

Suffolk Health and Wellbeing Board, 10 March 2016

A committee of Suffolk County Council

Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

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1. Patient online now available across Waveney

- 1.1 Everyone who lives in Great Yarmouth and Waveney can now collect prescriptions directly from the pharmacy of their choice after every GP surgery in the area signed up to offer a convenient, hassle-free electronic service to patients.
- 1.2 All 26 surgeries covered by HealthEast, the clinical commissioning group for the area, offer the electronic prescription service (EPS) to patients. HealthEast were the first CCG in the East of England to be 100% compliant with the electronic system.
- 1.3 EPS allows patients to ask their doctor to send their prescription straight to the pharmacy of their choice. Their medication will automatically be ready for collection two days later, avoiding the need for them to return to their surgery to collect a written prescription then wait in line at the pharmacy while their drugs are prepared.

For further information please contact: Tracey Bullard, Primary Care Development Manager, Email: tracey.bullard@nhs.net, Telephone: 01502 718674.

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2. Community Workshops in Waveney

- 2.1 A programme of workshops exploring the things that communities could do to support local individuals and families facing specific health and wellbeing challenges in Waveney will take place this spring.
- 2.2 NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), Waveney District Council and the public health team from Suffolk County Council will jointly host five workshops running until 27 April.
- 2.3 Each workshop is aimed at community groups, town and parish councils, councillors and voluntary organisations – and anyone else who wants to find out more about how to stimulate action in their community. They will look at what communities can do to support people facing challenges such as dementia, loneliness and staying active, before giving groups the chance to bid for a share of £12,500 in funding to drive forward projects which could help.
- 2.4 Following each workshop there will be a ‘community call to action’, where community groups and voluntary sector organisations in the Waveney District Council area can apply for a share of £12,500 of Suffolk County Council funding per theme to tackle that issue in one or more communities.
- 2.5 The themes for the workshops include communities and mental health, communities and carers, loneliness and social isolation, active healthy lifestyles and dementia.

For further information please contact: Nicole Rickard, Head of Communities, Email: nicole.rickard@nhs.net, Telephone: 01502 52323, or visit <http://eepurl.com/bODXuL>

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3. Bridge for the future

- 3.1 On Friday 29 January 2016, on behalf of the County Council, Councillor Robert Whiting signed a memorandum of understanding with Nick Hulme, Chief Executive Officer of Ipswich Hospital Trust (IHT), expressing a desire for both organisations to work together with regard to property resources. As a first step Suffolk County Council (SCC) has agreed, subject to contract, to sell the former Bridge (Heathside) special school on Heath Road Ipswich to IHT. It is expected that in the future this will assist in hospital reorganisation and the two organisations want to work together to optimise benefits from any land released through this process. SCC will use a proportion of the money generated from the sale towards specialist education provision being developed in the Ipswich area.

For further information please contact: Brian Prettyman, Senior Manager (Property Strategy), Suffolk County Council; Email: brian.prettyman@suffolk.gov.uk, Telephone: 01473 264101.

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4. Ofsted Inspection of Suffolk County Council Children's Services

- 4.1 Ofsted inspected Suffolk County Council's Services for children in need of help and protection, children looked after and care leavers in November and December 2015.
- 4.2 This was the widest ranging inspection Children's Services have ever had. It lasted a month and involved a team of nine inspectors who tracked and sampled 227 cases, spoke to 25 children and young people, 12 parents, nine Foster Carers, six adopters and many practitioners and managers from Children and Young People's Services (CYP) and partner organisations.
- 4.3 The result of the inspection was published in February 2016. Suffolk County Council Children's Services achieved an overall effectiveness rating of 'GOOD'.
- 4.4 Over half of all Local Authorities have now been inspected under this framework, with fewer than a quarter achieving an overall Good rating. None so far have achieved an overall Outstanding rating.
- 4.5 This is a great achievement which reflects the commitment and dedication of staff in the Council, in partner agencies and the voluntary and community sector in improving the lives of children, young people and families in Suffolk.
- 4.6 A separate review of the LSCB (Local Safeguarding Children's Board) was carried out at the same time as our inspection. The review concluded that the LSCB was also GOOD.
- 4.7 As part of their findings, the Ofsted inspectors made some recommendations for further development. These will be incorporated into plans for continuous improvement.

