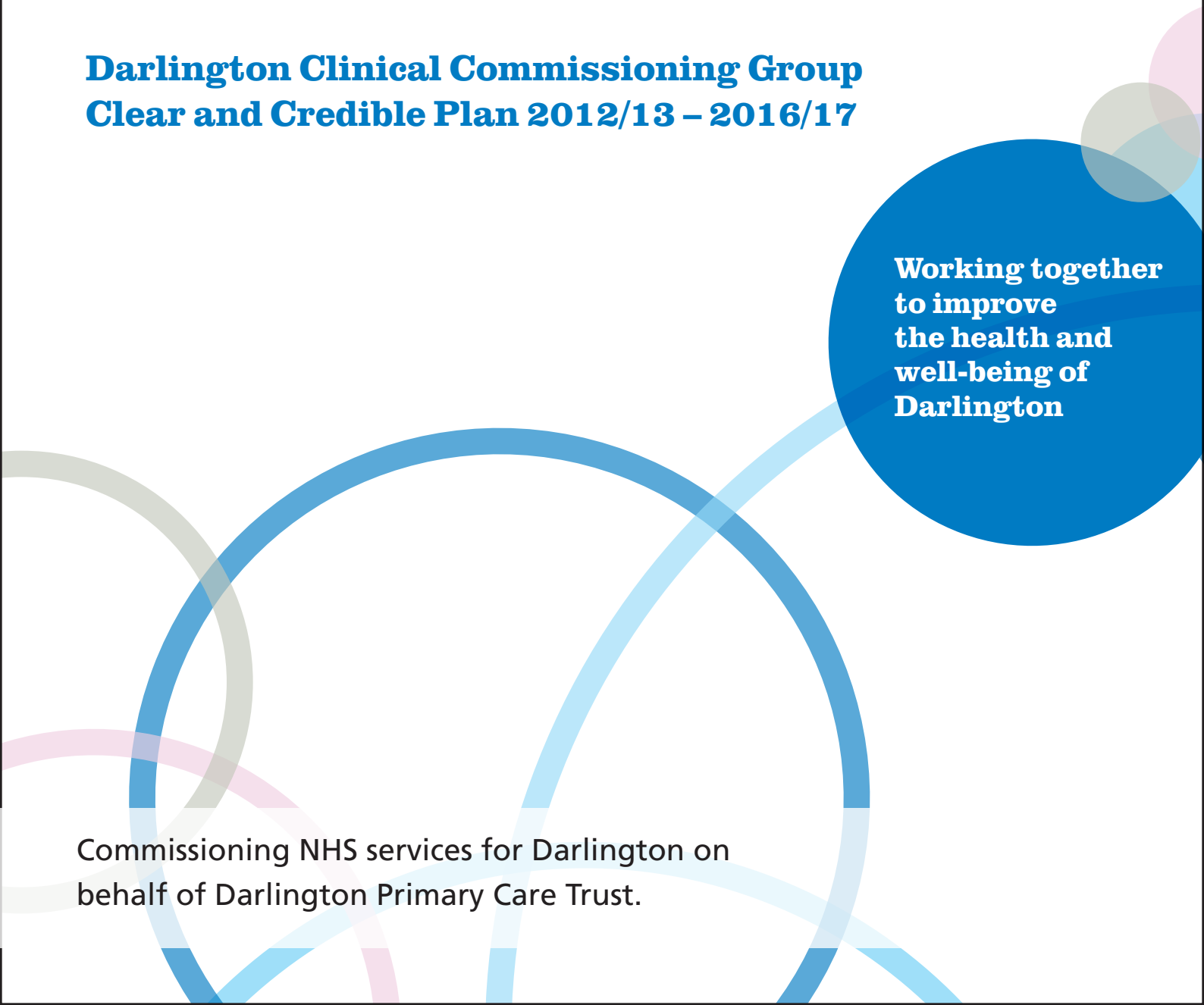


Darlington Clinical Commissioning Group Clear and Credible Plan 2012/13 – 2016/17



**Working together
to improve
the health and
well-being of
Darlington**

Commissioning NHS services for Darlington on behalf of Darlington Primary Care Trust.

