



In this edition of my Chair's Report I discuss two documents that have been published for consultation, Making Intermediate Care Better and the Transforming Services, Changing Lives Case for Change. I also provide updates on the BHR Five Year Strategic Plan as well as the progress of the transfer of children's Public Health commissioning. I would welcome Board Members to comment on any item covered should they wish to do so.

Best wishes,

Cllr Maureen Worby, Chair of the Health and Wellbeing Board

Five Year Strategic Plan Final Submission

Members of the Health and Wellbeing Board should note that the Barking and Dagenham, Havering and Redbridge Five Year Strategic Plan was submitted to NHS England on 20 June 2014.

Back in December 2013, NHS England asked health commissioners to produce robust and ambitious Five Year Strategic Plans in collaboration with local authorities and providers, setting out the vision for how the local area will secure sustainable, high quality care for all over the next five years.

The BHR Strategic Plan has been developed by the BHR Integrated Care Joint Health and Social Care Steering Group (ICSG), a sub-group of the Integrated Care Coalition. The Health and Wellbeing Board commented on the draft Strategic Plan back in March 2014 before it was submitted to NHS England.

The Strategic Plan builds on the CCGs Operating Plan and the Borough's Better Care Fund Plan and sets out how colleagues across BHR will work together to deliver improved outcomes and patient experience, ensure a financially sustainable system, and meet the expectations of patients and the public.

It comprises a high level system narrative 'plan on a page' and a more comprehensive 'key lines of enquiry' section which includes the system vision, enquiries around the current position, improving quality outcomes, sustainability and improvement interventions.

The Five Year Strategic Plan can be found at **Appendix 1** of this Chair's Report. Although the Strategic Plan has been submitted to NHS England, I would invite Members of the Board to provide comments to Conor Burke, Accountable Officer or to Sharon Morrow, Chief Operating Officer at Barking and Dagenham CCG.

Letter sent to NHS England regarding safeguarding concerns

As Board Members will remember, a representative from NHS England gave a presentation at the June meeting on the processes for managing GP performance. In the discussion, points were raised about GP engagement in safeguarding procedures (both for children and vulnerable adults), as well as the contractual basis for GP performance management which the Board felt did not provide a very strong basis from which to intervene to improve quality of care.

In particular, a question was asked about whether the plan and process to address GP performance addressed the issues and recommendations laid out in the Francis Report on the care scandals at Mid-Staffordshire NHS Foundation Trust. The response was quite a clear 'no', which prompted concern from Board members.

I wanted to assure the Board that I have sent a letter to Anne Rainsberry at NHS England asking for her comments on NHS England's plans to implement the Francis recommendations in respect of general practice and, in particular, strengthening their role in safeguarding and practice for both children and vulnerable adults. I will ensure that I provide the Board with an update when I receive a response.

New community services up for national award

Please join me in congratulating the Barking and Dagenham Community Treatment Teams (CTT) and the Intensive Rehabilitation Service (IRS) who have both been shortlisted for a Health Service Journal (HSJ) Value Award. The judging panel includes senior figures from across the NHS in England.

The services also received a big thumbs up from patients in surveys commissioned by local GPs. On a scale of one to 10, with 10 being 'very satisfied' with the service, CTT has averaged 8.7 and IRS 9.0 out of 10. In May they also reached high scores of 9.5 out of 10 (CTT) and 9.6 out of 10 (IRS).

The CTT provides short term intensive care and support for people experiencing a health or social care crisis so they can be cared for in their own home, rather than in hospital. The team also helps people get home as soon as possible if they do need a short stay in hospital or community unit.

The IRS means that rather than needing a stay in a community bed for rehabilitation, people get support, such as physio, in their own homes where appropriate. The at-home support includes between one and four home visits each day, depending on the patient's needs.

Currently, the services, provided by the North East London Foundation Trust (NELFT), receive around 200 referrals a week across Barking and Dagenham, Havering and Redbridge. They are mainly aimed at older people, with 90 per cent of patients currently seen aged 65 or over.

Figures for the last seven months show nearly all patients supported by CTT – 90 per cent – do not go on to be admitted to hospital. IRS is similarly successful with 90 per cent of patients able to recover at home without needing to go to hospital.

Making Intermediate Care Better – Consultation

Following on from the above, Barking and Dagenham, Havering and Redbridge CCGs have begun a consultation exercise on improving intermediate care in the local health economy, entitled 'Making Intermediate Care Better'. The CCGs are consulting on making changes to intermediate care services, including permanently establishing the Community Treatment Teams (CTT) and Intensive Rehabilitation Service (IRS) as well as merging the three existing community rehabilitation units into one unit, on the King George Hospital site.

