

**DARLINGTON**

**HEALTH AND WELL BEING STRATEGY**

**2013-2016**

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## **Foreword**

Welcome to the Darlington Health and Well Being Strategy. The Strategy is about both the people and the place of Darlington and sets out how we intend to improve the overall Health and Well Being of our population. It focuses on wellbeing in its widest sense and identifies a broad spectrum of issues and priorities for action on health, the environment, the economy and civil society.

It sets out the outcomes we want for our community and seeks to support your health, happiness and fulfilment as a citizen of Darlington.

The strategy provides a framework for action by the whole community. Whilst the big organisations, like the Council, NHS and Police, will have a major role in delivering improvements, much of what we want – a strong borough-wide community that is both diverse and cohesive, vibrant and caring – is about us as individual organisations and citizens being able to pursue our own aspirations, live active and confident lives, make the choices that are right for us.

**Alasdair MacConachie – Chairman of Darlington Partnership**

**Councillor Bill Dixon – Leader of Darlington Borough Council & Chair of the  
Shadow Health and Well Being Board**

# Executive Summary

This strategy provides the overall framework for improving the health and well being of our community. The Strategy continues our strong tradition of partnership activity and planning and fulfils the new statutory duty placed on Local Authorities through new Health and Well being Boards to produce a Health and Well being Strategy.

The purpose of the Strategy is to:

- Assess and identify local needs through the Joint Strategic Needs Assessment
- Maintain a focus on and continue improvements in community outcomes
- Consider the influences on Health and Well Being including wider social, environmental and economic factors such as housing, employment and the environment and
- Encourage integrated working and commissioning across these
- Go beyond the simple identification of needs to addressing key issues
- Not try to solve everything 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 planning framework to influence complementary and supporting strategies, delivery plans and commissioning processes.

## Understanding Well Being

Lack of income, inappropriate housing, unsafe workplaces and poor access to healthcare are some of the factors that affect the health and well being of individuals and communities. Similarly, good education, employment and safe, crime free, attractive environments all support healthy living and directly contribute to the well being of communities. In Darlington we have chosen to take this broad view of well being to shape the development of this strategy and to support the realisation of our two overarching priorities - **One Darlington: Perfectly Placed**.

**One Darlington** describes our approach to people and specifically 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.

**Perfectly Placed** describes our approach to Darlington as a place, helping to shape our infrastructure, economy, neighbourhoods and care for the environment.

## Our Existing Joint Actions to Deliver our Priorities

Writing of this Strategy does not take place in a vacuum – we already have a series of partnership priorities reflected in a number of plans, and there is no desire to re-invent the wheel. Over the next three years we will focus our collective efforts on key actions which will make the biggest impact in support of delivering **One Darlington: Perfectly Placed**. An agreed priority action is to create jobs in Darlington. We have identified key locations for regeneration and this will result in a supply of land being made available to support a

wide range of employment opportunities and for our housing needs. We are also particularly focussing on supporting young people to remain in education, employment and training in preparation for adult life.

We also believe that we should prioritise delivering and supporting cohesive and sustainable communities, including those which meet the needs of disabled citizens. To deliver this we have agreed to improve the conditions for private sector housing tenants; we will tackle anti-social behaviour and we have identified a small number of families with multiple problems that we will collectively work with to improve the life chances for the family members, and particularly the children.

We recognise that many of our residents have been affected by the austerity measures and that there are further changes ahead. We have prioritised giving high quality advice and guidance to support financial inclusion and we are collectively working to prevent crises and breakdowns which can lead to increased social difficulties for citizens. We are also improving the way we target our resources to try to prevent families getting into difficulty.

We will continue to prioritise tackling health inequalities and our commitment to narrow the gap in life expectancy between different communities. We will continue to target work to reduce the harmful effects of drug and alcohol misuse. We will work to reduce offending and re-offending and we will provide effective support for all vulnerable groups. Within our community, we have highlighted some needs specifically relating to looked after children, Travellers and disabled people which we will address.

## **How we Ensure Effective Partnership Working in Darlington**

We already have a number of partnership strategies and delivery arrangements in place that support Health and Well Being. These include the Community Safety Plan, the Children and Young People's Plan and the Economic Strategy. The intention is that over the next three years, as those strategies expire and as new ones, including the Health and Social Care Plan, are prepared, we will review them within the context of this Strategy and the overarching planning framework which it provides to ensure that their priorities and delivery plans are complementary and aligned. We have included a partnership prioritisation tool to facilitate this.