For further information, please contact: Graham Beamish, Head of Programmes, Children and Young People's Services, Email: graham.beamish@suffolk.gov.uk, Telephone: 07717 355587 .

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5. Suffolk Family Focus – Phase 2 – National Troubled Families Programme

- 5.1 This report provides an update on the completion of phase 1 and the work carried out to date to implement phase 2 of the Suffolk Family Focus (SFF) programme 2015 – 2020.
- 5.2 Suffolk finished phase 1 of the SFF programme very strongly, meeting the national target. This success allowed us to be one of the Local Authorities to be early starters for phase 2 and start work with 200 families by 31 March 2015. This target was achieved and has given Suffolk a good start into phase 2 of the programme.
- 5.3 Suffolk will continue with the transformational approach adopted in phase 1 for phase 2 and make the 'Whole Family' methodology business as usual for all

Children and Young People's Services (CYPS) teams. This is aligned with the national goal of the Troubled Families programme. Therefore, the SFF whole family approach of one family, one key worker to co-ordinate, and one family plan, remains a fundamental part of Making Every Intervention Count (MEIC) and is entirely consistent with Signs of Safety (SoS).

- 5.4 The introduction of the wider criteria to identify families under the new financial framework, has allowed all families that come to the notice of CYPS to be potential SFF families, thus making the target set nationally under Phase 2 of working with and achieving sustainable outcomes for 3995 families between 2015 and 2020 workable and realistic.
- 5.5 The new wider criterion has produced challenges for the collection of data and its use particularly where consent is an issue. This is being addressed but, slowly and there needs to be a more collaborative approach as the sharing of data is not just an issue for SFF, but a system wicked issue that requires leadership and energy to overcome. The Board's support to address this challenge would be welcome.
- 5.6 The Family Outcomes Plan is a multi-agency co-produced document within Suffolk, that identifies how sustainable outcomes for families will be measured. Many of the sustainable outcomes require other organisations, both statutory and the voluntary sector, to provide quantitative or qualitative data on the families with whom they are working. Without such information the outcomes that we seek for families with complex needs and chaotic lifestyles that place significant demands on the public sector system cannot be measured.
- 5.7 We have been working with health colleagues on Phase 2 and although some progress has been made there are still areas where we could and should work closer together.
- 5.8 The current financial position is stable, and the future funding of the programme is dependent on at least 960 families per year for the next four years 2016 to 2020 reaching sustainable progress to allow a Payment By Results claim to be made. The funding received will allow CYPS to invest in services to allow the teams to have the capacity to provide the transformational whole family approach.
- 5.9 Future funding will, as in Phase 1, depend on demonstrating that as a system working in partnership we can deliver sustainable outcomes for families and therefore reduce demand on statutory services.
- 5.10 SFF continues to work with the voluntary and community services sector particularly where new ideas are being tried, and projects will add to existing services.
- 5.11. The success in Phase 1 of the use of Police Community Support Officers (PCSOs) and Psychologists working with the teams and partners has been continued in Phase 2 with both areas being expanded.
- 5.12. Employment is still one of the key areas to improve the life chances for families and again Suffolk has retained the services of a Department of Works and Pensions (DWP) secondee. However the role has again expanded and now

includes not only families, but a responsibility for young persons who are deemed as Not in Education, Employment or Training (NEETs).

- 5.13. In the recent Ofsted full inspection of Children's Services an overall level of Good was achieved. The Suffolk Family Focus way of working was recognised as an impact factor. The two quotes below demonstrate this.

"Early help services for children and their families are good. There are early signs of increased impact through the new integrated early help teams and the Signs of Safety and Well-being casework model. Some aspects of this work have been particularly effective, including Suffolk Family Focus (work undertaken with 'troubled families') and joint work with the police and other specialist services regarding child sexual exploitation, gangs and groups, and female genital mutilation."