The Health and Adult Services Select Committee will be responding to the consultation document on behalf of the Council but other colleagues will no doubt also wish to comment. The consultation document can be found by visiting:

<http://www.barkingdagenhamccg.nhs.uk/intermediatecare>. Consultation responses can also be made via a questionnaire on this link. The closing date for the consultation is 5pm on Wednesday 1 October.

Lord Darzi Event

In September 2013, the Mayor of London set up the independent London Health Commission, chaired by Professor the Lord Darzi of Denham, to come up with innovative ways to meet London's health and healthcare needs. On Thursday 3 July, an event was held jointly between the London Health Commission and the BHR local health economy to reflect on the progress and achievements in integrated care so far. 120 people attended the event in Barking and heard from Lord Darzi, Cheryl Coppel, Chair of the Integrated Care Coalition and Chief Executive, LB Havering; Caroline Alexander, Chief Nurse (London) for NHS England; and representatives from our own Health and Wellbeing Board, Dr Jagan John and Dr Helen Jenner. I was pleased to be asked to close the event and I thought that it was refreshing to see health and local authorities on the same agenda, saying the same thing and working in partnership together. For more information on the event, or the London Health Commission, please visit <http://www.londonhealthcommission.org.uk/lhc-visits-outer-north-east-london/>

Update on the progress of the transfer of children's Public Health commissioning

As Board Members will remember from previous discussions, Public Health commissioning responsibilities for 0-5 year olds transfer to local authorities on 1 October 2015. The commissioning responsibilities for the 0-5 Healthy Child Programme (Universal/universal plus) include: health visiting services (universal and targeted services) and Family Nurse Partnership services (targeted service for teenage mothers).

It should be noted that it is the responsibility for commissioning, and not service provision, which will transfer. It is not therefore a transfer of the health visiting workforce, as this will still sit in provider organisations.

Child Health Information Systems (CHIS) and the 6-8 week GP check will remain as NHS England commissioning responsibilities.

On 1 December the Council will receive confirmation of the financial allocation which will accompany the transfer of commissioning responsibility for 0-5 year olds. The Department of Health expects to formally consult on allocations in September, so NHS England (London Region) and Directors have agreed that discussions should be convened now to jointly review a range of finance and workforce issues. The Director of Public Health and the Corporate Director of Children's Services will engage in a dialogue with NHSE commissioners and analysts. The purpose of these discussions will be to: understand the current and future spend data; receive an update on health visitor workforce numbers and growth; identify points for clarification; refine the data for later stages leading to the announcement of financial allocations; situate the finance and workforce data in the context of the health visiting specification and contracts.

A more detailed report on the transition of these responsibilities will be presented at the Board's September meeting. The transfer marks the final part of the overall Public Health transfer and the time between now and the transfer presents a vital period for partners to work together to ensure these services are in the best possible shape to help facilitate a seamless transition.

Transforming Services, Changing Lives Case for Change

Following the discussion at the last meeting, it should be noted that the Transforming Services, Changing Lives (TSCL) programme has published its interim [Case for Change](#). The Case for Change is out for consultation until the end of September and will be circulated to Health and Wellbeing Board Members in due course for discussion.

News from NHS England...

Making the NHS clearer for everyone

NHS England has produced a new guide to [Understanding the new NHS](#) which outlines the organisations and systems that define, sustain and regulate the NHS. This guide replaces a previous guide commissioned by Sir Bruce Keogh for junior doctors and incorporates changes to the structure and function of the NHS. The guide provides an understandable and informative guide for everyone working and training within the NHS.

NHS England works in partnership to improve care of the dying

NHS England, as part of the Leadership Alliance for the Care of Dying People has developed a new approach to caring for people in the last few days and hours of life. [One Chance to Get it Right](#), focuses on the needs and wishes of those dying and the people closest to them, and is based on five new Priorities for Care, and follows the recommendations of the independent Neuberger Report that included the phasing out of the Liverpool Care Pathway by 14 July 2014.

NHS England welcomes three new Non-Executive Directors

Professor Sir John Burn, Noel Gordon and David Roberts have been appointed by the Secretary of State as non-executive directors of NHS England, with effect from 1 July 2014, for a period of four years. They join the existing group of six non-executive directors.