

Health Scrutiny Committee, 20 July 2016

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. Children & Young People's Emotional Wellbeing Plan (EWB 2020)



This paper provides the Committee with an update on progress in delivering the Children & Young People's Emotional Wellbeing Transformation Plan (EWB 2020).

Background

We are working to establish a joined-up, family focused response to all children, young people and families presenting with emotional, behavioural or mental health needs.

The Children & Young People's Emotional Wellbeing Transformation Plan (EWB 2020) plan has been developed with both NHS West Suffolk CCG and NHS Ipswich

and East Suffolk CCG, GPs, Suffolk County Council, charities, schools, young people, parents and carers and is based on Five Big Ideas and Ten Priorities which we will deliver together over the next five years.

Find out more at www.healthysuffolk.org.uk/EWB2020

6 Months On - Our Achievements

1. Single Point of Access and Assessment (SPAA) and Behaviour and Conduct Pathways

The vision for the SPAA is that no child, young person or their family/carer will be turned away without being offered appropriate help, information or advice. The key principles for the SPAA are whole family focussed, no wrong door, importance of initial/first contact experience, early intervention and reducing bounce around the system. Young people will be supported to access the services they need.

http://www.eadt.co.uk/news/death_of_harriet_philo_powell_highlighted_weaknesses_in_mental_health_care_1_4594595

<http://www.dailymail.co.uk/news/article-3654111/Student-dead-days-released-psychiatric-unit.html>

A number of meetings and workshops with key stakeholders and CYP and parent/carers have taken place to shape the new Single Point of Access and Assessment. The outline model has been approved by the CEWG (24 June 2016) and the implementation phase will now begin to deliver the model during Autumn 2016 – this will include physical location, recruitment, governance, IT/systems etc.

Alongside the development of the SPAA is the work needed to develop an overarching behaviour pathway providing early help through to specialist assessment, diagnosis and treatment services. This will include a new ADHD service for east & west Suffolk. This will be in place from September 2016.

2. Workforce Development

Extensive engagement work with stakeholders, including parents/carers and young people, told us that those working with children and young people would benefit from and value training and support to enable them to be more confident and skilled in responding to issues relating to emotional wellbeing and mental health.

This funded programme of learning and development resources will be developed over time to reflect the broad needs of our workforce, families/carers and children and young people, but in general aims to provide a platform of learning that can be accessed at different points over time and reflected upon in practice to support the emotional wellbeing of our young people.

Training is accessible via www.suffolkcpd.co.uk

- **Suffolk Needs Met Introduction to Mental and Emotional wellbeing** – A 3 hour introductory course which provides an understanding of what it means to be emotionally healthy, why it is important, and how emotional health supports physical health.
- **Mental Health First Aid training** – a 2-day training course which will help people to spot the early signs of a mental health problem, feel confident when helping someone who is experiencing a problem, and have the skills knowledge and understanding of how to effectively support those experiencing emotional or mental distress.

- **MindEd E-Learning** – a recommended suite of e-learning modules which will provide knowledge to support the wellbeing of children and young people, to identify a child experiencing or at risk of a mental or emotional health problem, and contribute to providing confidence to act on your concerns.
- **Online resources** – Web-based resources to further your understanding of mental and emotional health.

3. Digital

The Suffolk-focused website the [Source](#) has been refreshed to provide clinically assured information, advice, guidance and resources for young people to help them with issues that matter to them, including anxiety, depression, self-harm and eating disorders. The site has been developed with support from health professionals and young people to provide clear explanations to address what concerns young people and signposts them to support and further help.

In addition a new online chat support service, **Ask the 4YP Expert**, with experienced youth workers from Suffolk charity 4YP is providing confidential advice every Tuesday, Wednesday and Thursday from 5 –7 p.m. until the end of summer. Anyone aged 12 – 25 years can go online and ask a 4YP expert about any issue that is affecting them.

4. Grant Fund/VCS

Recognising the importance of the voluntary and community sector in supporting the Transformation Plan priorities, we are working with Suffolk Community Foundation to administer a grants programme. Following an evaluation process, £278,000 has been awarded to 22 local projects that will deliver support in a range of ways and places that work for young people and their families. The charities will also be part of an innovative new research project being run by University Campus Suffolk (UCS) to understand the impact of their work in the county.