This strategy provides a policy framework for future planning that:

- Reaffirms our long-term vision for improving the well being of local people and reducing inequalities in outcomes.
- Details the key issues linked to outcomes which will support the realisation of our two overarching priorities– One Darlington: Perfectly Placed.
- Is based on local evidence drawn from the Single Needs Assessment and is informed by national policy considerations and priorities.
- Proposes our top priorities focussing on the issues that will make the biggest difference to outcomes and add greatest value to collective action.
- Focuses on things that can be done in partnership rather than things that are the remit of a single agency, but also recognising that single agency action can make a significant impact towards outcomes.
- Provides a clear and transparent planning framework and prioritisation tool for informing the development and review of complementary and supporting strategies and for engaging with the community.

## Our Ambition for Health and Well Being in Darlington

There can be no greater role for us than to ensure the current and future well being of our population. When we talk about 'well being' we are talking about the widest sense of the word – how happy people are living in Darlington, to what extent is there a lively range of opportunities for them to be involved in, are they healthy and able to live fulfilling lives with access to support when they need it.

This means that our collective approach to well being is much wider than thinking about how health services or care services are organised and delivered. It means considering what jobs are available in the borough, how people can spend their leisure time, whether they are living in neighbourhoods with high levels of anti-social behaviour as well as access to appropriate health and care support and services.

This high level ambition for our area is encompassed within our two overarching priorities – **One Darlington: Perfectly Placed**. These are well established and have widespread support and agreement from a range of private, public, voluntary and community sector organisations.

**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.

**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.

These priorities are regularly reviewed and addressed through the actions of Darlington Partnership and its operational groupings.

To support multi-agency partnership working, there are a number of legal requirements that public agencies need to fulfil, including working together on children and young people issues, community safety issues and, more recently, new requirements in relation to health and well being issues. In addition to these legal requirements, Darlington's business community has been keen to work together to develop the local economy to ensure that key actions that will promote skills, growth and connectivity are carried out, and that all agencies and businesses involved are working together to improve Darlington's economic position. There are a range of other strategies that may involve two or more partners as well.

In some cases, similar issues arise in each of these areas. For example, domestic abuse is an issue for community safety, and for children and young people; alcohol misuse in the town centre is both an issue of community safety but also an area of challenge in developing Darlington's economy. Over the coming years we will be reviewing such actions to align the actions better across the different areas.

## Understanding Well Being – the Darlington Approach

In Darlington we continue, as we did with our Sustainable Community Strategy, to interpret health and well being in its widest sense. The well being of our community is influenced by a wide range of social, economic and environmental factors. We as individuals cannot always control them and they influence and often constrain the 'choices' we make and the lifestyle we lead.

The social influences of well being have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the well being of individuals and populations. They include the conditions of daily life and the structural influences upon them shaped by the distribution of money, power and resources at global, national and local levels. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet their needs and deal with changes in their circumstances.

Lack of income, inappropriate housing, unsafe workplaces and poor access to healthcare are some of the factors that affect the well being of individuals and communities. Similarly, good education, employment and safe, crime free, attractive environments all support healthy living and directly contribute to the well being of communities. In Darlington we have chosen to take this broader view of well being to shape the development of this strategy.

**Figure 1** below illustrates our understanding and therefore our approach to improving well being.



Source: Barton and Grant (2006)

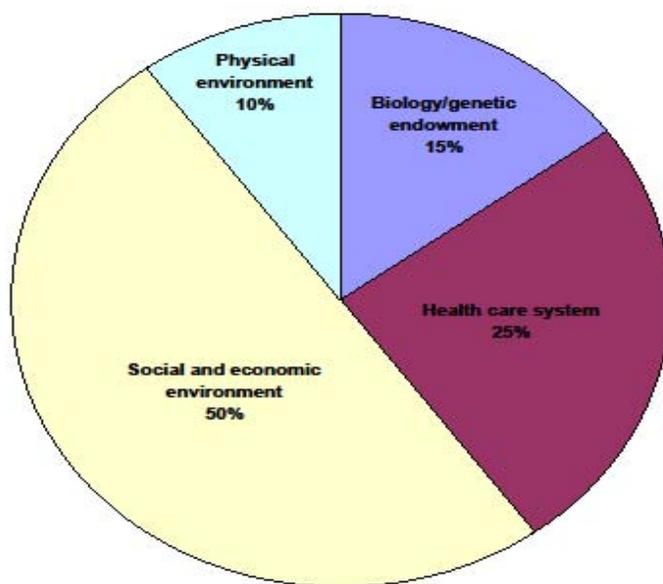
Taking the broader view of health and well-being offers scope to deliver real benefits by recognising the inter-relationships of key local services and their impact on the wider health of our community. The Marmot Review of Health Inequalities in England, *Fair Society, Healthy Lives* recognised these inter-relationships and made the following as a key recommendation:

***'fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality'.***

The importance of joining up services is underlined by the information presented in **Figure 2** below which estimates the impact of health and the wider social influences of health on the population. This estimates that only 40% is determined by an individual's biology/hereditary factors or the health care system. The majority of the impact is attributable to other factors within the wider social and economic environment.

