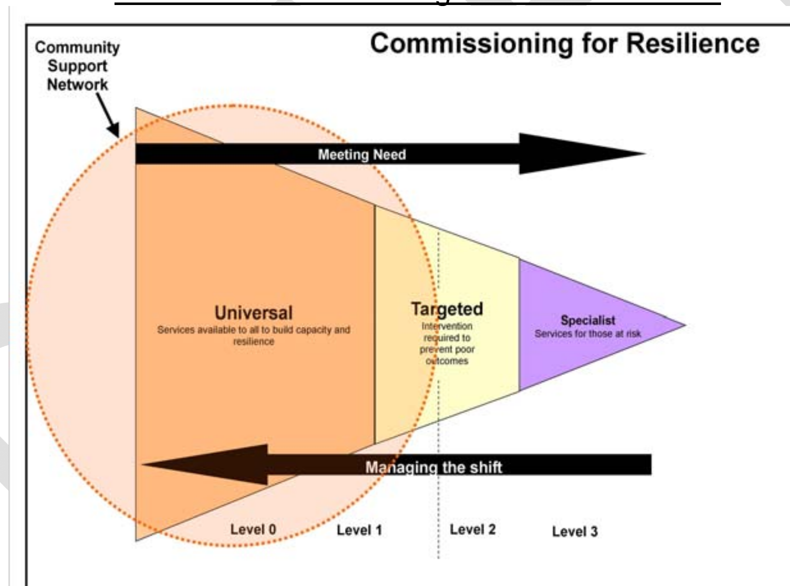
In order to start to make a difference in improving the health of every person in Darlington, there will be a culture of making “every contact count”. This will be achieved by ensuring the wider public health workforce has the appropriate skills and knowledge to improve health and social care in their area of work and that communities feel empowered to identify health inequalities and social issues and to take action.

To impact on the gap in health and life expectancy services need to engage the "missing 1000's" of individuals who are, for a number of reasons, not benefiting from effective early identification and intervention for their developing health conditions and social care support needs.

Although this Plan focuses on the Healthy and Supported outcome it also recognises the positive relationship that good health can have on the other outcomes. It equally recognises the negative impact on health and wellbeing that poor, unsafe environments, poor housing, financially insecurity and poverty can have on individual and community health. This plan is therefore part of a wider suite of strategies and plans to deliver improved health and wellbeing including the Community Safety Plan, Children and Young Peoples Plan and the Economic Strategy. This plan will not duplicate the specific detail of existing topic or client specific action plans and strategies; instead this plan focuses on three priority actions which require joint working and integration across health and social care to address inequality.   All three actions will need to be underpinned by the work of existing strategies.

Achieving the priorities will be dependent on maximising the use of available resources across health and social care. Therefore this plan is to be supported by an economic model which seeks to develop communities and build resilience within the provision of community (universal) services and to intervene early where individuals, families and carers require additional support, whilst managing the need for more expensive and potentially less effective specialist services.

FIGURE 1. Commissioning for resilience model



This will enable a whole system approach for the population of Darlington to include:

- Localised early intervention and preventative services to work proactively with the community
- Restructure and adjust services until the strategic outcomes and priorities are achieved
- Ensure people move into specialist services only where appropriate after effective screening
- Enhance the step-down approach to move people from specialist services into targeted and universal services
- Improve the quality of service provision across providers through effective commissioning
- Commission specialist services that are fit for purpose to meet the outcomes whilst organisations receive value for public money and make efficiencies.

In summary the Health and Social Care Delivery Plan:

- Addresses community health inequalities identified within Darlington Single Needs Assessment
- Identifies our priorities for action to improve health and social care outcomes which could be addressed through closer integration of the commissioning and the delivery of NHS and Local Authority services
- Sets out the actions we will deliver over the next three years
- Provides the context for the Darlington Clinical Commissioning Group and Darlington Borough Council, in the development of their plans, strategic priorities and commissioning processes
- Provides a performance management framework through which actions and progress can be monitored by stakeholders

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Legislative and Policy Context

The Health and Social Act 2012
The Health and Social Care Act 2012 provides the statutory back-drop to the development of this Plan.

Health and Well Being Boards
New Health and Well Being Boards are responsible for producing Joint Strategic Needs Assessments and developing a joint Health and Well Being Strategy for their local area. The Strategic Needs Assessment and Health and Well Being Strategy provides the basis for all health and social care commissioning and for promoting the integration of services. The Strategic Needs Assessment identifies the health and well being needs of the local area and provides a sound evidence base for the commissioning of local services and the action to be taken by partners working together. It provides the framework to examine all the factors that impact on well being. A copy of the Strategic Needs Assessment for Darlington can be found at:

http://www.darlington.gov.uk/Children/Single+Needs+Assessment.htm

The Health and Well Being Strategy, which this plan supports, focuses on outcomes and the things that can be done together which will have greatest impact. It provides the opportunity to extend planning beyond health and social care to facilitate the planning and commissioning of services related to the wider determinants of health such as housing, education, economic development, community safety and leisure. Health and Well Being Strategies:

- Set out a vision for their area which is supported by true partnership working
- Assess local need
- Maintain a focus on and continue improvements in outcomes
- Consider the influences on health including wider social, environmental and economic factors and encourage integrated working and commissioning across these
- Go beyond the simple identification of needs to addressing key issues and how they might be resolved
- Not try to solve everything at once but concentrate on an achievable amount
- Set out priorities for collective action that will have greatest impact and adopt a clear, simple, transparent and consistently applied process for doing so
- Provide a strategic framework to influence supporting strategies, delivery plans and commissioning processes including wider people and place based services and of Clinical Commissioning Groups

Clinical Commissioning Groups
The Act establishes new Clinical Commissioning Groups. These are groups of GPs that will, from April 2013, be responsible for designing local health services In England. They will do this by commissioning or buying health and care services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

The Clinical Commissioning Groups will ensure access and quality targets are achieved to ensure current planned and unplanned services remain responsive to local needs as well supporting GP practices to maintain high levels of access and quality standards in primary care.

Clinical Commissioning Groups will work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, Groups will have, in addition to GPs, a least one registered nurse and a doctor who is a secondary care specialist. The Darlington clinical commissioning group was established in October 2011 and is made up of 12 member GP practices.