"By reducing involvement in criminal activity and anti-social behaviour and increasing educational attainment and employment, Suffolk Family Focus has improved outcomes for 1,150 'troubled families'. The aim is to achieve similar results with 950 families a year over the next five years. There is an impressive range of voluntary sector services, including, for example, intensive time-limited support for families where the primary carer has drug and/or alcohol issues, and an extensive outreach service for victims of domestic abuse. This means that more families are getting the right service at the right time"

- 5.14. On Monday 15 February 2016 the SFF team was visited by the National Troubled Families Team to check progress and the quote below from the national team again demonstrates that the SFF team continues in its good delivery and performance.

"It was really good to see how much progress you've made and even better that it has been reflected in a good Ofsted report. The Signs of Safety model seems to be a great way to encourage a whole family approach and ensure consistency across teams. It was clear from the partners you had at the table that there was a real enthusiasm for the transformation that is happening and that you're looking for further ways to capitalise on this. It's really positive to see that you're developing your understanding of which interventions are most effective for families and we'd be happy to help you build on this further where we can."

- 5.15 This information relates to Follow up information relating to a previous Board information item of 14 May 2015.

For further information, please contact: Stuart Hudson, Suffolk Troubled Families Co-ordinator, Email: Stuart.hudson@suffolk.gov.uk, Telephone: 01473 7205200.

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6. Domestic Abuse Review Update Report

Purpose:

- 6.1 The Board is asked to note the following update in relation to Domestic Abuse (DA).

Background:

- 6.2 The Safer and Stronger Communities Group (SSCG) came together for the first time in September 2015. The group is a tactical group which replaces the previous Safer Suffolk Board which was disbanded in 2013.
- 6.3 At its initial meeting, the group identified four areas that they wanted to explore and the new Head of Localities and Partnerships at Suffolk County Council was asked to scope and then lead on a 'deep dive or 'whole systems review' of Domestic Abuse.

Scope

- 6.4 In the scoping of the review a number of drivers or requirements have been identified. The intention is to undertake one comprehensive review which would satisfy all of these, preventing the need for separate pieces of work. The drivers identified indicate a need to:
- a) Inform the partnership action plan - incorporate the multi-agency actions of individual organisations plans into one partnership plan.
 - b) Respond to Domestic Homicide Review recommendations
 - c) Enable an evidence led approach to commissioning of services to ensure value for money and outcomes met
 - d) Clarify roles, responsibilities, reporting routes and governance
 - e) Capacity requirements - what resources, skills do we need in Community Safety
 - f) Reduce duplication and identify gaps in the system
 - g) Understand what is working and not working
 - h) Ensure equality of provision across the County, informed by need.
 - i) Inform the future development of a Multi-Agency Risk Assessment Centre (MARAC)
 - j) Understand Domestic Abuse in the context of emerging communities
 - k) Develop positive working relationships to enable good quality service provision
 - l) Inform activity relating to training and awareness raising

- 6.5 The SSCG has asked that Suffolk County Council, Suffolk Constabulary and the Police and Crime Commissioner's Office take on the role of overseeing the delivery of the review.
- 6.6 The Domestic Abuse Partnership (a network of both public and voluntary community sector organisations) met on 18 January 2016 to develop a shared agreement on the outcomes and purpose for DA services in Suffolk and inform the mapping of existing service provision. Subsequently a number of individual interviews have been held with stakeholders to further develop the picture of current service provision. A second workshop with the DA Partnership is planned for March to share initial findings and to further develop key lines of enquiry.
- 6.7 It is anticipated that the review will run into May 2016 and a report will be produced which will be available for the relevant Boards and organisations with an interest in Domestic Abuse.
- 6.8 The review is being undertaken using in-house resources and expertise at Suffolk County Council but will continue to rely on the active engagement of partner organisations.

For further information please contact: Sara Blake, Head of Localities and Partnerships, Suffolk County Council, Email: sara.blake@suffolk.gov.uk, Telephone: 01473 260761; or Chris Woods, Community Safety Officer, Suffolk County Council, Email: chris.woods@suffolk.gov.uk, Telephone: 01473 260816.