**Figure 2**

**Estimated impact of determinants on health status of the population**



*Source: Canadian Institute for Advanced Research, Health Canada, Population Health Branch 2002*

For example, the link between poor housing and health is widely acknowledged. Annually, poor housing conditions are implicated in up to 50,000 deaths (over 36,000 excess winter deaths in 2008/09 in England and Wales); cause 500,000 injuries and illnesses that require medical attention; and contribute to increased risk of cardiovascular diseases, respiratory diseases and depression. The estimated costs to the NHS in England each year to treat the health impacts of poor housing stand at £600 million and the full costs to society of poor housing at some £1.5 billion per year <sup>1</sup>.

The End Child Poverty Campaign has highlighted the link between poverty, social inequality and health. The Campaign found that children from poor families are more likely to be born underweight (an average of 200 grams less than children from the richest families) and that poorer children are two and a half times more likely to suffer chronic illness when toddlers. Research has shown that those from poorer areas live an average of seven years less than their counterparts from richer areas.

Compared to people in employment, the unemployed suffer more often and longer from both mental and physical health complaints. The Robert Koch Institute German Health Update found that unemployed people were more likely to suffer from physical, emotional and functional impairments such as: sleep disorders, anxiety disorders and substance addictions<sup>2</sup>. A recent research study has found that long term unemployment triples the risk of suicide<sup>3</sup>.

Children growing up in poorer families are less likely to do well in school and emerge school with lower levels of educational attainment. They are more likely to suffer ill-health and to face pressures which are associated with anti-social behaviour and criminality.<sup>4</sup>

Poor mental health and mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health risk-taking behaviours and life limiting conditions.<sup>5</sup>

Maximising education and skills through qualifications is shown to have a significant impact on long term employment outcomes. This cuts across all qualification levels including apprenticeships and related issues such as benefit dependency, earnings potential and stability of employment.<sup>6</sup>

Criminal behaviour has significant implications not only short term outcomes for individuals and communities but also longer term. Research from Cardiff University <sup>7</sup> found that men aged 40+ who continued with criminal behaviour after their teens were 13 times more likely to be registered disabled and four times more likely to have been hospitalised.

## Making the Health and Well Being Strategy come to life

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<sup>1</sup>BRE 2011 The Real Cost of Poor Housing

<sup>2</sup> Kroll, L E and Lampert, T. **Unemployment, Social Support and Health Problems: Results of the GEDA Survey in Germany, 2009.** *Dtsch Arztebl Int*, 2011; 108(4): 47-52

<sup>3</sup> Wellington School of Medicine

<sup>4</sup> Estimating the Cost of Child Poverty – JFR Trust - Oct 2008

<sup>5</sup> No Health without Public Mental Health - The Royal Society of Psychiatrist - 2010

<sup>6</sup> The Long Term Effect of Vocational Qualifications on Labour Market Outcomes – Department for BIS - June 2011

<sup>7</sup> Its official – crime is bad for your health –Cardiff University – Feb 2012

In preparing this document, there was real appetite from all partners to support and build upon the existing strategies and to ensure that they are a part of the broader Health and Well Being agenda and that they contribute to the delivery of our two overarching priorities. As a result, there was agreement to consolidate these strategies into one document, which would outline our priorities for working together and for our collective action. This is the Health and Well Being Strategy. This gives coherence and greater strategic focus on those small number of policy areas that consistently appear in many of our existing strategies and help to ensure alignment of actions across a wider range of partners.

Darlington Partnership delivered four structured workshops (Darlington Assemblies) on the following subject areas:

- How do we improve healthy life expectancy, mental well-being, reduce preventable illness and deaths and ensure individuals, families and communities are supported?
- How do we foster an economy and culture which values learning and enterprise with increasing skill and employment levels?
- How do we improve the physical environment, promote neighbourliness and community action?
- How do we foster a culture of respect and cohesion in our communities that eradicates tolerance of criminality and anti-social behaviour?

More than 100 people attended across the four Assemblies, with lively discussion and comment. Alongside this, businesses began working together, along with the Council and other agencies, to develop an economic strategy for Darlington. Through this process, an additional 100 people were involved in debating and commenting on key areas of action to improve Darlington's economy.

Throughout these workshops, we have found it important to focus our discussion on outcomes for our communities and for our place. The focus on outcomes becomes particularly important with the continued pressure on resources – if we focus on what services we currently provide, it narrows our vision about potential and about different ways we could achieve our ambitions. For example, if we ask the question about how we can improve health services, it is largely an issue for those health services to resolve themselves, and with fewer resources, becomes increasingly difficult to achieve. But if we instead talk about how we support our population to be healthy, we might think about what role leisure centres play, school meals, cycle routes, different forms of transport, community groups, families and individuals themselves. Whilst there will continue to be pressure on finances, there are resources within families, communities and businesses, and we need to find ways of making better use of them. The second reason why a focus on outcomes is important is that it helps us to determine whether or not anything is changing.