5. Healthwatch – My Health, Our Future

Healthwatch has been running a pilot project in partnership with the Thomas Gainsborough School in Sudbury and Unity and Diversity to collect the views of pupils about their use of current services as well as the ambitions of the EWB2020.

Following the pilot, Healthwatch has been commissioned to begin a new project called [“My Health, Our Future”](#) with 8 more schools across east and west Suffolk.

The project will help schools to identify the emotional wellbeing needs of pupils to inform steps that can be taken to increase support and promote healthy psychological development.

6. Community Eating Disorder Service (CEDS)

The Children and Young People's Community Eating Disorder Service (CEDS) provided by Norfolk and Suffolk Foundation Trust (NSFT) launched on 1 July 2016, and will provide dedicated, bespoke care to people aged up to 18 with anorexia, bulimia and binge eating disorder in line with NHS England guidance.

NSFT will also contract Beating Eating Disorders (BEAT), the eating disorders charity, to provide training and education to help Trust staff and primary care colleagues recognise the symptoms so that people can get help at the earliest opportunity. BEAT will also deliver training to school staff across east & west Suffolk, focusing on increasing understanding, recognition and response to risk

factors and signs of eating disorders. BEAT will additionally deliver training workshops for pupils and provide Young Ambassador talks in schools, aimed at increasing young people's understanding about eating disorders, the risk factors and where to go for help. BEAT will provide online peer support groups for young people, designed for anyone under 18 that is struggling with an eating disorder or difficulties with food.

Next Steps

Good progress is being made on delivering the priorities set out in the Transformation Plan. Over the next 6 months, the focus will be on implementing and reviewing the county wide Single Point of Access and Assessment and the new ADHD service and behaviour pathways. Under-pinning the delivery of the Transformation Plan is the work with our stakeholder group of parents/carers, young people and VCS organisations; who will be supporting the delivery of local events that share and celebrate the work being done to support emotional wellbeing. In particular this will provide a platform for schools to share the many creative and innovative projects that they are delivering.

For further information, please contact: Jo John, Transformation Lead for Child and Adolescent Mental Health Services, NHS West Suffolk Clinical Commissioning Group Email: jo.john@suffolk.nhs.uk Tel: 01284 758038; Mobile: 07908 456984

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2. The Lightning Review: Access to Child and Adolescent Mental Health Services Nationally

The Children's Commissioner has published [The Lightning Review: Access to Child and Adolescent Mental Health Services \(PDF document\)](#) which examines how easily children and young people across the nation are able to access Child and Adolescent Mental Health Services (CAMHS) so that they receive the mental health services and support they need.

The review draws together evidence from existing CAMHS Services and users of these services, about the challenges faced by children, young people and their families, who are referred to or want to self-refer for emotional help.

The review combines qualitative data on referral patterns, responses, waiting times and consequences of missed appointments, with qualitative data through case studies which highlight the complexities of young people's lives and how this impacts on their ability to access and use CAMHS services.

Overview

This lightning review highlights three main findings:

- Access to CAMHS is a postcode lottery with variations in the number and proportion of children and young people being referred to CAMHS across different regions. Once referred, the likelihood of receiving treatment varied significantly across regions, ranging from 18% to 80% not being offered treatment by CAMHS. Where a service was offered, the average waiting time ranged from 14 days to 200 days.
- Children and young people are being turned away when they need help. Almost half of CAMHS Trusts who provided information, reported only offering services for particular diagnosable conditions and almost three-quarters

offered treatment based on the severity of the mental health condition. As a result, 28% of children and young people referred to CAMHS in 2015 were not allocated a service.

- Children and young people who miss appointments can face restrictions. The research found that there is a myriad of reasons why a child or young person might miss appointments. 35% of CAMHS stated that children and young people who miss appointments will face restrictions. 29% stated that children and young people would be discharged. Often, missing appointments can be an indication that other needs are not being met and/or are a cause for concern. Despite this, some CAMHS are still discharging children and young people without following up on whether they are ok. Only 48% of all CAMHS stated that they would try to find alternative provisions for that child or young person.

