Changing lives
Our public health vision
1 Introduction

Behind the creation of Barts Health NHS Trust is not just an ambition to sustain and develop world-class healthcare services, but a real desire to change the lives of local people. Hence our vision: Barts Health – Changing Lives.

Barts Health is the opportunity of a lifetime to bring the benefits of living in one of the world’s greatest cities to the east end.

The new Trust will invest in a range of initiatives that will bring better education, more jobs and greater prosperity to local people. We will work with partners to help people live healthy lives and bring employment to the area – growing our own talent to fill vacancies, bringing investment into the area and supporting local businesses.

This document sets out the challenge the Trust faces, the Trust’s vision for improving the health of the local population and how it proposes to go about achieving its aims.

If you would like to provide a comment on our plans or to get involved then please do get in touch.

Stephen O’Brien
Chairman

Our ambition is for east London to have health services in which we can all take pride. These services will reach beyond our hospitals and provide care where it is needed most – at home, in our communities, or in specialist facilities across the boroughs. Outstanding research, a commitment to learning and improvement, and a focus on partnership, will allow Barts Health to succeed. Success will see the health of the population transformed and inequalities in health reduced substantially. This commitment is what defines our organisation and our values.
2 What needs to be done

Many of the communities that Barts Health serve are ethnically diverse and highly deprived\(^1\). Although health is improving, there are still big health inequalities compared to the rest of the capital and England as outlined in the table below.

In this part of the capital, people are more likely to smoke and to be overweight or to have heart disease, cancer, mental health problems, diabetes, tuberculosis or HIV.

Not everyone takes part in screening programmes designed to identify diseases at an early stage when treatment is more successful (for instance screening for breast or bowel cancer), nor do they always get help early enough when they have warning symptoms.

**Excellent health care, better health**

Some residents experience the best healthcare to be found anywhere in the country – for instance if you have a serious accident there is no better place to be than The Royal London. But we shouldn’t wait until people are ill. If we are serious about good health (and we are) then the Trust needs to change the way it operates – working in the community, with the community, for the community to improve the health of the local population, reduce health inequalities and change lives for the better.

By concentrating on improving health, the Trust will be able to provide a better service for patients who need its world renowned expertise in urgent, specialist, and complex care.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Newham</th>
<th>Tower Hamlets</th>
<th>Waltham Forest</th>
<th>England Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy (males(^2))</td>
<td>76.2</td>
<td>76.7</td>
<td>77.4</td>
<td>78.6</td>
</tr>
<tr>
<td>Life expectancy (females(^2))</td>
<td>81.1</td>
<td>81.4</td>
<td>81.9</td>
<td>82.6</td>
</tr>
<tr>
<td>Infant deaths(^3)</td>
<td>5.3</td>
<td>4.0</td>
<td>5.4</td>
<td>4.6</td>
</tr>
<tr>
<td>Deaths from smoking(^4)</td>
<td>249</td>
<td>300</td>
<td>221</td>
<td>211</td>
</tr>
<tr>
<td>Early deaths: heart disease and stroke(^4)</td>
<td>115</td>
<td>106</td>
<td>86</td>
<td>67.3</td>
</tr>
<tr>
<td>Early deaths: cancer(^4)</td>
<td>112</td>
<td>135</td>
<td>114</td>
<td>110.1</td>
</tr>
<tr>
<td>People diagnosed with diabetes(^5)</td>
<td>6.9</td>
<td>5.8</td>
<td>5.9</td>
<td>5.5</td>
</tr>
<tr>
<td>New cases of TB(^6)</td>
<td>124</td>
<td>61</td>
<td>50</td>
<td>15.3</td>
</tr>
<tr>
<td>Acute sexually transmitted infections(^7)</td>
<td>1673</td>
<td>1743</td>
<td>1359</td>
<td>775</td>
</tr>
</tbody>
</table>

Key:
- **Significantly worse than the England average**
- **Worse but not significantly than the England average**
- **Significantly better than the England average**