This summary of our five year Clear and Credible Plan sets out the key aims and priorities of Darlington Clinical Commissioning Group (CCG).

Clinical commissioning groups (CCGs), led by local GPs and other health professionals, are now taking on NHS management responsibilities from primary care trusts for the planning and purchasing (commissioning) of local health services for local populations. The creation of clinical commissioning groups is one of the changes to the NHS in the Health and Social Care Bill 2012.

The Darlington clinical commissioning group was established in October 2011 and is made up of 12 member GP practices. It covers a total population of around 100,000 over a mainly urban area which is coterminous with Darlington Borough Council (DBC). There are some significant differences in health between the various parts of the Darlington area.

Our new clinical commissioning organisation will build upon initial experience as a practice based commissioning (PBC) group and then as a GP led commissioning Pathfinder. As clinicians working with patients and providers of health care services every

day, we now have a great opportunity to use their knowledge to make change which will improve the health and experiences of our patients.

Throughout the five year lifespan of this plan, we will check our progress to ensure our efforts are having a real impact on delivering our aims.

We must also demonstrate how we will use the £740 million of taxpayers' money over the next five years to deliver health improvement and health services for 100,000 people in our area.

We hope you find this summary helpful. Together with our Delivery Plan for 2012/13, it will form the basis of our discussions with the public, patients and carers, providers and key partner organisations.

If you would like to make any comments about our plans for the future or have your say with regard to future developments, you will find contact details on the back page of this summary plan.

Our health challenges

We have built up a picture of our area by looking at local health needs and current health service provision, as well as what patients tell us about the services they receive and what we see as clinicians.

We cover a population with significant health challenges, both in terms of poor health outcomes and high levels of health inequality. People living within our population are more likely to die sooner than if they were to live in other parts of the country.

- Nearly a quarter of the residents of Darlington live in the most deprived areas of England; just under a quarter of residents live in the least deprived areas which signifies a major difference across the town in levels of health and deprivation.
- Premature mortality rates for the biggest killers (heart disease, cancer and stroke) in Darlington are higher than the England average. Cardiovascular disease (CVD) and cancer account for 63% of early or premature deaths in Darlington.
- Life expectancy for men living in the most deprived areas of Darlington is over 13 years lower than for men living in the least deprived areas of Darlington.
- The level of binge drinking is estimated to be 31% in Darlington, 18% higher than the national estimate and smoking remains the biggest single contributor to our shorter life expectancy.
- The percentage of the population over 50 years of age in Darlington is increasing and the majority of older people now live more independently within their own homes.
- 19.3% of the Darlington population live with a long-term limiting condition, which is above the England average.
- The level of dementia is predicted to rise in Darlington to 8.1% by 2030.