Public Health and the role of local authorities

The Health and Social Care Act extends the role of local authorities in the health system by creating Health and Well Being Boards and giving them responsibility for Public Health. The Act is designed to strengthen democratic accountability and to ensure that commissioning for health is joined up across the NHS, social care and Public Health. The relationship with newly established Clinical Commissioning Groups and local authorities will be critical in ensuring that services meet the full range of local population health needs.

The Act transfers responsibility for Public Health to local authorities and therefore provides the opportunity to improve the co-ordination of public health with other local services with a key role to play in health including housing, planning, leisure, community safety and economic development.

Caring for Our Future: Reforming Care and Support White Paper.

The key points of the White Paper include:

- a national minimum eligibility threshold for care and support will be introduced from April 2015, replacing the current system of locally determined eligibility
- needs assessments will be portable, i.e. they will transfer with the recipient of care when he/she moves from one authority to another
- people will have a legal entitlement to a personal care budget; the right to an assessment of needs will be extended to carers, and local authorities will be under a duty to support them
- a duty on local authorities to promote diversity and quality in the provision of services; and a duty on local authorities to promote the integration of services across the NHS, public health and social care

NHS Commissioning Board

The NHS Commissioning Board Special Health Authority (NHS CBA), established on 31 October 2011, plays a key role in the Government's vision to modernise the health service and secure the best possible outcomes for patients. Its role is to make all the necessary preparations for the successful establishment of the NHS Commissioning Board (NHS CB) in October 2012 before it takes on full statutory responsibilities in April 2013. In the meantime, all current NHS planning and delivery responsibilities remain with the Department of Health, Strategic Health Authorities and Primary Care Trusts.

The Health and Social Care Act outlines the proposed new commissioning architecture for the NHS, which will devolve responsibility for the majority of commissioning to local Clinical Commissioning Groups (CCGs). CCGs will be supported and held to account by an independent NHS CB. From April 2012 NHSCB will take on the following responsibilities for public health:

- Health provision for offenders (including health services into prisons)
- Veterans' health

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- Immunisation programmes
- Screening programmes
- Specialised services best planned on a large scale (including HIV treatment)
- Public Health programmes for those aged 0-5
- Health Visitor expansions programme and Family Nurse Partnership
- Emergency Planning, reducing the risk and impact of emergency situations and responding to them.

Public Health England

Public Health England's overall mission will be to protect and improve the health and wellbeing of the population, and to reduce inequalities in health and wellbeing outcomes. It will do this in concert with the wider health and social care and public health system, and with key delivery partners including local government, the NHS, and Police and Crime Commissioners, providing expert advice and services and showing national leadership for the public health system.
Public Health England will work with partners across the public health system and in wider society to:

- deliver, support and enable improvements in health and wellbeing in the areas set out in the Public Health Outcomes Framework
- lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health

HealthWatch

The Act abolishes LINks and introduces a new local HealthWatch. Local HealthWatch will give citizens and communities a stronger voice to influence and challenge how health and social care services are provided locally. They will have a seat on the Health and Well Being Board and can alert HealthWatch England over concerns about specific care providers.

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Evidence based investments and actions

Why evidence is important
Using the best available evidence to inform commissioning and practice provides assurances in relation to clinical safety, cost effectiveness and achievement of the desired outcomes.

Although there is often the need to innovate, this should be based on principles which are based on and should always include a clear and robust evaluation framework.

The use and development of evidence must play a central role in prioritising and guiding commissioning and practice.

The hierarchy of evidence
In order to make best use of the range of evidence that is available, a hierarchy of evidence is often used. This enables a distinction to be made about the robustness of a piece of evidence based on the techniques used in gathering the information and reaching conclusions. The most robust studies involve meta-analysis which involve synthesising many results from similar studies, whilst the least robust are often observational studies. There are a number of proposed hierarchies, however one of the most widely accepted is outlined below:

- Systematic reviews and meta-analyses
- Randomised controlled trials (RCT) with definitive results (confidence intervals that do not overlap the threshold clinically significant effect)
- Randomised controlled trials with non-definitive results (a point estimate that suggests a clinically significant effect but with confidence intervals overlapping the threshold for this effect)
- Cohort studies
- Case-control studies
- Cross sectional surveys
- Case reports[1]

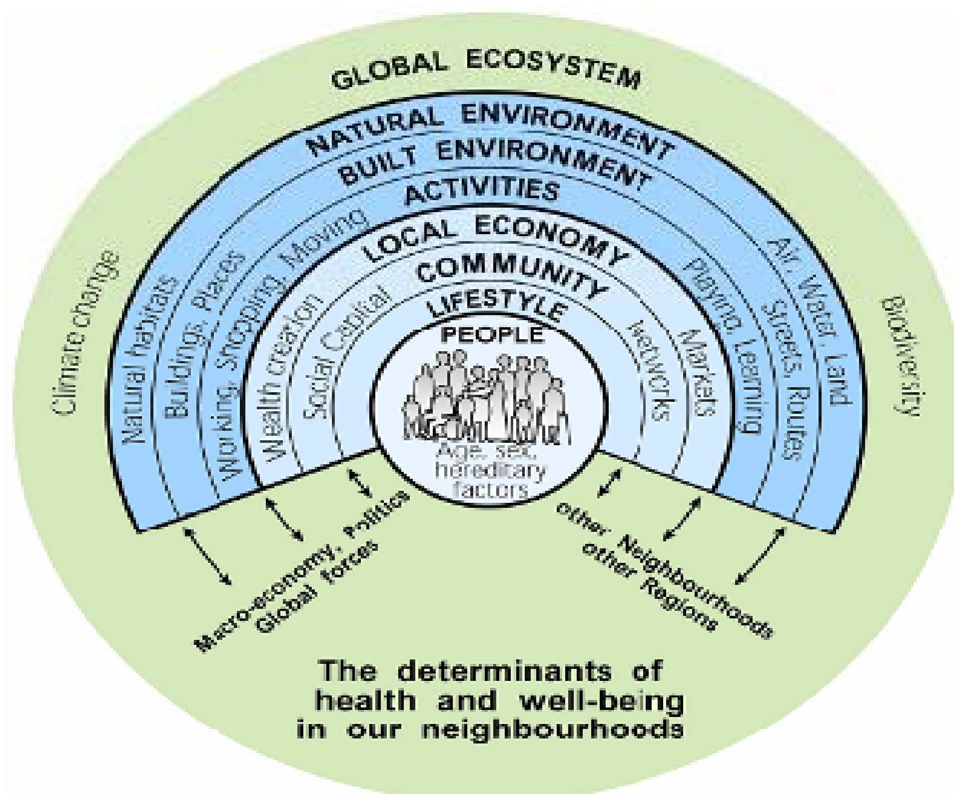
However, it is not necessarily the case that a lower ranking piece of evidence is worse than one that ranks higher. There are often practical or ethical considerations which mean that one particular methodology provides the best opportunity to undertake a piece of robust research, therefore all evidence should be looked at in the appropriate context.

