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Glimmer of hope on the NHS greets new ministerial line-up

By Michael Burton

Better than expected news on NHS finances greeted the new team of health ministers as they took up their posts following the 8 June General Election.

The King's Fund latest quarterly survey to March 2017 found that although 43% of trust finance directors were still forecasting a deficit for the end of 2017/18, it was a slightly lower proportion than at the same point last year. And while finance leads in trusts and CCGs remain 'very pessimistic about the future' they are 'not quite as gloomy as they were at the same time last year' according to the Fund.

However the new team of reappointed health secretary Jeremy Hunt, minister of state Philip Dunne, junior ministers Jackie Doyle-Price, Steve Brine and Lord O'Shaughnessy in the Lords is likely to tread carefully on both health and care. The so-called 'dementia tax' manifesto plan crippled the Conservative election campaign while the state of the NHS finances was a source of voter support for Labour.



Jeremy Hunt: staying in post

The King's Fund survey found the usual spring recovery in NHS performance was higher than last year. Waiting times in A&E, although still off target, were better in March 2017 than they were in March 2016. The NHS as a whole (including walk-in centres and minor injuries units) managed to reach 90% of patients.

The Fund commented that 'our survey does provide some grounds for optimism

that the last quarter was indeed rather better.'

However the percentage of CCGs saying they cancelled or cut back spending plans to balance budgets in 2016/17 increased to over 50%.

There was also better news on public health from an NHS Digital report. The proportion of adults who smoke has fallen from 27% in 1993 to 18% in 2015. There was a downward trend in the proportion

of adults who drank alcohol 'in the last week', which fell from 67% in 1998 to 60% in 2015. However between 1993 and 2015, there was a marked increase in the proportion of adults who are overweight or obese. In 2015, 63% of adults in England were overweight or obese. The rate of doctor-diagnosed diabetes among adults has risen from 2.4% in 1994 to 5.9% in 2015.

Between 1993 and 2015, the proportion of adults reporting very good and good general health has been very similar. Adults in lower income households were more likely to report acute sickness than higher income households. In 2009, 22% of those in the lowest income bracket reported acute sickness compared to 12% in the highest income bracket.

25 years of public health: Since 1993...

there are fewer smokers

less drinking, especially among the 16-24 age group

an increase in obesity

an increase in diabetes

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comment



By Michael Burton

The Government's fragile majority leaves it completely exposed to backbench revolts on virtually every aspect of policy from Brexit to free school breakfasts. But the controversial areas where ministers are wide open to disgruntled backbenchers is social care, NHS funding and hospital reconfiguration ie closures.

The Tory manifesto's so-called 'dementia tax' helped scupper their campaign. The announcement about a £100,000 floor for home and residential care – and the U-turn offering a cap – in reality should have been part of a wider Green Paper debate about future care funding rather than a bald commitment in a manifesto. The Government has previously promised a Green Paper and there needs to be one; its attraction to ministers is any controversial proposals into a White Paper can be shunted into the future beyond Brexit.

The General Election revealed public disquiet about austerity and spending cuts. Chancellor Philip Hammond has already pushed his target for balancing the books into the next decade. With demographic changes pushing up health and care costs well beyond the current level of promised extra spending, the Government will have to further loosen its spending restraints. In particular the Government cannot continue to allow more cuts in care and is therefore likely to provide further funding, albeit ring-fenced. Nor can the 1% pay rise policy stick for much longer, especially with overseas medical staff voting with their feet. The Chancellor faces one heck of a Bill for health and care. Can he accommodate it by further shunting debt reduction targets well into the future?

Finally, although there is no talk of further NHS reform, it is difficult to see much appetite for further hospital closures as trusts focus their expertise on big trauma centres. If there is one thing MPs are attached to it is their local hospital.

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EU pensioners could cost the NHS an extra £500m a year

By Paul Dinsdale

The NHS could face extra costs of £500m a year if retired British citizens now living in Europe, who no longer qualify for care post-Brexit, return to the UK, says a report from a healthcare thinktank.

The Nuffield Trust says the cost of Brexit to the NHS and the social care system would be even higher if the numbers of nurses and care workers currently coming to the UK from Europe was to fall. Its report suggests there could be a shortfall of 70,000 paid carers by 2025/26 if the migration of unskilled workers to Britain from Europe is no longer allowed.