This is important research in the light of government concerns regarding the mental wellbeing of children and young people. These concerns are highlighted in the House of Commons Briefing Paper [Children and young people's mental health – policy, services, funding and education](#) which states (June 2016) that:

‘One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before the age of 15 and 75 per cent before the age of 18’

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3. Mind. Your Language

The public health team has commissioned a film that highlights the experiences of young people when dealing with their emotional wellbeing and ill mental health.

Mind. Your Language features pupils from the Samuel Ward Academy in Haverhill and members of the Norfolk and Suffolk Foundation Trust's Youth Council. The film aims to dispel the myths and misconceptions surrounding emotional wellbeing in the classroom. It also encourages people to make small pledges to discuss what they have heard with others, to openly talk about emotional wellbeing and to promote the fact that help is available. The film is available on the following link:

<http://www.healthysuffolk.org.uk/projects/mind-your-language/>

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4. Healthwatch Suffolk: Children and Young People's Mental Health and Wellbeing Project

Healthwatch Suffolk has been running a pilot project in partnership with the Thomas Gainsborough School in Sudbury and Unity and Diversity, through which we have collected the views of pupils about their use of current services as well as the ambitions of the EWB2020.

Our report on the project can be accessed via the following link:

<http://www.healthwatchesuffolk.co.uk/wp-content/uploads/2016/06/TG-Template-1.pdf>

Our project has given over 400 young people the opportunity to take part in a live interactive survey and to share their feedback about using services. We also ran

sessions with students about the importance of speaking up and to ask for their views on key areas identified within the EWB2020.

Following the pilot, we will soon begin a new project called “My Health, Our Future” with eight schools across east and west Suffolk. The aim will be to obtain the views of young people and their teachers about mental health and wellbeing support in school and at home.

The project will help schools to identify the needs of pupils in respect of mental health and wellbeing so that steps can be taken to increase support and promote healthy psychological development. Pupils will have the opportunity to talk about their views on mental health and wellbeing and about how their school could improve its approach to maintaining the wellbeing of pupils.

For further information please contact: Michael Ogden, Information Services Manager, Healthwatch Suffolk Email: info@healthwatchsuffolk.co.uk
Tel: 01449 703949

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5. Delayed Transfers of Care (DTOCs)

Background

In October the Committee heard about plans in place to inform and support the population over the winter months – a time of greater demand on services. The Committee agreed to set up a Task and Finish Group to keep a watching brief on how the Suffolk system was coping over the winter period. As a result of the recommendations from this Group, the Committee agreed to seek an update on progress towards improving the process for recording and monitoring delayed transfers of care (DTOC) at a future meeting.

DTOCs rose significantly nationally, regionally and locally during 2015/16. DTOCs place additional pressure on acute hospital beds as people are unable to transfer from an acute hospital bed. It can mean that there are fewer beds for those patients requiring an emergency admission.

DTOCs are reportable to NHSE and present a complex challenge that requires system leadership in order to be addressed effectively.

There are currently three qualifying criteria for making the decision to discharge. These are not separate or sequential stages; all three must be addressed at the same time.

1. Clinical decision has been made that the patient is clinically fit for discharge/transfer; **AND**
2. An MDT (Multi Disciplinary Team) decision has been made that the patient is ready for discharge/transfer; **AND**
3. The patient is safe to discharge/transfer

There is guidance available from various bodies on the interpretation.

The Self Assessment Tool

A 2014 initiative; ‘Helping People Home’ which was a joint programme involving DoH, DCLG, NHSE, ADSS & LGA) identified a number of interventions which can support local health and care systems reduce delayed transfers of care. A self-assessment tool or model based upon this work has been developed and tested in 2015 within a number of health & social care systems by ECIST (Emergency Care Intensive Support Team) and the learning shared nationally through a series of workshops in late 2015/early 2016.

Representatives from agencies across our local health and social care systems in Suffolk have attended these workshops.