What the evidence tells us about how to improve health and tackle inequality
There is robust evidence for a whole range of ***specific*** practices which are shown to improve health and address differences in health and this evidence should always be reviewed in establishing or reviewing practice or developing commissioning plans. There is also a significant amount of evidence from which we can draw broad principles which are generally applicable across a variety of health and social care interventions; some of these are summarised below.

[1] Guyatt GH, Sackett DL, Sinclair JC, Hayward R, Cook DJ, Cook RJ. Users' guides to the medical literature. IX. A method for grading health care recommendations. (JAMA 1995; 274:1800-4)

There are a range of factors that impact on health. In order to improve health and address health inequalities these "wider determinants" must form a central role. Figure 2 below provides a helpful representation of these factors

FIGURE 2: The Determinants of health and wellbeing



[2]

There is a clear social gradient to health. The most effective means of tackling health inequality is to make services universally available but to ensure that they are targeted or delivered with a scale and intensity that mirrors the needs of the population. In his review of health inequalities Sir Michael Marmot terms this approach "Proportionate Universalism"[3].

Many of the causes of early death and poor health are preventable. An estimated 80% of cases of heart disease, stroke and Type 2 diabetes and 40% of cancer would be avoidable of common lifestyle risk factors were eliminated.

Primary prevention is cost effective. Systematic provision of prevention advice and brief interventions result in improved outcomes at a lower cost than the provision of treatment for those who would go on to need it. Examples include General Practice based advice and support on for issues such as smoking, drinking and exercise [4].

In areas where the "inverse care law" applies (where those in most need are least likely to access support) those in greatest need can benefit from systematic secondary prevention. This involves

[2] *Source: Barton and Grant (2006)*
[3] Fair Society Health Lives. The Marmot Review (UCL Institute of Health Equity, February 2010)
[4] Transforming our healthcare system (Kings fund, May 2011), Fair Society Health Lives. The Marmot Review (UCL Institute of Health Equity, February 2010)

the early detection of disease with appropriate intervention. If delivered robustly and at scale this approach can rapidly impact on life expectancy.[5]

Behaviour change initiatives are most effective when they fully reflect the context in which they are being delivered.[6] This means giving specific consideration of the skills, attitudes and beliefs of the target groups and working with communities to build upon the strengths and assets within them.

Linked to this, focussing on the assets of communities and the connectedness within communities can contribute significantly to the development sustained resilience within communities [7]. Furthermore, “Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill.”[8]

Having a healthy motivated workforce is key to enabling us to achieve our goals[9]

Long term condition management will be key to addressing the challenges of an ageing population. Key features of this include patient empowerment, population based commissioning (i.e. not commissioning to meet the needs of those who already present at services), service integration and care coordination.

There is a rise in life expectancy which should be celebrated as many of older people will have assets that support communities and provide a greater volunteer base. However, the quality of a longer life and attaining a level of wellbeing is an important factor in reducing need for services. With also predicted rise in the numbers of people with long term illnesses it is recognised that some people will require social care as they cannot manage without support and care.

Engagement and Involvement

To increase the quality of health and social care services it is important to build upon the experiences of residents. The new consumer body for Health and Social Care is being set up to begin operation on 1st April 2012. Local Healthwatch will build upon the work that Darlington Local Involvement Network have done over the past three years. To do this it will act as a network linking patient groups, support groups and community groups together to improve quality of services and support access to preventative activities too. This will also signpost information to a range of services and activities across Darlington.

Engagement needs to inform people but also to use the experience and skills of communities to provide practical support to each other through self-management activities, improve services and also develop activities in communities that will be accessible to residents. A great deal of joint engagement and involvement work already takes place in Darlington. In recent months the joint activities between the Local Authority and the Clinical Commissioning Group have piloted a number of approaches including looking at ways to engage the community in agreeing priorities, looking at the way young people would best engage and get involved and also how patients and residents can support each other when they have a long term condition.

[5] Transforming our healthcare system (Kings fund, May 2011,)
[6] NICE Guidance PH6 Behaviour Change (NICE, 2007)
[7] **A glass half-full:** how an asset approach can improve community health and well-being (Improvement and Development Agency, March 2010)
[8] Fair Society Health Lives. The Marmot Review (UCL Institute of Health Equity, February 2010)
[9] Fair Society Health Lives. The Marmot Review (UCL Institute of Health Equity, February 2010); Workplace interventions to promote smoking cessation (NICE, April, 2007); Promoting physical activity in the workplace (NICE, May, 2008); Management of long term sickness and incapacity for work (nice, March 2009)

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Identifying Need - What the Single Needs Assessment Tells Us

Darlington Single Needs Assessment (SNA) provides a comprehensive assessment of the local population. The SNA can be accessed in full at

http://www.darlington.gov.uk/Children/Single+Needs+Assessment.htm

Men and women have a lower life expectancy than the English average. Viewed alongside national and local population health profiles there a number of clear messages which inform the priorities outlined in this plan; these are summarised below.

Overall Messages
The following messages inform the health and social care priorities outlined in this Delivery Plan:

- The health of people in Darlington is mixed compared with the English average. Deprivation is higher than average and more than 4000 children live in poverty.
- By Year 6 a significant number of children (16.8%) are obese and although improvements have been made it remains a challenge.
- Levels of teenage pregnancy, alcohol-specific hospital stays among those under 18, breast feeding initiation and smoking in pregnancy are worse than the England average.
- In adulthood the early death rate from heart disease or stroke has fallen however between 2007 and 2009 1,129 people in Darlington died aged under 75 years.
- Cardiovascular disease (CVD) and cancer account for over 60% of premature death in Darlington. Smoking remains the biggest single contributor to the gap in life expectancy.
- With ageing diseases associated with growing old impact on health and social care needs, including COPD and dementia, is predicted to rise significantly. By 2020 it is estimated that more than 10% of the Darlington population will be aged over 75 years.