Around 190,000 British pensioners now live in European countries such as Spain, and currently have their healthcare costs paid as part of a reciprocal agreement called the S1 scheme. If the scheme ended and was not replaced and those people returned to the UK, their care would cost about £979m annually,



says the Trust. Currently, the UK contributes £500m to S1, so Britain would effectively have to find another half a billion pounds a year, says the report.

The UK gains more from S1 than some other countries because EU migrants who come to Britain are usually of working age and pay taxes. The Trust says an extra 900 hospital beds would be needed for the treatment of those who returned, together with adequate staff.

According to the report: 'Every step should be taken to try to secure a deal that allows them to keep receiving care where they now live.'

The NHS is already facing a shortage of nurses, and has failed to plan ahead for an expanded workforce, it says. Nurses coming from Europe have been filling the gap – 22,000 now work in the NHS in England. As of last year, nearly a third of newly registered nurses had been trained in Europe.

If migration from the EU is halted, there could be a shortage of 20,000 nurses by 2025/26, says the Department of Health, assuming that those who are here now are allowed to stay.

In addition to this, medicines could cost more post-Brexit, the report says. The UK may have to leave the European medicines licensing system, and the report estimates that the NHS drugs bill could rise by £100m a year.

NHS is spending a record amount on treating obesity

NHS spending on conditions caused by obesity has risen to more than £1bn a year – more than is spent providing hip operations for the elderly, according to NHS figures.

Obesity experts have said sedentary lifestyles and excessive food consumption was leading to an 'explosion' in lifestyle diseases, which was putting the health service under intolerable strain.

The number of drugs prescribed for diabetes has almost doubled in a decade, the figures show. Spending on such treatment, combined with that for weight loss drugs and indigestion remedies, has now topped £1bn – a 65% rise in 10 years.

By comparison, the NHS spends around £900m a year on hip operations, with recent proposals to ration surgery, so that it is only offered to those in most pain.

Last night, obesity campaigners said couch-potato lifestyles were crippling the health service. The figures, from NHS Digital, show that more people are undergoing gastric band surgery for obesity, and having weight loss drugs prescribed by their GPs.

Many councils now run public health campaigns to monitor local people's weight and blood pressure and some have been very successful in reducing the incidence of obesity in their areas.



CQC invests in upgrade of IT system

The Care Quality Commission (CQC) is to invest up to £9m upgrading its information technology systems as part of a major two-year overhaul to help increase its efficiency.

Speaking at a meeting of the CQC board, chair Peter Wyman said that if the project was not successful, the CQC would not be able to deliver its programme on a reduced budget. He said the upgrade was 'hugely important'.

The technology project will allow the regulator to improve the efficiency of its inspection process, including the speed at which it publishes reports, and will form the basis of its new regulatory approach that will target inspections on hospitals based on where analysis of data suggests a higher patient-safety risk.

A report to the trust board published last month warned that the risks associated with the project are 'relatively high' due to 'fundamental gaps' in skills and technology capability, and the need for CQC staff to change the way they work with the new systems.

The regulator was due to approve spending on this project last year, but the CQC's chief executive Sir David Behan said the CQC 'did not have clarity' of what it wanted to achieve in order to sign-off on the spending. It ended the year with a £6.7m under-spend on its capital budget. Costs for the IT upgrade have been estimated at between £5m to £9m.

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A planned curb on zero-hours contracts for thousands of care workers has been launched by the Welsh Government.

Workers will be given the choice after three months whether they want to carry on with the arrangement or move onto a minimum-hours contract.

Proposals also aim to tackle so-called 'all-clipping', when care time is cut short by travel between visits.

Research found a 'substantial

Curb on out-of-hours contracts in Wales

number' of workers caring for people in their own homes were on zero-hours contracts.

The figure has been estimated at anywhere between 56% and 80% of the workforce in domiciliary care. However, the chairman of Care Forum Wales said the proposals would 'do nothing' to address the 'serious issues' in the sector.

Most of the estimated 18,000

care workers in Wales work for private care companies, as opposed to being directly employed by local councils.

