



In this edition of my Chair's Report, I talk about Health 1000 and Care City. I also provide an update on the Care Act and our successful bid for development funding for the Board. There is also a message from the interim Chief Executive of Barts Health.

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

£200m Public Health Cuts

The Government announced that £200 million of cuts will be made to non-NHS Department of Health funding in year and recurrently. We are very concerned that the Treasury is planning £200 million of cuts to non-NHS Department of Health funding.

We do not yet know how the funds will be taken - indeed this will be the subject of a consultation - but we know overall the cuts represent around 7.4% of the overall ring-fenced grant. We are working on the assumption that the cut will be around the 7.4% mark. Therefore, based on our grant of £14.213m for 2015/16 this equates to £1,051,762. The impact for 2016/17 won't be clear until we see the proposed new needs based formula and will of course be dependent on the grants conditions of use. We will keep the Board apprised of implications of the announcement. We understand that the in-year £200 million will be detailed in the 8 July emergency budget announced by the Chancellor.

Success in Development Funding Bid

We have been awarded £6,000 of funding from London Councils for Health and Wellbeing Board development. The sub groups will utilise the funding and will focus on the following:

- The **Learning Disability Partnership Board** will focus on user engagement around health, evaluating the customer experience of people with learning disabilities attending GP surgeries and hospitals and encouraging people with learning disabilities to attend health screenings.
- The **Mental Health Sub-Group** will focus on undertaking two half day away days to focus on the Mental Health Delivery Plan and planning around priorities.
- The **Children and Maternity Sub-Group** will focus on undertaking away day sessions to focus on their priorities.
- The **Integrated Care Sub-Group** will undertake a sub-group development workshop in July to develop a clear work plan for the group based on shared partner priorities and targets around the Better Care Fund delivery and integrated care.
- The **Executive Planning Group** will hold a development session in August to focus on forward planning for the 2015/16 and 2016/17 financial years and to also focus on how further integration and partnership working between health and social care can be implemented.

Care Act Update

In May, we held a very successful interactive simulation event involving over 50 staff including social work and care management teams, commissioning, housing, children's services, finance and legal. The purpose was to test and probe more deeply into the practical implications of the Care Act phase 1 using real life case scenarios. This event was evaluated by senior managers on 11 June and follow up action will be taken within the Care Act work programme as well as by operational managers. Preparation for phase 2 of the Care Act is now well under way. The main changes planned from April 2016 are:

- A cap (£72,000 for people aged 65 and over) on the amount someone will pay towards care and support, regardless of means, and monitored through a care account. This should encourage people who pay for their care (self-funders) to seek a needs assessment. The authority can then count their care costs towards their cap.
- An increase in the threshold, above which people start to contribute to their residential care costs, to £118,000.
- The right for people to appeal against local authority decisions about their care and support.

To prepare for these changes as well as consolidation of changes introduced by phase 1, workstreams reporting to the Care Act Programme Board have been reshaped. There are now four workstreams preparing for April 2016 and these are communications, information and advice; cap on care costs; commissioning; operational consolidation and development.

A significant area of work will be the revision of the council's charging policy, work on which is under way. The key risks associated with phase 2 remain the total implementation costs for 2016/17, pressures on the NHS and the implications of this on social care, and uncertainty about additional demand from self-funders.

News from Care City

The Care City brand has continued to attract widespread political, practical and operational support. We have responded to concerns that some stakeholders would like a better understanding what role they could play in Care City. Together we have focused the agenda to those areas where partnership working is uniquely placed to accelerate progress for the benefit of the communities we serve.

There are two areas of focus: healthy ageing and social regeneration. The programme of work is organised around three strategic priorities:

- **Innovation:** To stimulate continuous improvement and innovation across the local health and social care system
- **Research:** To advance the application of cutting-edge research into practice by bringing research closer to local people, and facilitating new models of research.
- **Education:** To increase resilience across the system's workforce by inspiring new entrants from within our local community, creating opportunities at all career stages, and evolving our workforce model.

Success starts with the community so there is a renewed emphasis upon delivering a step change in health outcomes and experiences for older people, in employment and in new entrants to the workforce.

What we want to achieve by 2017

In the short term we need to build a sustainable business model orientated by what matters most to our community and we will continue to work towards our priorities. We will look to redirect existing local resources to maximise benefits and reduce duplication and seek external funding. The activities will be clustered around four business goals:

- Establish Care City infrastructure
- Create an innovation mechanism
- Establish research capacity
- Develop priority education programmes.

News from NHS England

Five Year Forward View: Time to Deliver

At the NHS Confederation conference held on Thursday 4 June 2015, the seven principal national health bodies published [Five Year Forward View: Time to Deliver](#). Time to Deliver is primarily a tool for NHS managers. It looks at the progress made to date towards delivering the [Five Year Forward View](#), and sets out the next steps needed to achieve the shared ambitions within. The paper kicks-starts a period of engagement with the NHS, patients and other partners on how they respond to the long-term challenges and close the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap.