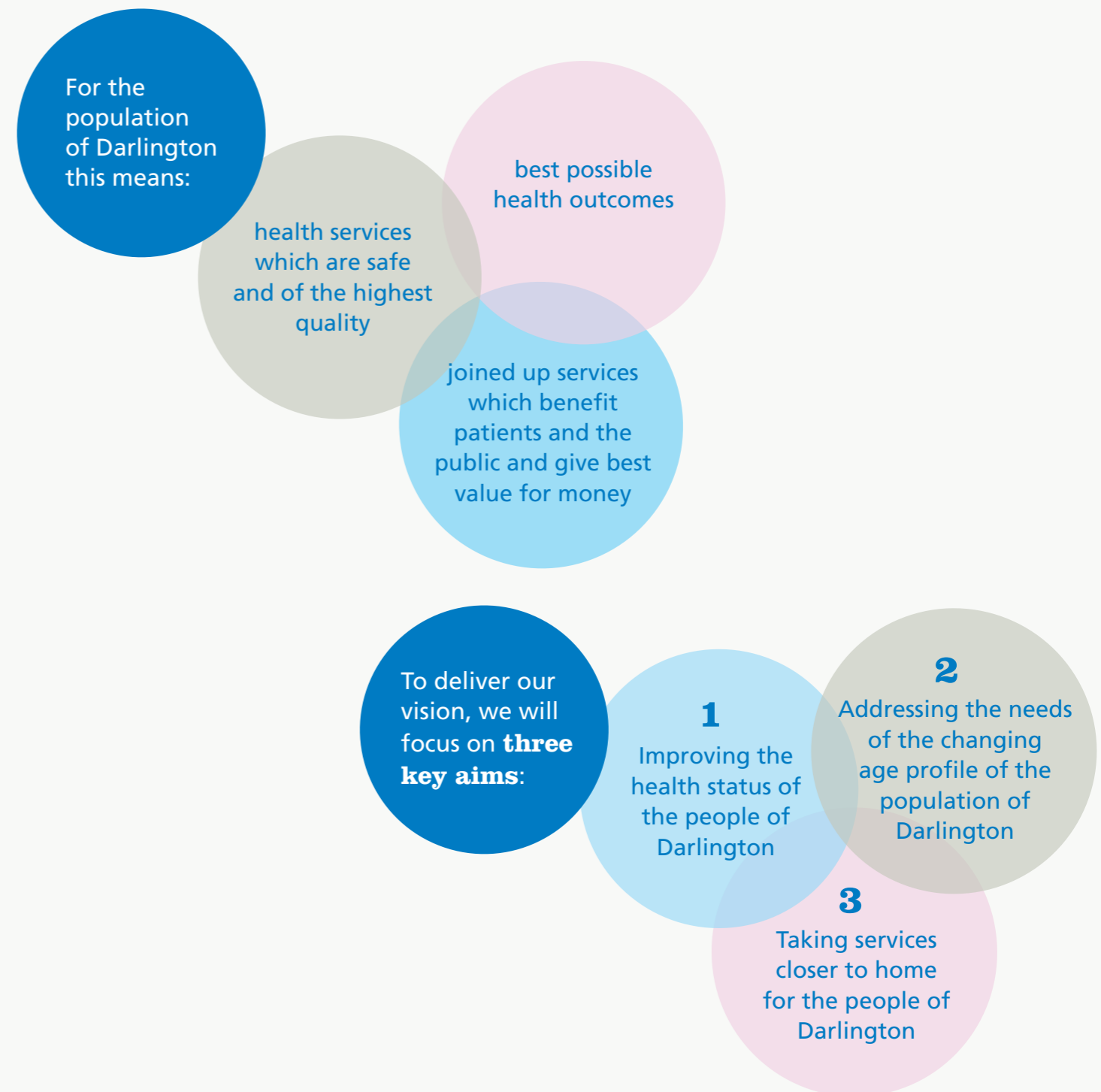
We face a number of challenges and opportunities:

- We need to manage the increased demand on healthcare resulting from an increasing and an aging population, with increasing levels of cancers, cardiovascular disease, stroke, dementia and long term conditions such as diabetes and chronic obstructive airways disease (COPD). Cardiovascular disease and cancers already account for the majority of early deaths in Darlington.
- We need to do more to improve the overall quality of care and reduce unwarranted clinical variation in health care in order to get the best health outcomes and overall patient experience for everyone.
- We need to speed up the pace of change in delivering more services in the community and closer to home for patients by redesigning pathways of care so that we can achieve the best outcomes for patients.
- In order to deliver the levels of service quality in terms of safety, patient satisfaction and consistency across our services, we must ensure that we get the best return on investment from our funding.

Our vision and aims

Darlington Clinical Commissioning Group's vision is:

Working together to improve the health and well-being of Darlington.



Our priorities

We will focus on **three priorities** to ensure we achieve our three key aims.

1
Ensuring quality

2
Delivering the national operating framework priorities

3
Delivering national performance targets

1

Ensuring quality

We aim to make best use of clinically effective treatment and care provided to patients. We will ensure that patients' safety is always put first, and we will improve the experience of our patients whilst in the care of the NHS.