The key outcomes we are working towards achieving are outlined below:

### **One Darlington**

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

### **Perfectly Placed**

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

Not all of these outcomes are equal – nor are they entirely separate – at different times there will be different degrees of focus in each area. Over the longer term however, they are the key areas on which together we will make a difference.

## How we will work together to deliver the seven outcomes

During the Assemblies and the discussions with businesses, we heard from many people and organisations about their view of what might be the most important issues and actions we could take in Darlington. We collectively reviewed what the data in our Single Needs Assessment tells us about our population, and in what areas we want to see better outcomes. There was very broad agreement about the issues and service areas we need to improve on and recognition that the majority of these are already being developed and/or delivered through existing strategies. These, our priorities for collective action, are summarised at **Appendix 1**.

In the discussions, however, there were five aspects of how we work together that arose in every policy area, and were a genuine recognition of how we might strengthen our partnership working and impact on outcomes. They are included here as our top commitments and actions for **how** we will work together. They will help guide and influence the development and review of supporting and complementary strategies and are adopted as a core component within our prioritisation tool.

1. To relentlessly focus on narrowing the outcomes gap between individuals, groups and neighbourhoods;
2. 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;
3. To develop community capacity/resilience, support networks and community led and controlled interventions and projects;
4. To utilise population insight and intelligence to better target key messages and programmes of action;
5. To strengthen the role of early intervention and prevention in mitigating harm and reducing costs.

Whilst there is widespread support and ambition for a single strategy for medium term action planning, there are already a number of partnership plans in place that have already been consulted upon and form a key part of existing delivery arrangements. This is particularly true of the Community Safety Plan and the Children and Young People's Plan. The intention is that over the next three years, as those strategies expire, we will review them within the context of this overarching framework ensuring their priorities and delivery plans are aligned to our vision and priorities and appropriately reflect the key issues identified within this strategy.

What this document outlines is a policy framework for future planning that:

- Reaffirms our long-term vision for improving the well being of local people and reducing inequalities in outcomes.
- Details the key issues linked to outcomes which will support the realisation for our vision – One Darlington: Perfectly Placed.
- Is based on local evidence drawn from the Single Needs Assessment and is informed by national policy considerations and priorities.
- Proposes our top priorities focussing on the issues that will make the biggest difference to outcomes and add greatest value to collective action.
- Focuses on things that can be done in partnership rather than things that are the remit of a single agency, but also recognising that single agency action can make a significant impact towards outcomes.
- Provides a clear and transparent planning framework and prioritisation tool for informing the development and review of supporting strategies and plans that all partner organisations can support.

The planning framework provides a way of thinking about strategies and actions at different levels, and how they might fit together.

Underneath this Well Being Strategy fit a series of core strategies and delivery plans. Initially, these include the Community Safety Plan, the Children and Young People's Plan, the Economic Strategy and the Health and Social Care Delivery Plan, the Local Plan, the Housing Strategy and Child Poverty Strategy. There may be others, but these will form the basis of the planning framework.

## Partnership Planning Framework and Prioritisation Process

The planning process adopted as part of this strategy is an iterative one with our vision, top priorities, outcomes and key issues for action informing the development, implementation and review of supporting core strategies and delivery plans including those of the new Clinical Commissioning Group. They will not replace those contained within existing strategies – these will remain prime, but they will be used at the point of their review or in the development of new strategies, for example, the Health and Social Care Delivery Plan which will be owned by the Health and Well being Board.

Planning takes place at three distinct levels:

### Whole Partnership Planning and Delivery

The strategy identifies our top priorities for shared action across the Darlington Partnership and the Health and Well being Board. These priorities require whole partnership support and action and will inform how the priorities and actions within supporting strategies and plans are themselves developed and prioritised.

### Multiple Partner Planning and Delivery

The strategy is intended to stimulate the development of other partnership alliances around issues and priorities that may be of interest to some but not all partners in Darlington. Such alliances may involve the development of specific plans, funding arrangements and programmes of action. They may involve the pooling of budgets and resources and joint commissioning processes between specific partners.

### Single Agency Planning and Delivery

All partner organisations will be encouraged to align their own corporate and service planning processes to our vision and consider the impact that their own decisions and resource allocations will have on agreed outcomes. Single organisation action may also require single organisation commissioning processes in addition to direct service delivery.