Many of the causes of ill-health and premature mortality are influenced by lifestyle behaviours such as smoking, poor diet, harmful levels of alcohol consumption, lack of exercise and these are intrinsically linked to poverty and the wider determinants or factors that influence health such as housing, employment and environment and opportunities to make health promoting choices.

Premature deaths and inequalities
Cardiovascular disease and cancer account for around 63% of premature deaths in Darlington. Figure 3 below shows the standardised mortality ratio (SMR) for early deaths from the leading causes (cancer, circulatory disease, stroke and respiratory disease). The SMR compares each middle super output area (MSOA on average represent a population of 7200) in Darlington with the England average. It shows that across the causes shown, early deaths in Darlington are around 15% greater than the England average except for stroke which is 11.7% below the England average. Additionally, that there is great variation across Darlington MSOAs in terms of premature death *compared to the England average* with four MSOAs experiencing levels 15% or more higher than the England average across all conditions.

FIGURE 3. Early Deaths in Darlington

MSOA Name	Deaths from All Causes, under 75 years (SMR)	Deaths from All Cancer,under 75 years (SMR)	Deaths from Circulatory Disease, under 75 years (SMR)	Deaths from Coronary Heart Disease, under 75 years (SMR)	Deaths from Stroke, all ages (SMR)	Deaths from Respiratory Diseases, all ages (SMR)
North Cemetery	182.0	182.7	189.1	231.2	141.4	124.3
North Lodge Park	202.5	137.5	245.9	302.7	129.6	130.0
Albert Hill & Hundens	166.3	148.8	159.7	125.1	205.5	170.5
Pease & Fenby	189.4	167.9	230.7	212.7	209.6	145.6
South Park	141.0	114.0	137.3	146.3	126.9	121.7
Firth Moor	127.9	138.2	135.4	117.4	111.4	102.8
Salters	114.5	113.1	132.8	88.3	115.2	122.7
Darlington Total	**114.0**	**109.7**	**116.2**	**115.0**	**113.7**	**103.8**
Brinkburn Dene	98.4	98.3	88.4	118.9	62.2	93.5
Branksome	111.2	122.0	82.6	103.6	70.9	113.9
England	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***
Drinkfield	91.9	91.5	102.0	106.2	77.8	89.5
Whinfield	93.9	83.7	103.9	103.2	98.0	103.3
Redworth Brafferton Bishopton	71.4	92.4	66.7	75.6	70.1	74.2
Abbey	77.7	75.3	76.5	50.2	114.6	70.8
Hurworth MSG	81.2	82.1	71.5	58.6	100.7	82.2
West Cemetery & Blackwell	52.5	60.3	51.3	49.2	76.9	63.7

Colour	Key
(red)	15% or more higher than England
(green)	15% or more lower than England

Another way of portraying differences between communities is to look deprivation. In Darlington 16% (10) lower super output areas are in the most deprived 10% nationally. **Alongside these areas Darlington has some of the most affluent areas in the country with a difference in life expectancy of 13.4 years for men and 10.3 years for women between our most and least deprived areas.**

Children and young people

There is significant evidence to demonstrate that breastfeeding is a major contributor to good public health and has an important role to play in reducing health inequalities and preventing illness. The advantages of breastfeeding in prevention of ear infections, asthma, eczema, chest infections, obesity, gastrointestinal infections, and urine infections are well documented and are reflected in key policy documents outlining the need to improve local breastfeeding rates. Breastfeeding also affords protection to the mother from a range of health problems. Breastfeeding initiation and at 6-8 weeks is lower in Darlington than England, but higher than the North East.

Also key to good public health are childhood immunisations programmes, antenatal screening and neonatal and childhood screening (hearing and sight) as well as dental hygiene and care.

There are a number contacts that statutory services may have with children before the age of 5, for example, speech and language interventions; such contacts represent an opportunity for early identification and intervention for developing health issues.

Unplanned teenage pregnancy is strongly associated with the most deprived and socially excluded young people. Difficulties in young people's lives, such as poor family relationships, low self-esteem and unhappiness at school also put them at greater risk. Teenage conception rates in Darlington are higher than England, but have maintained a reduction year on year. Between 2000 and 2008 there was an average of 98 teenage conceptions per year in Darlington.

Lifestyle factors

Smoking is the main contributor to Darlington's low life expectancy when compared to England. The Integrated Household Survey (2010) suggests smoking prevalence in Darlington is 19.1% compared to an England average of 21.2%, although this difference is not statistically significant.

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Among Darlington's routine and manual workers smoking prevalence rises to 29.1%. Smoking related death rates in Darlington have not changed significantly between 2004-06 and 2007-09 and remain greater than England.

Darlington has significantly higher rates of hospital admissions for alcohol related harm for both men and women, a higher proportion of adults that binge drink and higher levels of claimants on incapacity benefit as a result of alcohol compared to the rest of England. Alcohol misuse has been prioritised as one of the contributory factors for the gap in health inequalities. Alcohol is also a significant contributory factor to violent crime. Binge drinking prevalence is estimated to be 31.1% in Darlington, significantly higher than the estimated 18% of adults who binge drink nationally.

Obesity increases the risk of heart disease, stroke, diabetes, hypertension and some cancers, and can reduce life expectancy on average by nine years through premature death. It can also lead to social and psychological problems, for example depression and low self-esteem. Obesity prevalence in Darlington (2009/10) is greater than England. This has been the case over time, since 2006/07. Groups most at risk of obesity include those from deprived areas, individuals with a learning disability, pregnant women, young people and those aged 40-74.

Regular physical activity at a moderate intensity (such as brisk walking) can have major benefits both in terms of personal health and health savings, but also offers benefits in a range of related areas. Physical activity offers opportunities for social interaction, can reduce transport costs, act as a powerful tool for social cohesion and community development, is associated with a reduced risk of depression, and can reduce the risk of dementia in later life (Be Active, Be Healthy, 2009) At present, only 21% of Darlington residents participate 3 x 30 minutes of moderate intensity physical activity per week. Just under 50% of respondents reported doing no physical activity at all, but over 50% report wanting to do more.

Mental Health

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential (No health without mental health: A cross-government mental health outcomes strategy for people of all ages, HM Government, February 2011)

Mental health problems are associated with loss of social and economic functioning leading to a cycle of disadvantage.

People with a severe mental illness:

- Are three times more likely to be in debt
- Have the lowest employment rate for any group of disabled people (4% for people with schizophrenia).

Life expectancy is on average 10 years lower for people with mental health problems due to poor physical health.