But those representing independent care providers say zero hours contracts are not the main issue. Instead they are concerned about how councils commission care services – a process which they said is 'driving prices and standards down'.

Under the new proposals, employers would have to offer the worker a range of contracts, including a minimum-hours contract based on the average hours previously worked.

Social Services Minister Rebecca Evans said: 'While some staff prefer zero-hours contracts, valuing the flexibility they can offer, for many the uncertainty and insecurity they pose can have a hugely-detrimental impact on their lives.'

Number of patients waiting more than 18 weeks rises

By Paul Dinsdale

The number of patients in England waiting longer than 18 weeks for routine treatment has reached the highest level since September 2008, according to latest figures.

The data showed there were more than 382,000 patients waiting longer than the target length in April out of a total of 3.78 million on the waiting list. There were also continuing problems in waiting times for A&E and cancer patients.

The NHS England figures were due to be published on election day, but were postponed by the Government.

Clare Marx, president of the Royal College of Surgeons, said she expected the situation to get worse as NHS England said earlier this year it was willing to see waiting times increase so it could prioritise A&E and cancer. She said: 'Too many patients are waiting excessively long.'

The figures also showed the four-hour target for A&E and the 62-day goal for cancer patients to start their treatment were being missed.

NHS Providers chief executive Chris Hopson, said: 'These figures show there has been no respite for the NHS. The concerns about the ability of the health service to respond to growing demand – which became so pressing during the winter – are still with us.'

'It is clear that trusts are continuing to



Clare Marx: 'Too many patients are waiting excessively long'

do all they can. But it is equally clear the situation is unsustainable. Despite political uncertainty, we need urgent decisions to ensure the NHS has the capacity to deal with the coming winter, and beyond that, to respond to longer term pressures.'

NHS England said it had delayed publication on the advice of the national

statistician. Health watchdogs had already said they were 'disappointed' after being told they could not publish factual financial information, showing the scale of NHS deficits, during the election campaign.

A Labour spokesman said the deal amounted to a 'cover up' to deny the public the true picture of the NHS.

Hospital trust and CCGs settle long-running dispute

A dispute over a multimillion pound contract between a foundation trust and its two clinical commissioning groups (CCGs) has ended after an expert determination.

Mid Cheshire Foundation Trust and South Cheshire and Vale Royal CCGs failed to agree contracts for 2016-17 or 2017-18 in a long-running dispute that was

unresolved even after meetings with senior managers from NHS England.

Finally, an expert, appointed by NHS England and NHS Improvement to rule on the contract dispute, has given a binding agreement to settle the row. But the result has been kept secret after all parties signed a non-disclosure agreement.

Minutes from a meeting of the Mid Cheshire board in April said chief executive Tracy Bullock 'reported that the contract dispute process has now concluded following the expert determination received in the trust and by regulators last week. Figures for South Cheshire and Vale Royal CCGs reveal the organisations have reported their joint year-end

2016-17 financial position declined by £2m after a deal was reached for the 2016-17 contract.

A report said the trust's year-end position included a £3.4m adjustment to income from payment by results 'as a result of the recent agreement with South Cheshire and Vale Royal CCGs in respect of the contract settlement for 2016-17'.

briefs



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■ Around half of all clinical commissioning groups (CCGs) in England plan to delay or cancel spending on treatment this year, to meet their financial targets alongside a steadily growing workload in primary care, a report by the King's Fund has shown.

The health think-tank's latest quarterly monitoring report of NHS performance found that half of CCG finance leaders thought that achieving this year's financial forecast would probably depend on delaying or cancelling spending in their area. Some CCGs have already rationed services such as minor operations.



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■ Doctors and nurses could be issued with body cameras in order to record violent patients following a successful pilot scheme in England. More than 40 staff at Berrywood Hospital within Northamptonshire Healthcare NHS Foundation Trust were issued with cameras between December 2016 and March 2017 and the number of violent incidents and the use of emergency restraint dropped by 14%.

Dr Alex O'Neil-Kerr, the Trust's clinical medical director, said: 'I think it was very successful, because we have shown it is feasible to implement it, but we need a much larger study to say with any certainty that it will cause a reduction in incidents.'

briefs

■ A group of women in Sunderland have discovered they love walking so much that they have signed up to help others put their best foot forward.