The 8 interventions cover;

- 1 Early Discharge Planning
- 2 Systems to Monitor Patient Flow
- 3 Multi Disciplinary/Multi Agency Discharge Teams
- 4 Home First/Discharge to Assess
- 5 Seven Day Services
- 6 Trusted Assessors
- 7 Focus on Choice
- 8 Enhancing Health in Care Homes

Following attendance at the workshops both East & West Suffolk systems have requested, (co-ordinated via the CCG), all partners to undertake the self-assessment tool. This is now complete and the collated outcomes being used to feed into action planning for both systems and is resulting in a more coordinated approach to reducing delays.

This work being undertaken locally in both East & West systems is aimed at reducing the rise in DTOCs experienced through 2015 but faces a number of significant challenges.

Local pressures in respect of DTOCs are varied but key influences currently include;

- Changes in contracting arrangements presenting 'transitional' issues with providers in parts of the county
- Increasing demand in respect of admissions and patients thereafter requiring ongoing health and/or social care support
- Availability of Care and Nursing Home provision within the county. Recent CQC (Care Quality Commission) restrictions imposed on some care homes within the county has had a significant impact on the number of nursing/care beds available - at present moment over 100 beds previously used by the system to place patients for ongoing support are not available due to admissions restrictions placed by CQC.
- Market 'fragility' of domiciliary care provision - many providers are experiencing significant challenges in recruiting sufficient and suitable staff to fulfil delivery of care contract needs.

The official DTOC statistics for 2014 & 2015 from NHS Statistics are shown overleaf.

Ipswich Hospital											
IHT DTOCs (figures from NHS Statistics site)											
2014				2015				2016			
	NHS	Soc Care	Both		NHS	Soc Care	Both		NHS	Soc Care	Both
Jan	115	236	351	Jan	277	282	559	Jan	535	497	1032
Feb	115	117	232	Feb	255	221	476	Feb	443	658	1101
Mar	149	168	317	Mar	272	290	562	Mar	467	847	1314
Apr	280	230	510	Apr	321	328	649	Apr	431	681	1112
May	236	242	478	May	200	387	587	May			0
Jun	226	191	417	Jun	196	513	709	Jun			0
Jul	314	277	591	Jul	294	444	738	Jul			0
Aug	330	241	571	Aug	401	542	943	Aug			0
Sep	342	367	709	Sep	282	682	964	Sep			0
Oct	299	305	604	Oct	364	764	1128	Oct			0
Nov	276	346	622	Nov	334	535	869	Nov			0
Dec	274	248	522	Dec	343	353	696	Dec			0
Total	2956	2968	5924	Total	3539	5341	8880	Total	1876	2683	4559

WSFT DTOC's (from NHS Statistics)											
2014				2015				2016			
	NHS	Soc Care	Tot		NHS	Soc Care	Tot		NHS	Soc Care	Both
Jan	160	46	206	Jan	333	53	386	Jan	423	140	563
Feb	114	29	143	Feb	209	32	241	Feb	357	218	575
Mar	104	81	185	Mar	212	28	240	Mar	424	198	622
Apr	186	75	261	Apr	384	18	402	Apr	439	365	804
May	133	15	148	May	245	42	287	May			0
Jun	159	23	182	Jun	271	83	354	Jun			0
Jul	141	36	177	Jul	404	75	479	Jul			0
Aug	307	37	344	Aug	405	119	524	Aug			0
Sep	249	19	268	Sep	257	166	423	Sep			0
Oct	250	10	260	Oct	315	193	508	Oct			0
Nov	371	104	475	Nov	585	202	787	Nov			0
Dec	234	73	307	Dec	429	251	680	Dec			0
Total	2408	548	2956	Total	4049	1262	5311	Total	1643	921	2564

For further information, please contact Isabel Cockayne, head of communications for the East Suffolk and West Suffolk CCGs, email isabel.cockayne@suffolk.nhs.uk; Telephone 01473 770014.