People with a severe mental illness are:

- Five times more likely to suffer from diabetes
- Four times more likely to die from cardiovascular or respiratory disease
- Eight times more likely to suffer Hepatitis C
- Fifteen times more likely to be HIV positive.

Good maternal mental health is also important and early identification and treatment of post natal depression result in improved outcomes for both mother and child.

Learning disability

Unadjusted prevalence of learning disability (QOF 2009/10) is greater in Darlington (0.6%) than England (0.4%) and the North East (0.5%). The number of adults known to Adult Social Care and Health who have a learning disability in Darlington has been increasing between 2006/07 (377) and 2009/10 (534). *Valuing people now: a new three-year strategy for people with learning disabilities* was published by Department of Health in 2009 and remains the key policy driver for people with a learning disability.

People with a learning disability are predisposed to the development of a number of health limiting conditions (Royal College of Nursing, 2006). Many of these conditions can either be prevented, or the severity reduced by early screening, detection and treatment within primary care or community settings. Certain lifestyle factors such as obesity and physical activity can also disproportionally impact on this population whilst access to screening and preventative services can often be improved.

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Our Priorities for Health and Social Care

We have reviewed our work across the key domains contained within the Outcome Frameworks for the National Health Service, Adult Social Care and Public Health and have translated these into our local priorities for action. The following were identified through application of the Prioritisation Tool at **Appendix 1** as having the greatest potential for impact against identified local need and the priorities for collective action contained within the Health and Well Being Strategy:

Priority actions:
Action 1. To focus resources in areas of highest need
To develop a pathfinder model in a community which enables services and support to be delivered with a scale and intensity that reflects the level of need within the community (this is known as proportionate universalism). The model would rely on the realignment of existing resources with a specific community which would be selected using health needs data as well as community engagement. When developed this model of delivery and resource alignment could be rolled out across the borough.

Action 2. To create a sustainable health and social care economy
This will include a number of sub actions across the health and social care economy including; the commissioning for resilience programme, quality improvement programmes in health and social care and early intervention and prevention.

Action 3. To improve the management of long term conditions
This will include public health measures to prevent the onset of long term conditions across the population and the delivery of a collaborative improvement project across health and social care.

The resultant Action Plan is attached at **Appendix 2.**

Although we have identified only a small number of actions on which to concentrate our collective attention that does not mean we will not continue to plan and commission for the provision of all necessary health and social care services for Darlington. A large number strategies and plans are currently in existence to facilitate this and they will continue until they are subject to review. A summary of some of the major strategies are included at **Appendix 3**.

A range of public health techniques may be applied to support identification of the most cost effective and evidence based approaches to delivering our priority actions. Two of these tools are outlined below with a brief explanation.

Health Impact Assessment
Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. HIA involves:

- Description of the policy
- Questioning whether the policy affected any of the determinants of health
- Questioning whether the policy affected the whole population or specific vulnerable groups by gender[10]

[10] Adapted from World Health Organisation http://www.who.int/hia/en/

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Health Equity Audit
Health equity audit is a process by which partners systematically review inequities in the causes of ill health, and access to effective services and their outcomes, for a defined population and ensure that further action is agreed and incorporated into policy, plans and practice. Finally, actions taken are reviewed to assess whether inequities have been reduced. [11].

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[11] Jacobson, B. *Delaying tactics.* Health Service Journal 2002:112:5793;22

Monitoring and review

The Action Plan includes a number of performance measures including the overarching performance indicators contained within the Health & Well Being Strategy. These will be used to monitor progress against our priorities and to the healthy and supported outcome. They have been supplemented with other performance measures drawn from the relevant domains of the national Outcome Frameworks where they have been identified as measuring progress against our locally determined priority actions. The Frameworks and domains are summarised below:

Public Health

- Domain 1:Improving the wider determinants of health
- Domain 2:Health improvement
- Domain 3:Health Protection
- Domain 4:Healthcare public health and preventing premature mortality

Adult Social Care

- Domain 1: Enhancing quality of life for people with care and support needs
- Domain 2: Delaying and reducing the need for care and support
- Domain 3: Ensuring that people have a positive experience of care and support
- Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

National Health Service

- Domain 1: Preventing people from dying prematurely;
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury;
- Domain 4: Ensuring that people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm

A consultation on the Children and Young People's health outcomes framework closed in May 2012 and led to a report outlining the findings from the consultation.

The Forum recommends four new outcome indicators for inclusion within the NHS Outcomes Framework. These are:

- time from first NHS presentation to diagnosis or start of treatment,
- integrated care - developing a new composite measure
- effective transition from children's to adult services, and
- access to age appropriate age-appropriate services with particular reference to teenagers.

Once these children and young people health outcomes have been confirmed this will be updated.

To specifically measure our performance against the creation of a sustainable health and social care economy we have included indicators for both children and adult social care which will

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assess the impact of early intervention and prevention services on demand reduction for high cost specialist services including adult residential care and Looked After Children services. They are drawn from our 'Commissioning for Resilience' programme and will be utilised to monitor impact and financial efficiencies.

Performance will be reported at regular intervals to the Darlington Health and Wellbeing Board and to the Health and Partnerships Scrutiny Committee of Darlington Borough Council. They will be available as a resource for the local HealthWatch to monitor performance when they are established.

The Director of Public Health will produce an annual report providing an independent assessment of health and wellbeing within Darlington. This report will provide a critique of the progress of this delivery plan and its impact on the health status of the population.

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Appendix 1

Partnership Prioritisation Tool

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Impact

1. Severity: Does the issue/priority significantly affect well being?
2. Size: Number of people directly affected by the issue/proposal?
3. Will action have a positive impact on vulnerable groups?
4. Will action address improvement over multiple outcomes?
5. How significant will that improvement be?

Changeability

1. How strong is the evidence that we can:
   - Address the issue/priority through local action?
   - Lessen the severity of the issue being addressed?
2. Are there national, professional or organisational policies that set out what should be done?

Acceptability of possible changes

1. Does the issue/priority require whole partnership collective action?
2. Are plans and actions already in place? Does more need to be done?
3. Will the target groups/populations accept the need to change/the proposed action?
4. Are there any reputational issues to consider?
5. To what extent is there support and appetite to do this?

Feasibility

1. What levels of resources are required to implement the proposal?
2. Does it provide value for the investment required?
3. What are the impacts on other issues/priorities and programmes of action?

Contribution to top priorities

Will the proposed priority and or actions facilitate the following?