The women all have varying health conditions and initially took up walking through Sunderland City Council's 'Move to Improve' initiative, a prescribed exercise programme that aims to help those with long-term conditions.

Almost a year later they have decided to train as volunteer walk leaders, so as they can help others discover the health benefits of walking.

The women took part in the Nordic Walk Leader training scheme, which is open to anyone, and now they can deliver walks on a voluntary basis and support people who are in the same situation as they were.

Gillian Gibson, director of public health at Sunderland City Council, said: 'Just 10 minutes of continuous brisk walking can get the heart pumping and make you feel better, more energetic, as well as improve your mood and, in Sunderland, we have lots of opportunities for people who want to walk more.'



Nordic walking



Increasing pressures on the health service are making it harder for trusts to meet the 18-week target time for operations, says NHS boss

Record waiting times for patients' operations, RCS study reveals

By Paul Dinsdale

The number of patients waiting six months or more for surgery has trebled over the past four years in England, says the Royal College of Surgeons.

In March, nearly 130,000 people had been waiting for operations after being referred to a consultant, compared with 45,000 in March 2013. However, nine out of 10 patients were still treated within 18 weeks.

NHS England said it had cut the number of patients waiting more than a year for treatment. A spokeswoman said: 'The NHS has cut the number of patients waiting more than a year for treatment by nearly 13,000 over the past five years, and spending on non-urgent surgery is continuing to rise.'

But the surgeons said they were concerned that many more patients would wait longer for surgery in the future.

Earlier this year, NHS England boss Simon Stevens said growing pressures in the health service meant the guarantee of treatment within the 18-week target time for operations such as knee and hip replacements might be at risk.

The Royal College of Surgeons says this is resulting in more people waiting for six-to-nine months or more for surgery, in specialities such as ear, nose and throat, brain and spinal, and general surgery. The biggest increases in waiting times have been in dermatology and gynaecology.

In March, nearly 20,000 people in England had been waiting for more than nine months for surgery. This is three times more than in March 2013, when six-month waits were at their lowest level and 94% of people were treated within 18 weeks. The average waiting time for planned surgery is now just over six weeks, with 90.3% or 3.3m people treated in under 18 weeks.

Pressures on Trust budgets 'affecting IT investment'

Pressure on NHS IT budgets has increased the risk from future cyber attacks, according to a director at a major London trust that was infected by a virus last month.

A report from London North West Healthcare Trust interim informatics director Alan Brown also suggested the impact of the cyber attack was more widespread than previously reported.

In a report to the trust board, Mr Brown said a focus on new technology, with savings pressures, had come at the expense of preventative IT maintenance.

'The increasing pressure on ICT to deploy and support new technology at

the expense of preventative maintenance, plus the request for further cost savings in the ICT service, is further increasing the risk of more attacks and the time it takes to respond and recover from them,' says the report.

London North West was one of at least 47 NHS trusts infected in a global 'WannaCry' ransomware attack, that spread to more than 150 countries on 12 May.

London North West was not as severely disrupted as some trusts, such as Barts Health and Southport and Ormskirk, and isolated the spread of the infection to less than a dozen machines.

Patients waiting longer for GP appointments

Waiting times for a GP appointment are likely to rise to three weeks because of a shortage of family doctors, a survey has warned.

Patients are currently waiting an average of around 13 days to see their doctor, with the time having risen by three days since 2015, alone.

Those delays are now predicted to rise steeply further over the next Parliament, as GPs are forced to spend an extra four hours each week seeing patients to keep up with demand.



The findings come amid warnings that growing waits for appointments are fuelling the A&E crisis. The British Medical Association has warned that waits will quickly soar to several weeks.

A Conservative pledge to add another 5,000 extra GPs by the end of the decade will be unable to keep up with the rise and the profession is already suffering a recruitment crisis. Some GPs from other EU countries working in the UK may also return home after Britain leaves the EU.

Number of patients with long waits on trolleys soaring by over 6,000%

By Paul Dinsdale

There has been a rise of more than 6,000% in the number of patients waiting 12 hours on trolleys as hospital overcrowding reaches a record high, NHS figures show.

