
DARLINGTON'S HEALTH & SOCIAL CARE DELIVERY PLAN - 2013-2016

Responsible Cabinet Member – Councillor Andy Scott, Health and Partnerships Portfolio

Responsible Director – Murray Rose, Director of People

SUMMARY REPORT

Purpose of the Report

1. To seek members approval of the draft Darlington Health & Social Care Delivery Plan 2013-2016 (**appendix 1**) of this report.

Summary

2. Darlington's Health & Social Care delivery plan provides a plan of action which supports the vision outlined within Darlington's Health & Well-Being Strategy, which Cabinet approved in October 2012.
3. The delivery plan (**appendix 1**) encompasses actions by the whole community including big organisations like the Council NHS and Police but also smaller organisations and citizens within Darlington.

Recommendation

4. It is recommended that Members approve the draft Health & Social Care Delivery Plan.

Reasons

5. The recommendation is supported to discharge the local authority's statutory duty as outlined in the Health and Social Care Act 2012, to identify local action for improving the Health and Well-Being of Darlington residents

**Murray Rose
Director of Services for People**

Background Papers

JSNAs and Joint Health and Wellbeing Strategies – Draft Guidance. Department of Health
Darlington's Health & Well-Being Strategy – A Strategy for Improved Wellbeing.

Melanie Brown : Extension 2219

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report outlines key issues for Health and Wellbeing and planned actions in Darlington in response to these issues.
Carbon Impact	There are no implications arising from this report.
Diversity	Outlined in paragraph 12 of this report
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	No
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Supports the delivery of priorities identified within One Darlington: Perfectly Placed Priority as outlined in the Sustainable Community Strategy
Efficiency	N/A

MAIN REPORT

Legal Implications

6. The Health and Social Act 2012 requires local authorities through health and wellbeing boards to prepare a joint health and wellbeing strategy based on their joint strategic needs assessment. It also provides the power for health and wellbeing boards to look more broadly than health and social care and to consider the wider determinants of health including housing, employment, education, skills, leisure and the environment etc. In Darlington we have taken this wider interpretation of health in the development of our strategy which continues the vision and approach adopted within the previous Sustainable Community Strategy (SCS).

Information and Analysis

7. Darlington's Shadow Health and Well-Being Board considered Darlington's Health and Social Care delivery plan at their board meeting in October. Darlington's Health & Social Care delivery plan provides a plan of action which sits underneath Darlington's Health & Well-Being Strategy, which Cabinet approved in October 2012. The delivery plan (**Appendix 1**) encompasses actions by the whole

community including big organisations like the Council NHS and Police but also smaller organisations and citizens within Darlington

8. The primary objective of the delivery plan 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.
 - (a) **Action 1** - To focus resources in areas of highest need.
To develop a model in a pilot 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.
 - (b) **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 (outlined in figure 1), quality improvement programmes in health and social care and early intervention and prevention.
 - (c) **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.
9. 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.
10. Each action within the plan resonates clearly with the commitments for working together within the Health and Well-Being Strategy. These are:
 - (a) To relentlessly focus on narrowing the outcomes gap between individuals, groups and neighbourhoods; (Action 1 and 3).
 - (b) 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).
 - (c) To develop community capacity/resilience, support networks and community led and controlled interventions and projects; (Actions 1, 2 and 3).
 - (d) To utilise population insight and intelligence to better target key messages and programmes of action; (Action 1, 2 and 3).

11. To strengthen the role of early intervention and prevention in mitigating harm and reducing costs. (Action 1, 2 and 3).

Financial Implications

12. The Health & Social Care Delivery Plan will be resourced through existing funding within the current Health & Social Care System in Darlington.

Outcome of Consultation

13. The development of Darlington's Health and Well-Being Strategy involved four partnership assemblies which were hosted in April/May 2012. They were attended by over one hundred individuals representing the following sectors/organisations: public health, Borough Council officers and Members, Primary Care Trust, Clinical Commissioning Group, NHS Foundation Trusts, Police Constabulary and Police Authority, Third Sector organisations, schools and colleges, Fire & Rescue and housing providers. The feedback from these events have shaped the Health & Social Care Delivery Plan.
14. Community engagement has been ongoing and a number of high profile community events have been hosted between September 2011 and July 2012 which have considered key priorities for Health & Social Care in Darlington. Darlington LINK recently hosted one of these events and over 120 Darlington residents attended this session in July 2012. A previous consultation event held in September 2011 also attracted over 100 residents to the session.
15. Activity to consult on the delivery plan has taken place to raise awareness of the plan and to gather any ideas and concerns that people may have about the actions set out in the plan. This engagement has included visiting a number of groups within Darlington and also talking to the public at an event in October in the Town Centre. In addition to these events community engagement has been available through Darlington Borough Council's online discussion forum and local community groups have been contacted and asked to participate in this consultation process. Focus group sessions have taken place to consider the draft strategy and this has included groups such as Growing Old in Darlington, Darlington's BME Network, Darlington LINK management group and Darlington's Parent Carers Forum.
16. Children and Young People in Darlington have been involved in shaping the key actions identified in the plan. Between July and October 2012 a number of young people participated in interviews and shared their suggestions on the key actions for young people's health and well-being. Discussions have also been available on the CLICK and Darlington Youth Partnership facebook pages too. Young People have developed a DVD and podcasts to share their views more widely with the Health & Well-being board.
17. The draft plan was also available on the local authority online discussion forum for the public to access and comment on this draft plan between 28 September 2012 and the 12 October 2012. The public were made aware of this information available on the

DBC website, direct promotion through local authority and services user facebook pages. Emails were circulated to a number of groups such as Darlington's BME Network, Growing Old in Darlington group, LINK members, eVOLution's on line network forum, Darlington Parents Carers Forum and the People's Parliament to inform key stakeholders about this consultation and invite them to participate in the consultation process.

18. The outcome from the partner and community consultations outlined above informed the development of the three key actions contained within Darlington's Health & Social Care Delivery Plan.

Equalities Considerations

19. An initial whole population officer assessment has been undertaken for the Health and Social Care Delivery Plan and this highlights that there will potentially be both positive and negative impacts for groups within the Borough and on individuals. Detailed option appraisal work commences in November 2012 for the three actions set out in the delivery plan and until these detailed implementation plans are developed it is not possible to identify positive or negative impacts at an individual level. In particular for Action 1 relating to a specific community pilot then overall outcomes should lead to a reduction in inequalities.
20. There is a risk that by initially reducing inequalities in one area by focussing resources in that specific area there could be negative impacts elsewhere. For this reason a further review of impact assessment is planned for November 2012 when some of the evidence for options has been gathered. Further three monthly reviews will be taken forward to ensure impacts are identified as the plan is implemented. Face to face discussion and other engagement methods will be used at the appropriate points in delivery to understand the impacts on communities, groups and individuals.
21. A copy of the draft *Health & Social Care Delivery Plan, For People to be Healthy and Supported 2013-2016* is attached in **Appendix 1** for members to consider.