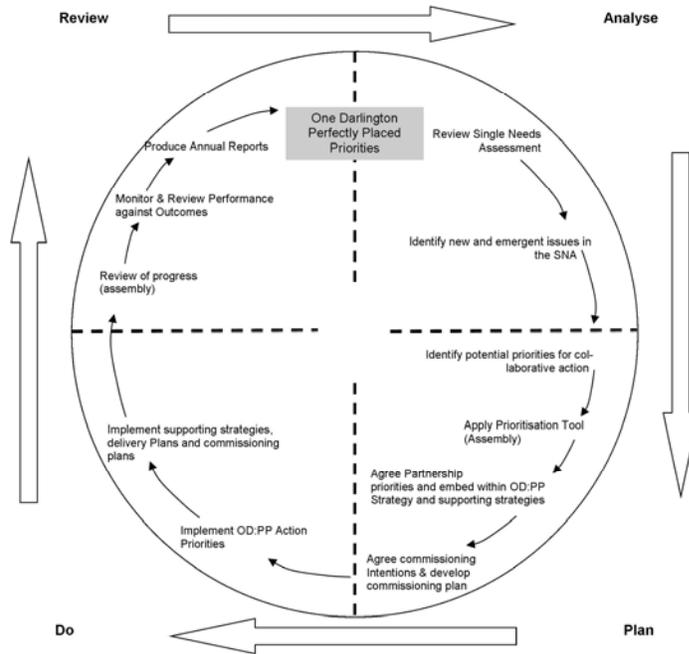
Our planning framework is perhaps best described as 'How we plan in Darlington'. Each new supporting strategy will be expected, subject to any legislative constraints, to:

- Begin with reference to the two priorities of One Darlington and Perfectly Placed
- Use the shared data set from the Single Needs Assessment together with other relevant assessments of need to inform the identification of key issues and gaps in knowledge
- Identify local and national policy considerations including feedback from Partnership Assemblies and other consultations
- Identify key priorities by utilising the Partnership Prioritisation Tool
- Establish clear links between other action plans and our vision and outcomes
- Explore scope for wider partnership working and integration of services such as pooled budgets and joint commissioning
- Describe how the community are involved
- Include a delivery plan and review mechanism.

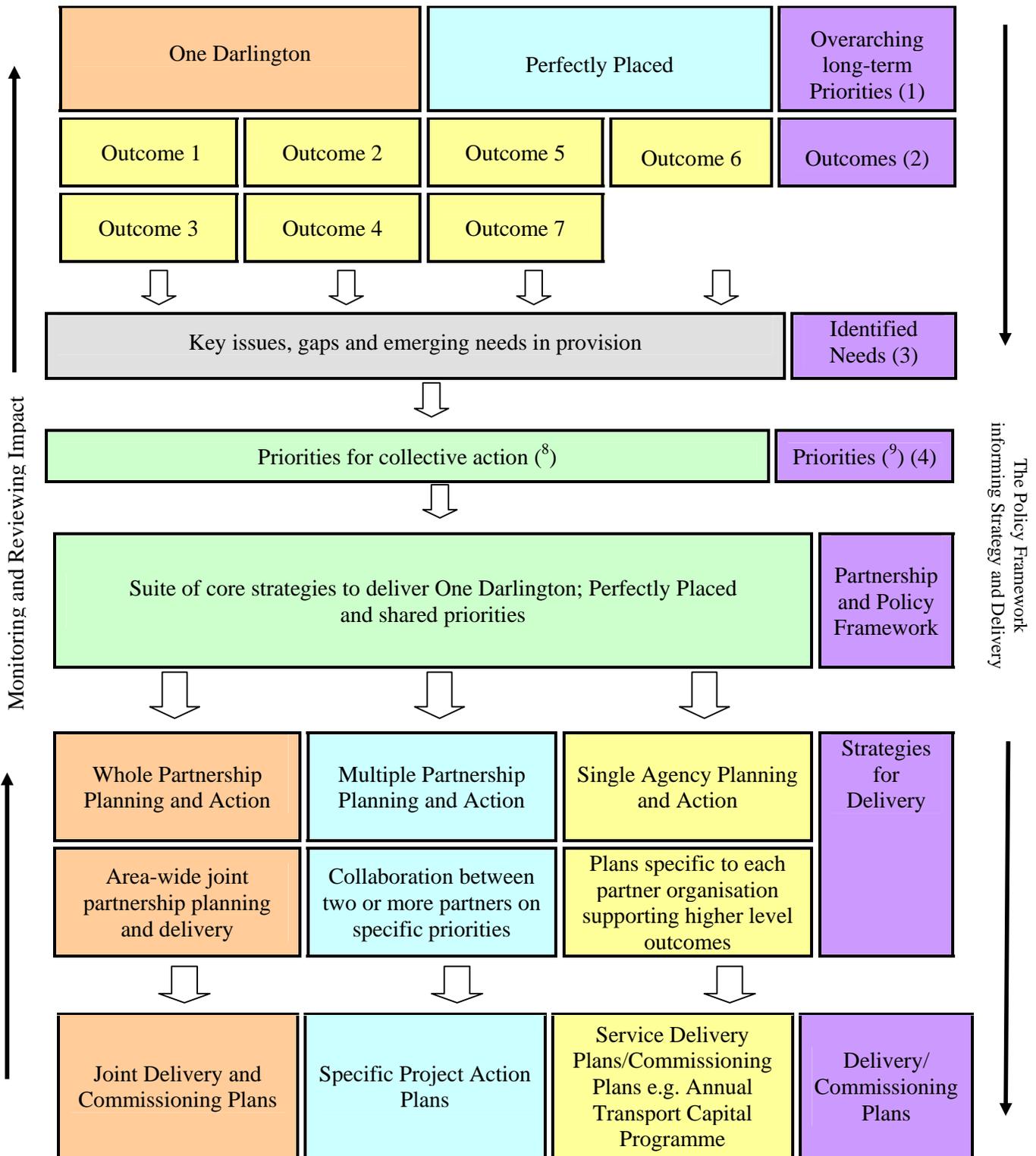
- Identify a performance framework including relevant indicators drawn from this strategy, supplemented by other locally determined performance measures, through which to monitor impact and contribution to our overarching vision.