Mental Health Taskforce

The first priority of the mental health taskforce was to gain the views of people who use services, their families, and professionals who work in mental health. Over 20,000 people have taken part in the online survey, including people with experience of mental health problems, their family and friends, mental health professionals and other health and social care professionals and the general public. Engagement has also taken place with communities whose voices are seldom heard, particularly those groups most marginalised by society. They have provided powerful messages about the diverse range of needs that services fail to meet. The huge response has shown the strength of feeling around the need to improve services for mental health. There is a clear consensus among everyone that things need to happen – and urgently. There are some excellent initiatives underway, such as the Crisis Care Concordat, which in time will have a real and significant impact on the quality of care people receive. But there is a need to look at what can be done for everyone struggling with their mental health and asking the NHS for help now and in the future, whatever their age or background. The emerging themes so far include:

Prevention – along with early intervention – is key. People are telling of the need for greater awareness about mental health across the whole of the NHS and for the principles of prevention and early intervention to be applied across the system so that services can identify earlier when someone might need support. There is a need to look at improving access to support for specific groups, such as pregnant women and children and young people.

Access is coming up time and time again. People want to quickly access high-quality, effective care and treatment, when they need it. There are calls for a wider range of talking therapies, including suitable options and provision for people with complex needs and access within community/primary care. Overall there is a need to look to reduce the variation in access across the country, reduce waiting times and reducing inequalities.

There is a very strong emphasis on **integration** across the system. People want the NHS to treat them as a whole person, wherever they are, whenever they ask for help and whatever their needs. Mental health support for people with long term physical health conditions is lacking, and the physical health needs of people with mental health problems should be taken more seriously. There is a need to look at better integration of physical and mental healthcare for people with specific mental health needs such as eating disorders and psychosis, so we can reduce the numbers of people who die up to 20 years too early.

Overwhelmingly, people want to be treated with hope, dignity and respect. Proposed solutions for this include mental health awareness for all NHS staff, having staff skilled in psychological support across NHS settings and better training and support for GPs, not least in offering alternatives to medication. The challenge for the taskforce now is to analyse all the information coming in and turn it into a workable plan of action. They are aiming to produce an 'emerging findings' report in the next month or so to use as a basis for further work across the NHS and beyond.

Message from Alwen Williams, interim Chief Executive, Barts Health

I have first-hand experience of Barts Health through working in the NHS locally, but also through living in the area with my family, and it is a privilege to be interim chief executive of this important organisation.

I have seen and experienced some of the fantastic services our hospitals provide and my priority is to help the Trust make the improvements that will bring all of our services up to that standard. I am committed to working with staff and partners to achieve our goals. It's important that we focus on the priorities that were highlighted in the recent Care Quality Commission reports and I am confident that we can make significant progress in the next few months.

Our five immediate priorities will be to:

- Help our staff do what they do best. Recruiting more permanent clinical staff, reducing the reliance on temporary and agency staff and improving the support available internally will help us to deliver consistently excellent care to our patients.
- Improve the experience of our patients in all our settings of care. Our patients should receive the best care that we can give them and we should continue to ensure that they are treated with dignity and respect at all times.
- Strengthen our safety culture to ensure that we reduce harms caused to our patients and deliver safe and effective care at all times.
- Improve the responsiveness and quality of our services to patients in emergency and urgent care, cancer and planned care.
- Ensure that the Trust's leadership and governance arrangements enable delivery of these priorities.

Barts Health offers crucial services to 2.5 million people and I share your aim of making sure that those services are as good as they possibly can be. By working collaboratively with our staff and partners, we can ensure that we deliver excellent care and treatment for all our patients.

Health 1000

Health 1000 is an innovative new primary care practice designed to provide joined up health and social care services for people with complex care needs – specifically those people with five or more long term conditions who often require lots of support from health services locally.

The service is based at King George Hospital and is targeted at patients in Barking and Dagenham and neighbouring boroughs Havering and Redbridge. A specialist team of healthcare professionals – including nurses, GPs, specialist consultants, physiotherapists, occupational therapists and a social worker – deliver personalised, responsive care seven days a week with a named personal care co-ordinator.

Patients registered at Health 1000 receive specialist, individual help and are supported to feel more in control of their own care. They are also supported to stay out of hospital and independent for as long as possible. Feedback from patients has been positive – with service users saying that they feel reassured by their experiences and confident that their needs will be heard. They also find it easier to access the care they need, when they need it. Funded by the Prime Minister's Challenge Fund bid, Health 1000 is running as a two-year pilot scheme. Since the HWBB was last updated, Health 1000 has officially launched and is seeing and caring for patients.

Health and Wellbeing Board Meeting Dates

Tuesday 8 September 2015, Tuesday 20 October 2015, Tuesday 8 December 2015, Tuesday 26 January 2016, Tuesday 8 March 2016, Tuesday 26 April 2016, Tuesday 14 June 2016.

All meetings start at 6pm and are held in the conference room of the Barking Learning Centre.