Source: Association of Public Health Observatories, Health Profiles, June 2012

1 Newham is the 3rd most deprived borough in England, City and Hackney the 4th most deprived, Tower Hamlets the 8th most deprived, Waltham Forest the 15th most deprived out of 152 in England
2 At birth 2008 – 2010
3 Rate per 1000 live births 2008 – 2010
4 Per 100,000 population aged 35+, directly age standardised rate 2008 – 2010
5 % of people on GP registers with a recorded diagnosis of diabetes 2010/11
6 Crude rate per 100,000 population 2008 – 2010
7 Crude rate per 100,000 population 2011. Chlamydia screening coverage may influence rate
3 Our strategy

There are tremendous opportunities for Barts Health, but also significant challenges. The Trust is developing a plan but we are keen to hear from patients, the public and partners so we can develop our ideas into more detailed proposals. The following pages describe our current thinking.

We will draw on the commitment of the whole Trust and all our staff, supported by a dedicated public health team. We will develop a robust plan for the future, to target the specific needs of the communities in which we work. This will be consistent with the London Olympic legacy plans, which include targets to increase life expectancy, reduce deaths from cancer and cardiovascular disease, and reduce childhood obesity. Within 20 years the communities which host the 2012 Olympic Games aim to have the same social and economic chances as their neighbours across London.

From April 2013 local authorities will be responsible for public health and some health service commissioning. The Trust will work closely with the local Health and Wellbeing Boards in Newham, Tower Hamlets and Waltham Forest and will be a partner in the local public health networks, forging close links with the borough directors of public health and their teams.

We will assess current performance and areas of good practice to ensure we build on our experience and knowledge and agree roles, responsibilities and working practices with our partners.

In 2006, NICE recommended that every frontline healthcare worker should deliver stop smoking interventions, and the Department of Health provided a toolkit to help staff do so.

Last year staff at the three trusts that now make up Barts Health saw approaching 400,000 patients who were smokers. Many of these people were being seen because of illnesses relating to smoking (such as heart disease, stroke, respiratory disease and cancer). And yet the trusts referred fewer than 1,000 patients to stop smoking services. This has got to change.

A note of caution: Improvements are unlikely to be seen quickly. Poor health outcomes linked to deprivation are entrenched in East London. These maps show a similar pattern of deprivation and health needs in 1898 and 2011. We must be prepared to be relentless in our ambition to succeed.

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8 Local authorities will (by April 2013) establish Health and Wellbeing Boards. These Boards will be led by local government and locally elected councillors. They will be the key strategic forum for partnership working between health and social care, and for commissioning public health services. Each board will include councillors, the local Director of Adult Services, the Director of Children’s Services, the Director of Public Health and representatives from Clinical Commissioning Groups. The Boards will be responsible for a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy.

9 NICE: National Institute for Health and Clinical Excellence
The Trust will improve the health of the local community and reduce inequalities by:

1. Making every patient contact count for health promotion
   - increase the number of people who stop smoking (this will be a priority)

2. Supporting every employee to improve their health and wellbeing
   - support patients in reducing their risk of harm from alcohol.

3. Working with local partners

1. Making every patient contact count for health promotion

   We will promote better health, providing advice and support during each of the 1.5 million contacts we have with patients every year, whether those contacts are in local community healthcare or in the most highly specialised services. All clinical academic groups\(^\text{10}\) will join forces to:

   - improving services for people with common conditions such as diabetes, respiratory disease and cardiovascular disease
   - earlier diagnosis and treatment of cancers
   - a programme to improve the dental health of children
   - extending HIV testing to high risk groups
   - opportunistic immunisation of children against measles, mumps and rubella (MMR).

Staff on one cardiology ward in the Trust have worked with the local authority and public health department to make sure every patient who smokes has the opportunity to quit. Last year this small department accounted for 35% of all smoking referrals in the hospital.