Set out below, is a diagram showing the planning cycle, followed by pictorial representation of the planning framework.

### Planning Cycle



## Planning Framework



<sup>8</sup> Denotes collective priorities identified through wider partnership prioritisation process.

<sup>9</sup> Levels 1,2,3,4 fulfil the requirements for the development of a Health and Well Being Strategy

## How we'll deliver

A sense of trust and common ambition is at the heart of how we work in Darlington. Following the recent review of the Darlington Partnership, a number of operational groups will take responsibility for specific areas of action. Each will have a lead who will report on progress to the Darlington Partnership, and will make appropriate arrangements for sub-groups and/or task and finish groups. These are:

<b>Community Safety</b>	– Local Police Commander
<b>Children and Young People</b>	– Cabinet Member for Children and Young People
<b>Health and Well Being</b>	– Chair of the Health and Well Being Board
<b>Economic Growth</b>	– private sector lead
<b>One Darlington</b>	– Executive Director eVOLution
<b>Creative Darlington</b>	– Chair of Creative Darlington Board

These operational leads will ensure involvement from a wide group of partners and will be the accountable person for a period of three years. Each individual organisation will have their own governance and decision making arrangements, and individuals are expected to participate in partnership arrangements as the voice of their organisation.

## Monitoring and Review - How will we know when we have achieved our vision and outcomes?

In order to monitor progress towards our vision and the outcomes we want for our community and to hold one another to account, a series of overarching indicators have been agreed by the Darlington Partnership. These will be reported to the Partnership Board on an exception basis. Supporting strategies and plans will have regard to these together with a series of supporting indicators identified through the Assembly process and from the national outcome frameworks and include them within their own performance frameworks. There are also arrangements for Planning and Review Assemblies where we will ensure discussion across these six areas, enabling effective dialogue about potential overlaps and alignment. The overarching performance management framework is described below.

<b>PERFORMANCE MANAGEMENT FRAMEWORK</b>	
<b>Outcome</b>	<b>Overarching Performance Indicators</b>
<b>1. People in Darlington are healthy and supported</b>	<ul style="list-style-type: none"> <li>• Healthy Life Expectancy</li> <li>• Differences in life expectancy and healthy life expectancy</li> <li>• Mortality from causes considered preventable</li> <li>• Self-reported well being</li> <li>• Self- reported experience of social care users</li> <li>• No of referrals of Children in Need per 10,000 population under 18</li> </ul>
<b>2. People in Darlington are educated and skilled</b>	<ul style="list-style-type: none"> <li>• Percentage of 16 year olds achieving 5 or more A*-C GCSE's including English and Maths</li> <li>• Working age population qualified to at least Level 2 or higher</li> <li>• Working age population qualified to at least Level 4 or higher</li> <li>• Percentage of 16-18 year olds who are not in employment, education or training</li> </ul>
<b>3. People in Darlington are financially secure</b>	<ul style="list-style-type: none"> <li>• Proportion of children living in poverty</li> <li>• Average earnings of employees in the area</li> <li>• Percentage of pension recipients claiming pension credits</li> <li>• Working age population on out-of-work benefits</li> </ul>