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7. Health and Wellbeing Board Seminar 4 February 2016

- 7.1 Dr Patricia Oakley, Teaching and Research Fellow in Public Policy and Management, and Lead for the Healthcare Science Doctoral Programme, King's College, London University presented to the HWB seminar in February. She challenged the Board to become fully fanged or run the risk of being a gummy dog in a reshaped health and care system. She described the challenges to the health and wellbeing in England emphasising the significant impact of lifestyles on health, widening inequalities between groups in our society, and shrinking finances. The response to these challenges, in Suffolk, would need to combine science, clinical work and social mechanisms to meaningfully improve people's health.

For further information please contact: Tessa Lindfield, Director of Public Health, Suffolk County Council, Email: tessa.lindfield@suffolk.gov.uk, Telephone: 01473 260051.

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8. Health in All Policies Peer Review

8.1 The Health and Wellbeing Board (HWB) is asked to note the update following the pilot peer review which took place on the 22 and 23 February 2016.

Background

8.2 Earlier in the year Suffolk county Council agreed to take part in a pilot Local Government Association (LGA) peer review programme looking at how well the local authority has been able to embed health in its policies, decision making and delivery of its services.

8.3 As a two tier local authority area the role of boroughs and districts and indeed the wider partnership of the Health and Wellbeing Board was seen as a critical part of the system and so the peer review was extended to include other public and voluntary and community sector organisations.

Approach

8.4 The peer review programme focussed on four key lines of enquiry:

1. Does the Council and Health and Wellbeing Board have a clear vision and ambition for health and wellbeing?
2. How well does the Council enable others to improve health?
3. Is the Council making a sustainable impact on health outcomes?
4. Is the Council using its resources to best effect to improve health?

8.5 In the Position Statement which was prepared locally in advance of the peer review, we also requested that the team examine and challenge us to help stretch our thinking and ambition in the context of devolution and system wide change and specifically welcomed ideas on how we could measure the impact of the HWB more effectively.

8.6 In total the two day programme included 24 sessions and involved contributions from 116 people from across the Suffolk system.

Initial feedback

8.7 A full report will be provided by the Peer Review team and this will be tabled at the May meeting of the HWB for discussion. Initial feedback provided by the team and the conclusion of day two included the following headline messages:

- Lots of goodwill, real enthusiasm and aspiration for Suffolk and its people – you live here, you work here you ARE Suffolk
- The Council and its partners need to be clear about what needs to be achieved for Suffolk (place & people) and build greater trust amongst key players in order to be ready for devolution, opportunities and challenges

- To embed HWB business across the system, traction with key organisations is needed through:
 - negotiation and influencing (informal)
 - priorities becoming the day job
 - mechanism for holding named individuals to account
 - praise and acknowledge for achievements
- To measure health and wellbeing impact it would be helpful to have fewer and more focused indicators recognised across the system and a greater use of personal stories to bring impact to life

For further information please contact: Sara Blake, Head of Localities and Partnerships, Public Health and Protection, Suffolk County Council, Email: sara.blake@suffolk.gov.uk, Telephone: 01473 260761.

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9. Housing Related Support Transformation Update

9.1 Following the previous information bulletins on 9 July 2015, and 4 November 2015, please find below an update on the Housing Related Support (HRS) transformation.

Background

- 9.2 We are continuing to work with customers, service providers and a range of stakeholders to design a new approach to delivering HRS services.
- 9.3 HRS helps vulnerable adults aged 16 and over to develop or retain the skills to live independently. As an example, an HRS customer might receive support in living skills such as cooking, budgeting, social interaction and accessing employment, education and training. Suffolk currently provides HRS to over 6000 customers either in their own homes or in HRS accommodation such as a hostel or domestic abuse refuge. 3000 customers are classed as older people and live in designated sheltered accommodation.

Procurement

- 9.4 Following a procurement process 24 providers were successful in becoming part of a HRS framework agreement, awarded on 18 January 2016. 20 of these are existing providers and will continue to deliver services to their current customers until April 2017. Four of the providers are new to delivering HRS services in Suffolk and will have the opportunity to tender for future work as part of the transformation.
- 9.5 Prior to the procurement process, two providers that currently deliver services to 393 customers across Lowestoft, Felixstowe, Stowmarket, Leiston and Sudbury made the decision to withdraw from providing HRS from April 2016. Providers on the HRS framework had the opportunity to tender for these services and on Friday 26 February 2016 contracts were awarded to Access Community Trust for accommodation based services and Home Group for

home based floating support in the Waveney area. We will be working closely with all involved to ensure a safe and smooth transition.