The Royal College of Surgeons (RCS) said the situation had become 'exceptionally worrying' and has called on the next government to draw up immediate plans to deal with the crisis.

Occupancy levels are now the highest on record, with 91.4% of beds filled, compared with recommended rates of 85%, figures show.

More than 20 trusts regularly reached occupancy rates of at least 99% during the winter, and the number of patients waiting at least 12 hours in A&E departments has risen by 6,831% in seven years, an analysis shows.

A report by the British Medical Association reveals



A&E depts are having to manage record patient numbers

there were 2,337 such cases last winter – compared with just 37 in 2010/11.

Clare Marx, president of the RCS, warned doctors were being left 'kicking their heels' and unable to operate, with operations increasingly being cancelled due to a lack of beds. The pressures follow a series of bed cuts.

In addition, cuts to budgets for social care have also had an impact. While the NHS budget has been protected, social services for home help and other care have fallen by 11% in five years.

This has led to record levels of bed blocking – elderly people with no medical needs taking up beds. The latest quarterly figures show occupancy rates are the highest they have ever been at this stage of the year, while days lost to bed blocking are up by one third in the past year.

Meanwhile, rising numbers of patients are turning up in A&E – around four million more than the last decade, partly due to the ageing population.

Number of EU nurses leaving the NHS rises



The number of nurses from EU countries leaving the NHS increased by 38% last year compared with the previous 12 months, according to official figures.

The rise in European nurses leaving the health service followed the result of the EU membership referendum last June, and is causing concerns over a workforce crisis in the NHS.

Overall, the number of EU staff leaving the NHS in

the year to December 2016 increased by 21% from 7,477 in 2015 to 9,023, figures from NHS Digital show.

More than 3,480 EU nurses left the NHS during 2016 – a 38% rise on the 2,520 who left during the 12 months before.

The number of EU doctors leaving the NHS increased by 3.5%, with a total of 1,753 leaving in the year to December.

The figures, from NHS

Digital's hospital and community health services dataset, will add to concerns over the possible impact of Brexit on the NHS and the UK's nursing supply.

Internal forecasts from the Department of Health have shown the potential for a shortage of 42,000 nurses by 2026 in a worst-case scenario. A study by the Health Foundation think-tank also warned of the same shortfall.

Four CCGs to merge in Derbyshire

The four clinical commissioning groups (CCGs) in Derbyshire are to begin recruitment for a single, shared chief officer, and are planning to move to become a 'single strategic commissioning organisation'.

North Derbyshire, South Derbyshire, Erewash and Hardwick CCGs make up the Derbyshire sustainability and transformation partnerships.

They plan to recruit a single accountable officer to work across all four groups as soon as possible, according to reports. The process is expected to begin imminently.

A North Derbyshire



Derbyshire is leading the way on shared services across CCGs

CCG paper states: 'All four Derbyshire CCGs supported a paper in February/March 2017 to form a single, strategic commissioning organisation

by April, with a transition year in 2017-18.'

The document adds that the CCGs 'proposed establishment of a single

officer across the four CCGs, as soon as possible with the further development of a joint executive team across Derbyshire and this work is now in progress'.

There has been a rapid increase in the number of CCGs sharing chief officers over the past 12 months, with the figure roughly doubling. NHS England indicated in the autumn it would lift its unofficial moratorium on CCG mergers. However, there are only two areas in which CCGs have so far merged together – Newcastle and, last month, in Manchester. CCGs in several other areas have said they would like to merge.

briefs

■ The Government should back the sustainability and transformation plans (STPs) in England, regardless of the surprise General Election result, a senior adviser on health policy has urged. Speaking at a King's Fund event on the next steps for implementing STPs, Hugh Alderwick, senior policy adviser at the fund, said the partnerships between local councils and NHS services remained the most credible option for improving the delivery of health and care in England. Many local groups have criticised the STPs for a lack of consultation and for using them as a cover for cutting services.