## PERFORMANCE MANAGEMENT FRAMEWORK

Outcome	Overarching Performance Indicators
<b>4. People live in cohesive and resilient communities</b>	<ul style="list-style-type: none"> <li>• Percentage of people who agree that their area is a place where people of different backgrounds get on with each other</li> <li>• Levels of reported hated crime</li> <li>• Overall satisfaction with the local area as a place to live</li> </ul>
<b>5. People in Darlington live in sustainable neighbourhoods</b>	<ul style="list-style-type: none"> <li>• Satisfaction with sport and leisure facilities</li> <li>• Satisfaction with parks and open spaces</li> <li>• Satisfaction with transport and highways</li> <li>• Satisfaction with the cleanliness of the Borough</li> <li>• Percentage of household waste recycled or composted</li> <li>• Per capita reductions in CO<sup>2</sup> in LA area</li> </ul>
<b>6. Our communities are safe and free of crime</b>	<ul style="list-style-type: none"> <li>• Total crimes committed per 1,000 population</li> <li>• Re-offending rate of prolific and priority offenders</li> <li>• Anti Social Behaviour incidents per 1,000 population</li> <li>• Percentage who perceive anti social behaviour as a problem in their local area</li> <li>• Percentage feeling safe in the Borough (day and night)</li> </ul>
<b>7. Darlington is an ambitious, entrepreneurial place in which businesses thrive and create wealth</b>	<ul style="list-style-type: none"> <li>• Overall employment rate</li> <li>• Average weekly household earnings</li> <li>• Business Births</li> <li>• Business Deaths</li> </ul>

## **Prioritisation Tool**

Supporting strategies cannot and should not try to solve everything. They should, however, take a strategic overview and address those key issues which will have greatest impact. A Partnership Prioritisation Tool at **Appendix 2** has been adopted by the Darlington Partnership and provides a simple and transparent tool to help partners identify the most important issues/priorities for action at the point of development and review of supporting strategies and delivery plans. The tool will also be used by the Partnership Board and Assemblies to identify activities for whole Partnership collaboration on an annual basis. Our top priorities are included within the Prioritisation Tool to ensure that supporting strategies critically examine their contribution to outcomes and to focus on our top priorities as preferred ways of working.

The tool is not a rigid set of procedures or tests to pass. There is no accompanying scoring system and factors have not been weighted. Instead they represent 'ways of thinking' and are designed to aide prioritisation by posing a series of strategic questions.

The Tool will be applied by firstly constructing a short-list of candidate issues pertinent to the strategy/plan under development or review. This will be achieved by reference to the key issues identified within this strategy but supplemented by those identified through other local needs assessments, consultations or set as out within relevant national and local policy guidance where these exist. The tool will be applied to identify a manageable set of top priorities that each strategy will focus collective partnership attention on.

## **Community Engagement and Involvement**

Partners across Darlington have a long history of engaging their community about the decisions affecting the area and the services they receive. By listening and responding we believe better and more cost effective services will be provided contributing to improved outcomes. This is even more important in a time of significantly reduced budgets.

A key tenet of this strategy is to make more effective use of population insight to inform the better design and delivery of supporting programmes of action, ensuring they more accurately reflect the needs of different individuals, household types and communities. We see this as a real opportunity to build on existing practices and process, but also to maximise the potential of future engagement processes, particularly where these can be planned and delivered collectively as a partnership.

We need to ensure that our engagement processes are inclusive and use the most effective techniques and tools for involving people relevant to the issues under consideration. We also need to be more systematic about the research we undertake ensuring the intelligence we receive from individual consultations is more widely available. We have adopted this way of working in the development of our Single Needs Assessment by ensuring that each section includes feedback from locally and nationally derived community research and consultation (What are People Telling Us). In this way consultation is embedded at the start of planning cycle and not left to the end as part of a one-off consultation exercise. Through future iterations of our Single Needs Assessment we also want to involve people in helping to identify and map local assets that will help improve Health and Well Being as well as address unmet need.

The establishment of local HealthWatch in 2013 will be an important milestone in the development of patient and public involvement in health and social care. We will work closely with HealthWatch to develop stronger public and patient engagement in the further development of our Single Needs Assessment.

Darlington Borough Council and the Darlington Clinical Commissioning Group have jointly adopted a Joint Communications and Engagement Strategy to guide all future public and patient involvement and engagement processes. The strategy will:

- Ensure effective communications and engagement with staff and other stakeholders
- Continue to build communications, consultation and engagement into the commissioning process to ensure all commissioned schemes are focused on patients, service users/carers and are informed by public views
- Provide reactive responses to the media and maximise opportunities for proactive good news stories through the implementation of a shared media protocol.
- Ensure a range of suitable channels are harnessed to communicate and engage patients, service users, carers and local communities as new health and social care structures develop.

## Legislative and Policy Context

The following provides the legislative background and policy context for the development of this strategy and in particular for the continuation of our long-term vision for Darlington. It allows us as a partnership to reaffirm our understanding of well-being as a broad and inclusive concept covering the social, economic and environmental factors which influence the overall vitality and health of individuals and of our whole community. As such the approach set out within this strategy very much reflects a continuation of local policy direction with a particular focus on:

- Strong partnership working
- Collective action and delivery on the things that matter most and which will have greatest impact
- The further development of our approach to outcomes based planning and increasingly outcomes based commissioning
- Greater plan alignment and the integration of services
- The further development of our Single Needs Assessment and our approach to data and insight to help guide planning processes and partnership prioritisation and action
- Community engagement and action through 'Darlington Together' and the development of social support networks
- An increasing focus on early intervention and prevention.