1. Relentlessly focus on narrowing the outcomes gap between individuals, groups and neighbourhoods;
2. Mitigate the impacts of child poverty, the economic downturn, public expenditure cuts and welfare reform on the community and wider economy promoting decent standards of living;
3. Develop community capacity/resilience, support networks and community led and controlled interventions and projects;
4. Utilise population insight and intelligence to better target key messages and programmes of action;
5. Strengthen the role of early intervention and prevention in mitigating harm and reducing costs.

Appendix 2

Health and Social Care Action Plan

Action	Implementation		Indicators (specific targets to be developed)
	Activity	**Date**	
1. To focus resources in areas of highest need	Identify metrics and a target community for pathfinder programme including commencement of community and stakeholder engagement	February 2013	**Long term outcomes:** Healthy Life Expectancy (HWB Strategy) Differences in life expectancy and healthy life expectancy (HWB Strategy) Mortality from Causes considered preventable (HWB Strategy) **3-year Indicators:** Self–reported wellbeing (HWB Strategy) Smoking prevalence (adults, pregnant women, individuals with comorbidity and 15 years olds) Self- reported experience of social care users (HWB Strategy) Social Connectedness Employment for those with a long term health condition/ IB/ESA claimants for mental health per 1000 population BMI
	Identify the model, governance arrangements and resources for delivery	February 2013	
	Undertake Borough-wide impact assessment of programme	March 2013	
	Develop full implementation plan and specific targets	March 2013	
	Establish evaluation criteria	March 2013	
	Commence delivery in target community	September 2013	
	Annual implementation review	September 2014	
	Identify opportunities for roll out of model to additional communities	October 2014	
2. To create a sustainable health and social care economy	To develop an evidenced based commissioning for resilience	April 2013	**<u>Children and Young People</u>**

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	programme across the health and social care system using predictive and benefit impact modelling that will: Have localised early intervention and preventative services to work proactively with the community. Review investment in early intervention and prevention programmes against latest evidence base and reflect findings in medium term commissioning plans across health and social care Restructure and adjust the way in which personalisation, choice and managed services are provided in a way which is affordable. Undertake an analysis of social networks in a targeted location to support the development of a sustainable Community Support Network (CSN). Establish a Community Support Network to avoid or delay service-user entry into the health and social care system Enhance the step-down approach to move people from specialist	ongoing implementation.	**Indicator 1 –** Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (Munro - N18) **Indicator 2 –** Number of referrals of Children In Need per 10,000 population under 18 (LI 1503) **Indicator 3 –** Percentage of cases where children who have been the subject of child protection plans in the past 24 months are re-referred to children's social care (Munro - N16) **Indicator 4 –** Children Looked after per 10,000 population under 18, excluding respite care (JAR 2042) **Indicator 5 –** New Troubled Families Indicator (to be identified) **Adults and Older People** **Indicator 1 –** Adults aged 18 - 64 admitted on a permanent basis in the year to residential or nursing care (LI2009) **Indicator 2 –** The proportion of people able to remain independent in the community. (LI2037) **Indicator 3 –** The number of people provided with a reablement package as a % of those referred for community

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	services into targeted and universal services- Community Support Network Ensure people move into specialist services only where appropriate after effective screening. Improve the quality of service provision for both in-house and outsourced services through effective commissioning.		care assessment: (LI2044) **Indicator 4 –** People supported to live independently (including those with a mental health, physical or learning disability and those over 65) (NI136) **Indicator 5 -** Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care (LI2008) Self-reported wellbeing *Effectiveness of prevention/preventative services* (data development) Effectiveness of reablement in regaining independence (data development) Reduce avoidable admissions to A&E and hospital including self-harm and 30 day readmission Reduce 0-1 day admissions from care homes.
	Deliver quality improvement programmes in health	TBC	
3. To improve the management of long term conditions	Review public health investment to ensure targeting of and investment in preventative services which effectively prevent the onset of long term conditions in high risk groups. Deliver findings through	March 2014	**Long term outcomes:** Healthy Life Expectancy (HWB Strategy) Differences in life expectancy and health life expectancy (HWB Strategy)

	commissioning plans.		Mortality from Causes considered preventable (HWB Strategy) Mortality from respiratory disease Excess under 75 mortality in adults with serious mental illness (national placeholder) Prevalence of common mental health problems Reduce avoidable admissions to A&E and hospital **3- Year indicators (Preventative)** Smoking prevalence Mothers initiating breastfeeding Alcohol related hospital admissions Proportion of physically active and inactive adults Excess weight (in adults, 4-5 year olds and 10 year olds) *Further indicators to be developed pending agreement of collaborative improvement project scope.*
	The lead health and social care commissioning and provider organisations:- Clinical Commissioning Group, Darlington Borough Council, County Durham and Darlington Foundation Trust and Tees, Esk and Wear Foundation Trust are committed to a whole system collaborative approach to improvement and efficiency in the care and management of Long Term Conditions. Key activities to be developed. Suggested local focus on national objectives including: To promote and enable the independence To improve care and wellbeing by minimising avoidable contact and non-elective admissions and deliver care closer to home and reduce Ensuring high quality care at the most appropriate time and place Improving levels of self-management and reducing crisis	November 2012 April 2013 TBC	

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	situations Improve value for money and productivity Reduce hospital admissions and lengths of stay		

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Existing Strategies/Supporting action plans: Summary

Darlington Clinical Commissioning Group Clear and Credible Plan
The aims of this plan are to:

- Improve the health status of the people of Darlington.
- Address the needs of the changing age profile of the population of Darlington.
- Take services closer to home for the people of Darlington.
- Manage our resources effectively

http://www.darlington.gov.uk/PublicMinutes/Health%20and%20Well%20Being%20Board/June%2012%202012/Item%208%20%20DSCCG%20Clear%20%20Credible%20Plan-Appendix1(176%20pages).pdf

Emotional Well Being and Mental Health Strategy: A Framework
This strategy sets out Darlington's vision that every child and young person has the right to:

- be happy and enjoy positive emotional wellbeing and mental health
- be able to make the most of their abilities and relationships
- have access to opportunities to develop emotional wellbeing.

http://www.darlington.gov.uk/Children/childrenstrust/framework.htm

Young Carers Action plan (Draft in development)
This action plan is currently in development. The draft plan suggests that the following key outcomes form the basis of this action plan:

- Raised awareness around young carers, their needs and the support available to them – for young carers, their families, professionals and the wider public
- Early intervention and on- going support will be provided to families where there is, or is likely to be, a young carer
- Children and young people with caring responsibilities are able to access opportunities that are open to their peers
- Effective consultation and participation with young carers and their families to identify their needs
- Young Carers will be safe and will have improved physical, mental and emotional health and wellbeing
- Improved transitions from young carers service to adult carers service

Carers Strategy and Implementation plan (Draft in development)
This strategy is currenlty in developmnet. The draft document identifies potential priotrities to form the basis for Darlington's outcomes based Implementation Plan. These are:

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- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the onset both in designing local care provision and in planning individual care packages
- Enabling those with caring responsibilities to fulfil their educational and employment potential
- Personalised support both for carers and those they support, enabling them to have a family and community life
- Supporting carers to remain mentally and physically well

Child Poverty Strategy
The Child Poverty Strategy sets out Darlington's priorities with regard to preventing and tackling child poverty and its associated effects.