■ The Care Quality Commission (CQC) de-registered at least 14 GP practices last year, the highest number to date under its three-year inspection regime. The figures relate specifically to practices that had been placed in 'special measures' following an inspection identifying 'serious failures of care'. It comes as the CQC directly cancelled nine practice registrations in 2015/16 and ten in 2014/15. Around a third of practices in special measures have been de-registered, either by force or voluntarily, while two-thirds have improved enough to be taken out of the programme during 2016/17.



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Are ACOs the future for care?

At St Helens on Merseyside, health and local government are working together to create an accountable care organisation to ease pressure on care and health services. **Heather Jameson** reports

As local government grapples with the twin pressures of austerity and shifting demographics, health and social care integration becomes an increasingly important tool to tackle the challenges ahead.

At St Helens Council, chief executive Mike Palin says there are a number of challenges they have had to overcome. Initially, the council's priorities focused around vulnerable people but Mr Palin suggests it was the wrong way of looking at it.

'That's not a prioritisation process,' he says. 'It is just the business of the council.' Instead, the single priority was to act on the key areas of cost and demand and ensure services did not fall over. There is limited funding to go through transformation and integration, not to mention challenges around the sustainability and transformation partnerships (STP) process and that capacity is an issue – 'how do you do the day job and deliver system change at the same time?' he asks.

The local STP includes Cheshire and Merseyside, with all the councils and health bodies. 'At one recent STP meeting there were 55 people,' adds Mr Palin. 'How do you actually drive change and integrate in such a complex institutional environment? The challenge is to find a route map that doesn't come with significant extra cost, that doesn't require central government capacity because they are under pressures, that can deal with complexity and that doesn't draw fire from all the interested parties.'

At St Helens, the answer has been bottom-up, in contrast to the top-down approach of health, and the STPs. Mr Palin suggests the centralist nature of health fails to engage local politicians and 'therefore it risks a constant backlash'.

The budget shortfall faced in Merseyside is huge (*see box*), but Mr Palin takes the view it's not just the council budgets that are his concern: 'Someone is going to face a car crash sooner or later, and if one falls, we all fall.'

The model

As a result, the councils started to look at an accountable

care organisation (ACO) to help ease the pressures. When they spoke to consultants, they were offered three models for ACOs before director of people's services, Mike Wyatt, wrote a fourth. His model centres around the 'St Helens Circle', with individuals and communities in the middle. Then there are 'full accountable partners' such as the CCG and the council. The partners are looking at full integration by spring next year and a single main provider.

Mr Wyatt describes a new process where commissioners' contracts are less specific and concentrate more on how to get the best out of the money available. 'The CCG, the council and the acute trusts are all on the same page for where we want to be,' Mr Palin says.

The next circle in the St Helens model includes the 'partially accountable partners' – schools, police, fire, RSLs, care homes and others. 'They should be part of the partnership, but they might not work with everybody,' says Mr Wyatt.

'Finally, round the edge, we have the community, mainly voluntary and community organisations. What we want to make sure is that you only get to the middle [of the circle] if you really need to,' Mr Wyatt says. It is a model of community support, prevention and light-touch intervention, which moves inwards towards more care. But Mr Wyatt warns: 'The myth you can prevent everything is nonsense. You will always have people who need care.'

The council has set about building relationships and creating new models of governance to get partners working together. Mr Palin describes a system of 'distributed leadership', ensuring each partner recognises they have a role to play and allowing different partners to lead on different projects. He explains: 'We talk to the councillors about the fact they are stewards of the place. That doesn't mean they can tell everyone what to do. We spoke to our health partners on the same basis,' he says. 'We have moved to more of a place governance model.'

It all requires a huge amount of sensitive communication to ensure each partner doesn't feel as though they are part of a takeover. Mr Palin adds: 'The



The 'St Helens circle' model of managing health services in

politicians have to recognise they don't have the power to direct partners. The partners need to understand that politicians do represent the local population through the democratic process.'

If everyone understands that, you can then have strategic conversations. But he says the key is to keep it strategic, not operational. That governance model has created two boards, the people board and the economy board. The people's board has been in place in a shadow form since August 2016 and working since January this year, meeting every two months. It pulls together the health and wellbeing board and the community safety partnership.