Working with our partner CCGs in County Durham and Darlington, we will ensure our contracts reward the delivery of high quality care from our providers.

2

Delivering the national operating framework priorities

Key focus areas are:

- Improving care and support for older people and those with dementia.
- Improving support for carers
- Addressing the health needs of members of the Armed Forces, veterans and their families
- Increasing numbers of Health Visitors

3

Delivering national performance targets

We will be accountable for the full range of national performance measures including:

- Reducing waiting times for referral to treatment
- 62 day target from urgent GP referral to first treatment for cancer
- Reducing healthcare associated infections
- 4 hour A&E waiting times
- Eliminating mixed sex accommodation
- Category A ambulance times
- Stroke services
- Increasing uptake of Choose and Book (a service that allows patients to choose their hospital or clinic and book an appointment)

How we will deliver our plan over the next five years

By focusing on these aims and priorities we believe we can make the greatest improvements to meet our health challenges. For each of our aims we have set ourselves a work programme which we plan to deliver over the next five years, with goals by which we can measure our success.

Key Aim 1 - Improving the health status of the people of Darlington

By working with partners in social care and public health, we can jointly focus on the underlying risk factors and wider determinants of ill-health and health inequality so that the people of Darlington can expect to live longer, healthier lives in the future and the differences in life expectancy are narrowed.

Over the next five years we plan to:

- Expand programmes and services such as weight management, exercise on referral, smoking quitters, health checks and bowel cancer screening.
- Provide weight management services and support for women during and after pregnancy.
- Review the children's asthma and wheezing pathway.
- Develop more locally available physiotherapy and audiology services for children.
- Review Tier 1 & 4 alcohol services e.g. screening and assessment for simple to complex cases, prescribing support, care planning and therapies.

We will develop these services across Darlington to improve our population's health and wellbeing, and quality of life.

Key Aim 2 - Addressing the needs of the changing age profile of the population of Darlington

By working with partners and commissioning a range of new services, we will ensure that the people of Darlington with long term conditions will be able to live a healthier life that is less reliant on the NHS in the future.

By supporting patients to better manage their own long term conditions and providing more services in a community setting, we aim to reduce both planned hospital treatment and emergency admissions to hospital.

Over the next five years we plan to:

- Develop community based clinics and a rapid response service delivered in a home setting for people with COPD.
- Review urgent care in nursing and care homes and community based care beds.
- Develop more diabetes services closer to the patients' homes and e-learning self-management tools for diabetes patients.
- Develop a clinical advisory service and training for care homes.
- Review community nursing.
- Improve the co-ordination of end of life care services.
- Improve care for people with dementia.

Key Aim 3 - Taking services closer to home for the people of Darlington

Our aim is to commission more services from a community or primary care setting where safe and appropriate to do so. We send too many of our patients to secondary care facilities when they could be treated in a more cost effective local setting which is more convenient for the patient.

In recent years there have been some large scale changes to the way some healthcare services have been delivered for the people of Darlington. As clinically-led commissioners we now have the opportunity to re-shape the services to better reflect the needs of the people of Darlington. We aim to focus much more on what can be provided locally in Darlington, where it is safe and appropriate to do so. Making services more responsive and accessible to our communities' needs will have the effect of improving their experiences of the care that they receive.

Over the next five years we plan to:

- Develop a clinical strategy to shape future health services for Darlington.

- Work with our GP practices to deliver and develop high quality primary care – the community based health services that are usually the first point of contact that patients make with the health service.
- Address veterans' health needs and support for carers.
- Bring in more providers who can meet NHS quality standards so that patients can choose from a wider range of services closer to their homes.
- Bring together Darlington's urgent care and accident and emergency facilities.
- Increase the number of health visitors and family nurse practitioners to work with children and their families.
- Review children's pathways from accident and emergency.
- Re-design community based musculoskeletal (MSK) services.
- Review chiropody and podiatry services.
- Review children's physiotherapy and audiology services.