But this sort of performance needs to be replicated across the Trust. We could give 4,000 people a year a new lease of life if we referred just 1 in 10 of the smokers who come into contact with us to the specialist stop smoking clinic. We would also save the local health economy an estimated £2.5 million each year.

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10 Clinical academic groups bring together similar services from across all the sites. The aim is to standardise services to the best currently available; to better enable new understanding, research and development to be available to patients; and overall to provide a safer, more efficient and effective patient pathway and experience.
2. Supporting every employee to improve their health and well-being

We employ 15,000 staff – many of whom are local residents. Being in good employment is protective of health\textsuperscript{11}, and a healthy workforce is beneficial for patients (with clear links with improved patient satisfaction and Trust performance)\textsuperscript{12} and for business.

The Improving Working Lives team (part of the public health team) will continue to catalyse and support the development of a working environment which enables staff to make healthy choices and reduces stress levels. This will include:

- encouraging and enabling staff to stop smoking
- encouraging and enabling staff to increase their levels of physical activity
- providing an excellent and proactive occupational health service
- ensuring managers adhere to good employment practices.

The Trust will also support staff in gaining qualifications and developing their skills – to enhance both their prospects in life and the care they give to patients. We will work with staff to ensure they recognise their key role in the success of improving public health, and are willing and able to make every patient contact count. We intend to train 150 staff every year to gain the Royal Society for Public Health \textit{Understanding Health Improvement} qualification to enable them to do this.

The Trust’s Improving Working Lives team has promoted physical activity in the organisation for both staff and members of the public. The programme includes:

- a walking group
- a lunchtime Pilates class
- a cycle to work scheme
- keep fit classes
- netball, football, badminton and table tennis teams

The Trust has recently installed an outdoor green gym for staff and patients.


\textsuperscript{12} NHS Health and Wellbeing Report, Boorman, S. 2009
3. Working with local partners and contributing to the local community and environment

We will work with local authorities’ Health and Wellbeing Boards, universities and clinical commissioning groups\(^\text{13}\) to make a real difference to people’s lives. Barts Health NHS Trust is the largest local employer and a major procurer of local goods and services. We know that employment is better for health than unemployment\(^\text{14}\) and we are keen to enable more local residents to take up employment in the Trust. We will:

- build on existing programmes to enable local people to work for the local NHS, and to up-skill those already employed by the Trust
- seek to source supplies, products and produce from local suppliers who pay their staff a living wage. This would promote local enterprise and support local people
- consider the environment when we are making changes in the Trust – developing greener, more sustainable buildings and services
- buy and label healthier food in Trust restaurants and vending machines (in one legacy trust all 11 vending machines were found to offer predominantly high calorie sugar-laden fizzy drinks, chocolate bars and salty snacks)
- make our knowledge and experience available to communities through local leaders, patients and other ambassadors. By providing these people with the right tools and support we can ensure key public health messages reach far more people in a supportive environment.

The Community Works for Health team has developed a series of NHS employment-focused programmes to:

- offer a range of pathways for local unemployed people into NHS jobs – 500 have been supported with advice, training and placements. The aim is to support 100 people a year, with 90% still in post after six months
- offer skills development for NHS staff employed in more junior roles – 78 staff have benefitted so far
- offer an apprenticeship scheme which is open to NHS staff and to local unemployed young people – 22 people last year. The aim is 50 people a year, 50% staff and 50% new to the NHS
- work with local schools and colleges to enable students to access careers within the NHS.

The programmes have developed in Tower Hamlets and discussions are underway to explore how the opportunities can best be extended to the residents of Newham and Waltham Forest.

\(^{13}\) Clinical Commissioning Groups are led by GPs and will (from April 2013) be responsible for commissioning some healthcare services.  
5 A public health network

The Trust will agree annual public health objectives. Progress against these objectives will be monitored and regularly reported to the Board. The Trust will also publish an annual health report.

For further information
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