For now, the St Helens model is just across the council

Keeping the home fires burning

Hampshire CC is investing in a programme that enables council-supported residents to live in their own homes with 24-hour care

More older people than ever wish to remain in their own homes, so a new initiative by Hampshire CC aims to provide both rent and purchase options for council-supported residents.

Hampshire CC's investment to enable the development of Extra Care accommodation to support the greater numbers of people living into old age, and younger adults with learning and physical disabilities is set to exceed £70m by 2022.

Extra-Care provides people with their own individual apartment, coupled with access to communal and shared spaces, in modern, high-quality, attractive buildings, and close to local facilities. Schemes include both one and two bedroom units to enable couples with differing levels of need to remain living together. Twenty-four hour care and support is available on-site, to be used progressively by people as their needs increase, avoiding early or unnecessary entry into residential, or nursing homes.

People eligible for Extra Care pay for their housing costs themselves (using their housing benefit where applicable), while the council funds the care on site.



The challenges facing the authority in caring for these vulnerable residents requires consideration of the widest range of possible options – including building new

The challenges ahead for health and care

Chris Hopson looks at the keys to ensuring the future of the NHS and an effective care system



A new government and a new parliament. What should be the top health and social care priorities? I'd pick out one short term and two long term challenges.

Top of the urgent list is ensuring the NHS is properly equipped to handle the coming winter. We saw record demand last winter and, although NHS providers treated more patients than ever before, performance against the four hour A&E target deteriorated, the number of long trolley waits and ambulance handover delays rose, and the risk to patient safety risk quickly increased.

Managing next winter's risk requires extra capacity across both health and care and it's good to see the NHS and many local authorities developing joint plans that draw on the last Budget's extra social care money to create that capacity. But a quick decision will be needed on whether these plans are consistently robust and effective and whether more capacity will be needed – we suspect it will be.

The two longer term challenges that need to be addressed are funding and workforce.

Demand for health and care services is going to increase rapidly. The Office for Budget Responsibility projects that health spending would have to rise from 7.3% of GDP in 2016/17 to 12.6% in 2066/67 to keep up. Yet, on current plans, NHS spending is due to fall as a percentage of GDP over the next five years.

It is no longer possible to maintain the central pretence of current health policy – that we can cope with rising demand, improve services and grow the NHS workforce while the share of our national wealth devoted to health spending drops. You get what you pay for. We need to decide how funding grows or what gives.

Compassionate care requires skilled staff. The NHS is experiencing a rapidly growing gap between the demand for and supply of suitably trained staff. Increasing numbers of staff leaving the service, driven by ongoing pay restraint and increasingly pressured working conditions, along with insufficient newly trained staff to replace those who are retiring. Brexit, and the uncertainties it brings, isn't helping.

The NHS workforce planning system is looking increasingly broken and there is no replacement in sight. Developing sustainable strategic solutions here is the key third priority.

Chris Hopson is chief executive of NHS Providers, the membership organisation for NHS acute, ambulance, community and mental health Foundation Trusts

the region is dependent upon the strength of communication between the communities served and the partnerships involved

boundaries – a very local solution. The fear is that the STP – with nine boroughs and 11 CCGs – may take too long to pull together.

'We have not received any central government transformation funding to do this. That's one of our frustrations,' Mr Palin says.

'You can't do this as part of the day job, but there is no mechanism to date for St Helens to say we have made a local decision to jump and for the Government to invest in our jump model. If you accept the system will fall over unless something is done, who will take the decision to lead. We have taken that decision.' He adds 'We know that ACOs, or ACMSs, are the future. Why are we hanging

around, waiting to design it? Let's get on with it.'

Heather Jameson is editor of *The MJ*

The Merseyside funding gap by 2020

St Helens Council: £20.6m
Health (Mid-Mersey): £250m+
Police: £25m
Fire: £11m
Housing Associations (£17m)

schemes and improving a number of existing sites. As such, £45m is being invested over a decade to stimulate the development of schemes for older people across the whole county, with a further £35m for schemes to support younger adults with learning and physical disabilities.