### **Local Government Act, 2000**

This Act introduced the duty on Local Authorities to promote the economic, social and environmental well being of their area. The well being power enables local authorities to do anything they consider likely to promote or improve the economic, social or environmental well-being of their area. The breadth of the power is such that councils can regard it as a 'power of first resort', rather than searching for a specific power elsewhere in statute in order to take a particular action.

The Act requires every local authority to prepare a strategy (referred to as a Community Strategy) for promoting or improving the economic, social and environmental well-being of their area and contributing to the achievement of sustainable development targets in the United Kingdom. The purpose of the Community Strategy is to set the overall strategic direction and long-term vision for the economic, social and environmental well being of a local area (typically 10 to 20 years) in a way that contributes to sustainable development. Community strategies were intended to tell the 'story of the place' – the distinctive vision and ambition of local areas, backed by clear evidence and analysis of need.

### **Sustainable Communities Act, 2007**

The principal aim of this Act is to promote the sustainability of local communities. It refers to "social well-being" as including participation in civic and political activity. The Act amended the Local Government Act 2000 to rename "Community Strategies" as "Sustainable Community Strategies"; the aim being solely to highlight the key role these strategies play in promoting sustainability.

## **The Local Government and Public Involvement in Health Act, 2007**

This Act introduced a duty on 'named partners' to cooperate with one another in the development of Local Area Agreements (LAA) to underpin the medium-term delivery of their Sustainable Community Strategy. LAAs ran from 2008 to 2011. The Act introduced the duty on local authorities and Primary Care Trusts to produce a Joint Strategic Needs Assessment for their areas. It abolished Patient and Public Involvement Forums and introduced Local Involvement Networks (LINKs) to allow local people and groups to monitor health and social care, to influence key decisions and to have a stronger voice in commissioning processes.

LAAs ceased at the end of March 2011 and councils and Local Strategic Partnerships now have discretion over how to maintain their long term vision for their area and how they define local outcomes and priorities. Sustainable Community Strategies no longer need to be submitted to Government and there is no guidance for their contents. However, their value as a vehicle for consulting local people and key partners on long-term priorities remains valid and in Darlington we do not wish to lose or denude the sense of ownership that has developed around our vision - **One Darlington: Perfectly Placed**. The new Health and Social Care Act provides the opportunity and flexibility of taking a broad view of health and the wider influences on health (it includes a specific power to do so) and therefore to continue the approach adopted within the Sustainable Community Strategy, whilst satisfying the requirement to produce a Health and Well Being Strategy.

## **The Health and Social Act 2012**

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

### **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.

### **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: <https://dl.dropbox.com/u/83432958/SNA%20Document%20Hires.pdf>.

The Health and Well being Strategy, which this document fulfils, 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. Guidance produced by the Department of Health requires health and well being strategies to:

- 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.

## **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.

## PRIORITIES FOR COLLECTIVE ACTION

To improve healthy life expectancy, mental well-being, reduce preventable illness and deaths ensuring individuals, families and communities are supported **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

To foster an economy and culture which values learning and enterprise with increasing skill and employment levels **we will focus on:**

- Developing opportunities for well-paid employment by:
  - Promoting Darlington as a place to do business
  - Addressing infrastructure requirements and barriers to growth including the supply of land and premises
  - Developing strong business support
  - Supporting supply chain opportunities and sector development
- Improving access to skills, work experience and employment by developing:
  - Employer led responses for workforce development
  - Stronger links between employers and schools
  - A rich and engaging school curriculum
  - Youth opportunities for training and employment
  - Clear progression routes from qualifications, training and skill development into further/higher education and employment
- Increasing financial wellbeing, literacy and access to affordable credit

To improve the physical environment, promote neighbourliness and community action **we will focus on:**

- Improving the vibrancy and attractiveness of the Town Centre, Town Centre Fringe and maximise the opportunities in key development sites
- Improving the quality of housing
- Enhancing community involvement in planning and local decision making
- Developing healthy places by improving the quality of the environment and local neighbourhoods
- Maximising the leisure and culture offer

- Improving accessibility and promoting alternatives to the use of the car

To foster a culture of respect and cohesion in our communities, which eradicates tolerance of criminality and anti-social behaviour **we will focus on:**

- Reducing anti-social behaviour
- Reducing the harmful effects of drug and alcohol misuse
- Addressing perceptions of crime and feelings of safety
- Reducing rates of offending and re-offending
- Safeguarding vulnerable people, including those affected by domestic abuse
- Supporting troubled families
- Increasing community action and resilience

## Partnership Prioritisation Tool

### 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.