The priorities outlined within the strategy are:
- Economy and Skills;
- Financial Inclusion;
- Early Years and Health;
- Early Intervention and Prevention, and
- Housing and Sustainable Communities

http://www.darlington.gov.uk/dar_public/documents/_People/ChildrenFamiliesLearning/Draft-Darlington_Child_Poverty_Strategy.pdf

Children and Young People's Plan 2011-2014
Darlington's local plan for children and young people (CYPP 2011-2014) sets out Darlington's vision to improve the outcomes of children and young people by progressing the following five priorities:
- Promote positive health and wellbeing
- Ensure the safety of children and young people
- Enable children and young people to have fun and maximise their full potential through learning
- Enable children and young people to contribute to their local communities
- Ensure children and young people are prepared for adult life (this priority also captures supporting aspirations through adult and family learning and skills)

http://www.darlington.gov.uk/Children/childrenstrust/CYPP/cypp20112014.htm

Teenage Pregnancy Delivery Plan Darlington
This plan is largely delivered and a new plan is to be developed with Partners in 2013. The currently plan is delivering against the following commissioning intentions:
- Teenage Pregnancy Champions

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- Effective messages to young people and stakeholders
- Supporting parents & carers to discuss sex and relationships
- Workforce training on sex and relationships education
- Sex and relationship education in and out of schools settings
- Targeted Youth Work
- Access to contraception and sexual health services
- Work to build aspirations and self-esteem
- Effective and intelligent use of local data and timely analysis

Preventing Obesity and improving physical activity strategy (Under review)
Key priorities in the reviewed strategy may include:

- Achieve a sustained reduction in excess weight in children and young people through; Promotion of the change for life campaign, strengthening the engagement of wider partners, creating safe places to play, and addressing the wider determinants of health.
- Ensure support for breastfeeding initiation and maintenance.

DSCB Annual Business Plan
The Business Plan reports on Child Protection activity in Darlington and achievements of the Darlington's Safeguarding Children Board and sets out its objectives and work plan for the forthcoming year 2012-2013.

For 2012-2013 Darlington Safeguarding Children Board have agreed three priority areas.

- • 'Neglect' developing practitioner and community knowledge of neglect
- • 'Domestic Abuse Breaking the Cycle' working directly with children, young people and relevant settings in improving knowledge of safe and unsafe relationships
- • 'Sexual Exploitation' developing practitioner and community knowledge of sexual exploitation

http://www.darlington.gov.uk/Children/LSCB/BusinessPlans.htm

Adult Safeguarding Board Business Plan
The Safeguarding Adults Board has produced a annual business plan which outlines the Board's priorities for 2012-2013. The board has identified four priorities and these are:

- Working with providers
- Service User/Carer participation
- Hate Crime

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- Governance

Older People Later Life Strategy 2008 -2021
Locally Darlington has developed the Later Life Strategy 2008 -2021. The initial priorities within this strategy to improve outcomes for older people are:

- Valuing older people
- Improving access to information
- Improving health and well-being
- Providing a safe environment
- Providing economic stability
- Lifelong learning

Over time these priorities have evolved to include specific focus on End of Life Care, Dignity in care, Dementia Care and developing community support via networks.

http://www.darlington.gov.uk/dar_public/documents/Social%20Services/All%20Our%20Futures.pdf

Older People Mental Health Strategy 2009-2012
The strategy priority actions include:

- Valuing Older People:
- Create opportunities for older people with mental health problems to actively participate in the development of policies, services and facilities which affect them. Tackle age discrimination by promoting positive images of ageing and challenging discrimination across all service activities.
- Improving Access to Information
  Older people feel that often there is insufficient information and advice on issues of great importance to them. They feel that it is often given in the wrong size font, colour and that too much jargon is used. It is also felt that many people do not know where to gain information and a single point of access should be explored.
- Improving Health and Well Being
- Promote community based services to increase the number of older people supported to live as independently as possible in a safe environment.
- Deliver non-discriminatory mental health and care services available on the basis of need and not age and provide holistic, person-centred older people's mental health and care services that address mental as well as physical health needs.

http://www.darlington.gov.uk/dar_public/documents/Social%20Services/OP_Menta_Health_Strategy.pdf

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***National Drug Strategy*: 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'** (**http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-strategy/drug-strategy-2010)**
Government Alcohol Strategy 2012 (http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy)
Local Alcohol Harm Reduction Strategy: Safer Drinking. Safer Darlington 2008-2012 (The Next Steps 2012-2015 Refresh to be launched Nov 2012) (available from the DAAT)
Darlington DAAT National Treatment Agency (NTA) Adult Substance Misuse and Alcohol Treatment Plan 2012-13 (available from the DAAT)

The above documents set out the principle aims and objectives guiding the work of Darlington's Drug & Alcohol Action Team (DAAT), key stakeholders and partners around the reduction of harm caused by substance misuse and alcohol. Underpinning actions focus on prevention interventions to reduce demand; control interventions to reduce associated offending and supply; and building sustainable recovery in communities through provision of effective specialist treatment services. This will be achieved by: on-going needs assessment to determine level of need and target groups; provision, promotion and performance management of integrated drug and alcohol recovery treatment services; and engagement and retention of individuals in treatment through to sustainable recovery outcomes. This necessitates a multi-agency, multi-setting, holistic approach to the wider determinant recovery factors including housing, ETE, dual diagnosis, families and offending.