County leader, Cllr Roy Perry, explained: 'The way some residents wish to live their lives is changing, and to be able to live independently in a home of their own remains the number one aspiration for the majority of adults supported by the council. The private sector is providing many similar schemes for people who can afford to buy. Our scheme will include provision for people to rent, as well as providing a limited number of apartments to purchase. For many people who may be finding it difficult to cope, Extra Care is an ideal solution. People can have their own home with their own front

door, and couples with different care needs can stay living together – with the added reassurance that help is at hand whenever they need it.'

Cllr Perry added: 'Research has also shown that older people living in Extra Care housing enjoy better health, have fewer hospital stays and a lower number of falls. They are also less likely to need to move into residential or nursing care.

'Old age and infirmity will come to many of us, and in Hampshire, we want to make that difficult change in circumstances as easy and good as possible. When people move into Extra Care they are, or course, releasing other accommodation for younger people, so it's a win-win.'

Over the next five years, the number of individual Extra Care units for older people in Hampshire will continue to increase, which will lead to the development of more than 1,500 accommodation units across the county.

Look for the helpers

Raffaella Goodby used to work in local government HR before moving to an NHS trust. Here, she comments on the inspirational people she has encountered in the public sector – and how it needs more of them

'When I was a boy and I would see scary things in the news, my mother would say to me: "Look for the helpers. You will always find people who are helping." To this day, especially in times of disaster, I remember my mother's words, and I am always comforted by realising that there are still so many helpers – so many caring people in this world.' – Fred Rogers (US TV children's host)

I've spent over two years in the NHS, since leaving my local government family to enter the world of Sandwell and West Birmingham Hospitals and join 7,000 staff with key aims of patient focus, high-quality care and the recruitment challenges of nurses, midwives, therapists and doctors. The content of my days has changed beyond recognition, but what remains constant is the thousands of small acts of humanity that make up the working day of any public-sector organisation.

I watched the news of the UK terror attacks early in June with a sense of horror, and underneath my worries and concern was also a sense of awe for my NHS and public sector colleagues. Watch any news programme, read your Twitter feed or look on Facebook for five minutes and, alongside the panic and confusion, you can see public servants running towards the danger to help.

It takes a special kind of person to be cycling home to their family, to see an explosion and hear sirens, and turn their bike around and cycle back to their hospital where they have just finished a long shift as a doctor, to help. It takes a special kind of person to confront armed attackers with nothing more than a police-issued baton to defend themselves, waiting for their armed colleagues arrive on the scene. It takes a special kind of young woman to be at a cashpoint before



Raffaella Goodby: 'Resolving to be kind in small things and in the strategic decisions we make, can help us transform our achievements'

a night shift, and run to the hospital where they worked as a student nurse to deal with the wounded.

The three public servants I describe all have something wonderful in common, they are helpers. They are the bedrock of our organisations in the public sector,

each with the very special superpower of kindness. Kindness is a highly underrated skill in the workplace, especially when it comes to leadership. Kind leadership is giving feedback at the right time, saying 'thank you, well done, I really valued your contribution in that meeting,

I watched you with that patient and their family and you were wonderful'.

Kindness is also giving advice and support when things go wrong. It is a kindness to help others on that journey and be open and sensitive about how people can improve. Kindness is also free. The public sector knows that there's less money. If we all resolve to be kind, in small things and in the strategic decisions we make, we can be transformative in our achievements. When I watched the Manchester 'One Love' Concert on 4 June 4, I felt such confidence in our future public service. We have a role, as leaders, to show kindness in our mentoring of apprentices and up-and-coming leaders, to show them what it is to be a public servant, as beautifully illustrated by the police officer dancing 'ring a ring a roses' with the teens before the concert.

We know from the Generation X and Y research that young people want meaning in their work and will willingly move organisations to find it.

Raffaella Goodby is executive director of people & OD at Sandwell and West Birmingham Hospitals NHS Trust

On 20 June the Black Country NHS Trusts showcased their wide-ranging apprenticeship opportunities at West Bromwich Albion Football Club. You can learn more at www.nhsapprenticeshipacademy.co.uk

Sandwell and West Birmingham Hospitals NHS Trust is actively recruiting more helpers. A small sample of their roles are showcased on www.swbhjobs.co.uk or you can follow them on @SWBHnhs to learn more about our jobs and about our recruitment events throughout the year. You can also follow Raffaella Goodby at @brummieHR.

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