Our values

Our values, developed in consultation with our clinicians, partners and staff will underpin the delivery of our plan. We will:

Be open, transparent and inclusive in our relationships between practices and clinicians, and with patients the public and partners.

Be committed to improving health care and outcomes for people.

Deliver fairness and equity in our use of resources.

Ensure services are as consistent as possible.

Focus on transformation with a clear and credible clinical focus.

Foster strong clinical relationships as a driver for change.

These values have been developed by local GP practices and written down as an agreement between our member practices. This will inform our approach to clinical commissioning and our responsibilities to the local community:

How we will work with partners

Darlington Clinical Commissioning Group is committed to working with a range of local partners and organisations so that we can develop the best health care services for local people. For example;

- We will work with patients, carers and our local communities, offering a range of ways they can get involved, share their experiences and influence our commissioning and decision making activities.
- We will work in partnership with the two neighbouring shadow clinical commissioning groups in North Durham and Durham Dales, Easington and Sedgefield- where it makes sense to do so - to make best use of available resources.
- We will work in partnership with Darlington Borough Council on areas of joint interest to improve the overall health and wellbeing of the population.
- Close working with our service providers will allow clinicians from all parts of the health system to shape services together and allow new ideas to be built into our commissioning plans.
- Our 12 member GP practices are committed to working with us to develop high quality, locally based services. They have helped to develop our vision, and provide valuable links with patients though their own practice groups.
- We will work in partnership with public health and health prevention professionals on approaches to changing our patients' and public's behaviour in making healthy choices and living healthier life styles.
- The Health and Wellbeing Board in Darlington Borough Council will join up health services, social care and health improvement through a single approach. Executive clinical leads will sit on this board as our representatives.
- We will work with a range of NHS based support services which are being set up to help us manage and deliver the day to day business of commissioning.

How we will engage with you

In developing our priorities, we have worked closely with GP practices and have held an engagement event with patients, other local organisations who provide services and voluntary organisations.

We will continue to develop our relationships with partners, providers and our communities as we deliver this strategic plan, and will ensure that we have a range of ways in which we communicate and engage with you.

We will spend more time building our relationships with the people and groups who make up our communities in Darlington. We will continue to seek the views of our local population with regard to the services we provide and capture ideas on how these services can be improved. Much of this will be done in partnership with Darlington Borough Council.

We will use what we know about our communities to engage with different people and groups in ways that best meet their needs and in order to improve the health of our population we will communicate messages which give clear directions to the choice of services available and which are easy to access.

How will we afford our plan?

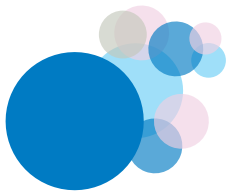
The government has set challenging targets for us to deliver improved Quality, Innovation, Productivity and Prevention (QIPP). The challenge for the NHS nationally, is to make £20 billion of efficiency savings by 2014/15. Darlington CCG's share of this target is £34 million.

We also need to be able to respond to the significant demographic changes, in particular the increase in the number of older people. As investors of public money we need to manage our resources carefully.

Managing our resources effectively and responsibly will ensure that we make sensible investment decisions whilst getting the most out of the services we are currently paying for on behalf of the tax payer and our communities.

Over the next five years we plan to:

- Deliver our plan within our given funding.
- Work with GP practices, and hospital and community based services to improve quality and efficiency.
- Develop schemes to control the cost of prescribing medicines.
- Work with our healthcare providers to increase efficiency and minimise waste.
- Re-invest cost savings into our commissioning priorities for future years.
- Continually analyse need, review and benchmark current service provision.
- Test innovation and share good practice.



Contact us

If you would like to make any comments about our plans for the future or have your say with regard to future developments please contact;

Darlington Clinical Commissioning Group Chair's Office
Dr Piper House
King Street
Darlington
DL3 6JL

Tel: 01325 746100
Email: cd-pct.Communications@nhs.net

Copies of our full Clear & Credible Plan 2012/13 – 2016/17 are available on request through the contact details above. Both this summary and the full plan are available in alternative formats e.g. large print, Braille, other languages.