- 9.6 Between April 2016 and April 2017, in collaboration with customers and providers, transformation work will continue to develop new HRS services that are outcome focused, time limited and meet assessed and eligible needs in line with Supporting Lives Connecting Communities and Making Every Intervention Count. In autumn 2016 we will start a phased process where providers on the framework will have the opportunity to tender for the new HRS services, with contracts starting from April 2017. This staged approach will ensure that any changes are introduced and managed with minimal disruption to customers and providers.

Service Quality Visits

- 9.7 Service quality visits with every service will be completed by the end of March 2016 using the nationally recognised [Service Quality Tool](#) to provide a consistent way of measuring the quality of HRS services.

Changing needs

- 9.8 From a number of consultation and co-production events and analysis of available data we have found the main presenting issues for people accessing HRS services are:
- People require support to manage their finances and pay the rent, with many at risk of eviction.
 - Increased mental health problems are common, particularly the risk of self-harm and suicide.

Next steps

- 9.9 The next steps are:
- Work with key strategic partners to establish how best to work together co-productively to meet the challenges listed above.
 - Set up a working group to explore 'best pathway' for intensive beds
 - Ongoing work with Children and Young People's Services (CYP) to embed seamless joint working between CYP and HRS Young Persons Pathways.
 - Build on and link into Connect Ipswich, Connect Sudbury and Lowestoft Rising.
- 9.10 A review of offender services is planned to link existing services and ensure that housing support services continue to play a key preventative role. The HRS team are also contributing to a county wide review of domestic abuse services led by Public Health, which includes refuges, currently funded through HRS.
- 9.11 In response to feedback, we are working with sheltered housing providers and residents to agree the best approach to future provision as part of a wider strategic review of housing for older people. Existing providers will receive a

two year grant as a contribution to provide sheltered services during the review period, which is due to be completed by March 2018.

- 9.12 Full background information about the HRS transformation is available on the Council's [website](#).

For further information, please contact: Jayne Harvey, Head of Strategic Commissioning (East), Email: Jayne.harvey@suffolk.gov.uk, Telephone: 01473 260435.

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10. Local Authority level information from “NHS Atlas of Variation in Healthcare 2015”

10.1 In 2015 the ninth edition in the series of Atlases of Variation was published. This is the largest yet, with 102 maps detailing widespread variation in the quality, cost, activity and health outcome of healthcare in the English NHS. Almost 25% of the indicators focus on children and young people's services. The Atlas is a collaboration between NHS England, Public Health England and NHS Right Care.

10.2 The NHS Atlas of Variation 2015 was produced to provide indications of the efficiency and quality of local NHS services, by comparing the performance of geographical areas across England in a variety of clinical fields. Public Health Suffolk produced specific reports covering Ipswich and East Suffolk CCG and West Suffolk CCGs which have been shared widely with the Clinical Commissioning Groups. The atlas also includes information on selected health care indicators for both upper tier and lower tier local authority areas.

10.3 The atlas provides information on eighteen indicators for the upper tier and four indicators for the lower tier authorities. The data for all the authorities in England are ranked and divided in to five quintiles. Upper tier indicators are also compared with similar local authorities – CIPFA nearest neighbours. For Suffolk these are Worcestershire, Norfolk, Gloucestershire, Warwickshire, Somerset, Derbyshire, Staffordshire, Nottinghamshire, Lincolnshire, Cumbria, North Yorkshire, Leicestershire, Northamptonshire, Essex, and Cambridgeshire. To adjust for factors such as age statistical calculations have been undertaken by the atlas team.

10.4 The Atlas of Variation is a valuable tool for investigating health inequalities and designing services and programmes in such a way as to close the gap between communities in Suffolk.

For further information, please contact: Dr P Badrinath, Consultant in Public Health Medicine, Email: p.badrinath@suffolk.gov.uk, Telephone: 01473 260056.

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