Addressing Young People's Alcohol, Drug and Volatile Substance Misuse 2011/14 (Partnership Report 2012) – Available from the DAAT
Our Aims
The plan is structured around three complementary aims:

- Partners in Darlington will continue to develop a local culture and services which actively *prevent* young people's substance misuse from developing.
- Partners in Darlington will *divert* young people at imminent risk of developing substance misuse problems through provision of effective targeted support.
- Partners in Darlington will ensure that when a young person does require help due to problematic substance misuse they access a specialist service which can *treat* them effectively.

A number of work strands run throughout the three aims of this plan. All services must operate based on evidence of effective practice. Safeguarding children is central to the plan, whether as part of the hidden harm agenda working with adult treatment services, as procedures which inform our targeted intervention or providing support to those at risk due to factors associated with their own misuse. Family based intervention remains key to achieving long term sustainable outcomes. Local arrangements must promote emotional wellbeing and good mental health throughout childhood. Services must be responsive to and led by the needs of their client groups, accessible, of a high standard and ensure that diverse needs are accounted for, focussing on known vulnerable groups. We must develop increasingly efficient structures and services will be asked to demonstrate value for money. Developing effective targeted early intervention remains the key area for improvement locally.

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Smoke Free Darlington Tobacco Alliance Action Plan 2012/13
Key strands of work for the alliance include:

- Developing infrastructure, skills and capacity for effective tobacco control and influencing action
- Reducing exposure to second-hand smoke
- Supporting smokers to stop particularly during pregnancy
- Media, communications, social marketing and effective education
- Reducing the availability and supply of tobacco products- licit and illicit-and addressing the supply of tobacco to children
- Tobacco regulation
- Reducing tobacco promotion to make smoking less desirable, accessible and affordable
- Research, monitoring and evaluation

County Durham and Darlington Joint Commissioning Strategy for Long Term Conditions 2011-2014 (DRAFT)
Outcome proposals for the delivery of this strategy include:

- Preventing more patients developing a LTC
- Making self-care the 'norm'
- Delivering Services Closer to Home
- Reducing the number of hospital admissions & length of stay
- Developing a workforce to deliver care in the right place at the right time
- Harnessing technology to support those with LTCs
- Reducing inequalities in health and care experience
- Commissioning services and measure outcomes that matter to people with LTCs
- Commissioning services and measure outcomes that matter to carers of people with LTCs.

http://www.cdd.nhs.uk/media/216101/long%20term%20conditions%20strategy%20v2%20dec%202010.pdf

Mental Health Strategy Adults (draft in development)
This strategy is currently under development to reflect the priorities of the national strategy "No Heath without Mental Health" : a cross-government mental health outcomes strategy for people of all ages (2001). These include:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

Darlington Learning Disability Strategy
Darlington has a draft Learning Disability Strategy developed in partnership with key stakeholders. It sets out 11 key outcomes that children, young people and adults with a learning disability have agreed as priorities, the strategy sets out how the Local Authority and National Health Service will contribute to meeting those outcomes. The aim of the strategy is that people with a learning disability have: real choice and control over support they receive; the support they need to move into adulthood; carers with good wellbeing that can continue to support the person they care for; opportunities for a paid job; support to keep physically and emotionally healthy; choice about where and with whom they live; access to universal service; joined up support; services that offer value for money; equal treatment as citizens; be supported early stage to stop problems from arising or getting worse.

http://www.darlington.gov.uk/dar_public/documents/DLDLive/LD_Strategy.pdf

People with Autism
The Adult Autism Strategy was published on 3rd March 2010. The Strategy sets out a number of key actions and recommendations for central government as well as for local authorities, the NHS and jobcentre Plus. The Strategy focuses on five key areas:

- Increasing awareness and understanding of autism
- The development of a clear and consistent pathway to diagnosis
- Improving access to the support and services people need to live independently within the community
- Supporting greater access to employment
- Enabling local partners to develop services and support to meet identified needs and priorities.

On 17th December 2010 the Government published statutory guidance for local councils and local NHS bodies setting out what they have to do to ensure they meet the needs of adults with autism. The guidance is structured around the following four key themes:

- Better Training
- Diagnosis
- Transition to Adult Services
- Local planning and leadership

Darlington's Commissioning for Resilience Programme
The aim of this programme is to:

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- Set out a five year vision for Adults and Children Social Care.
- Enable 'right place, right time' to ensure vulnerable children, young people and adults receive the services they need at a time when they need them.
- Develop an economic model which seeks to support communities and build resilience within the provision of universal services and to intervene early where individuals, families and communities require additional support to meet their needs, whilst limiting demand for more expensive and potentially less effective specialist services.

Darlington Intermediate Care Plus Strategy
This strategy was signed off in September 2011 and outlines the local activity required to ensure that:
- A work programme is underway looking at the following areas, community care beds, integration of intermediate care services and the reduction of 0-1 days from care homes

http://www.darlington.gov.uk/dar_public/documents/_People/AdultSocialAndHousing/ASC/Intermediate_Care_Plus_Strategy.pdf

Supporting People
Supporting People Commissioning will:
- Strategically review commissioned service provision within the Supporting People progression to ensure provision is tailored towards emerging local needs and priorities. Service provision is person centred, responsive and focused on prevention

Caring for the Future
The Department of Health White paper "Caring for the Future" (July 2012) states the approach to managing social care is to transform care and support to focus on "people's skills and talents, helping them to develop and maintain connections to friends and family. Communities will be encouraged and supported to reach out to those at risk of isolation" People will be able to access support, including better housing options which keeps them active and independent. The aim is to prevent crisis management.

Darlington Borough Council have introduced personalised services and will work with Health and other partners, Users and Carers to develop a new approach to community support and local early intervention first outlined in "Putting People First in Darlington – Commissioning for Citizenship" 2009-29 and the Darlington Together Strategy 2011.

Sports and Physical Activity Strategy
To set out a 5 yr Strategy and Commissioning Plan, within the context of reduced public sector resources, to deliver a high quality Leisure offer in Darlington, that supports delivery of One Darlington, Perfectly Placed outcomes, enabling all members of the community to 'get or stay active'.
The Strategy will:
1.Establish an overarching strategic direction for Sport and Physical Activity in Darlington, looking at:
- Where are we now?

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- What outcomes do we want?
  How do we achieve them, taking into account value for money and constraints on resources?

2.Identify the key strategic issues in Darlington, and

3.Develop an Implementation/Commissioning Plan identifying clear actions and delivery arrangements to respond to the key strategic issues identified.

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