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6. ACS Provider Business Failure Procedure

The Health Scrutiny Committee (14 April 2016) asked for the final version of the Adult and Community Services (ACS) Provider Failure Procedure. This is available on the Council website here:

<https://www.suffolk.gov.uk/assets/Adult-social-care-and-health/information-for-service-providers/2016-06-22-Provider-Business-Flr-Procedure-V1.0.docx>

To assist with the completion of this Procedure, a draft of the ACS Provider Failure Procedure was available on the Council website with an invitation for anyone to comment from 10 December 2015 to 16 May 2016.

In addition, a draft was shared with the following organisations, offering an opportunity to comment:

- Care Quality Commission (CQC);
- Suffolk Association of Independent Care Providers (SAICP);
- Representatives of NHS Clinical Commissioning Groups;
- Healthwatch;
- The Head of Adult Safeguarding and Safeguarding Managers; Area Managers of Social Work Services, Senior Managers in ACS; and ACS Contract Management staff.

The procedure remains subject to further periodic review in order to improve it whenever possible.

For further information please contact: Ian Patterson, Head of Contract Management and Market Relationships, ACS; Email: ian.patterson@suffolk.gov.uk; Telephone: 01473 265802.

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7. Use of the 2% Social Care Precept In 2016/17

At its meeting on 14 April 2016, the Committee considered current and future capacity in the residential and nursing care market in Suffolk, and requested information on how the additional 2% funding for adult social care that had been generated by the Council Tax Social Care Precept was being managed, and how it would be used to enhance delivery of services. This amounted to £5.4m for 2016/17.

This amounted to £5.4m for 2016/17.

The following areas have accounted for more than this additional income.

1. The National Living Wage (NLW): the final agreement with the Care Providers for inflationary increases including the NLW was significantly more than the inflation allowance the ACS Directorate had to allocate so this additional element will be funded from the social care precept.
2. Cost pressures impacting on ACS Directorate not fully compensated by Government. Examples of this is the extra work generated by the Deprivation of Liberty requirements with extra social work and legal cost, and as a result of the Winterbourne review by bringing people with learning disabilities out of long stay hospitals and putting them back into the community.
3. Funding part of the expected additional demand on the service as a result of the aging population, increasing frailty of customers receiving services, and young people with physical and learning disabilities transitioning through from children & young people services to working age adults within adult social care.

The cost in 2016/17 of the above 3 items more than consumes the available extra resources that the 2016/17 2% social care precept generates.

For further information, please contact: Eric Prince, Assistant Director for Strategic Finance, Tel: 01473 264267, email Eric.Prince@suffolk.gov.uk

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8. Effectiveness And Cost-Effectiveness Of Reablement And The Broader Benefits This Provides

This Information Bulletin provides follow-up information relating to the request made by Health Scrutiny Committee on 14 April 2016 for “data to demonstrate the effectiveness and cost-effectiveness of Reablement and the broader benefits this provides”.

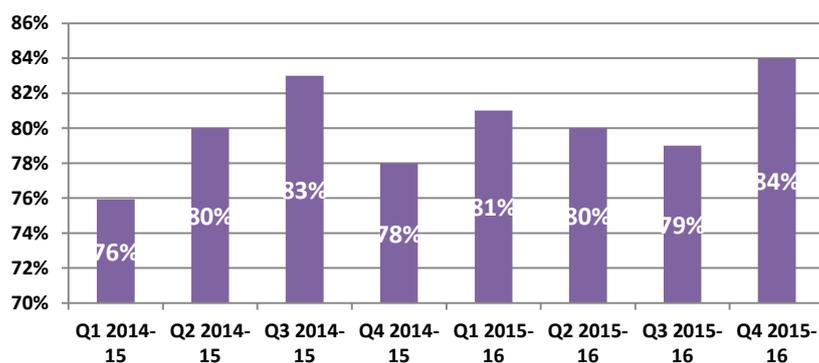
What is Reablement?

When something interrupts or prevents us carrying out meaningful activities, this loss of activity can lead to dependency, lack of confidence and contribute to physical and mental ill-health. In response, “Reablement” is designed to support people’s ability to regain skills and self-confidence in order to optimise their levels of independence. Suffolk County Council employs the Home First service as an in-house Reablement service.

How effective is Home First?

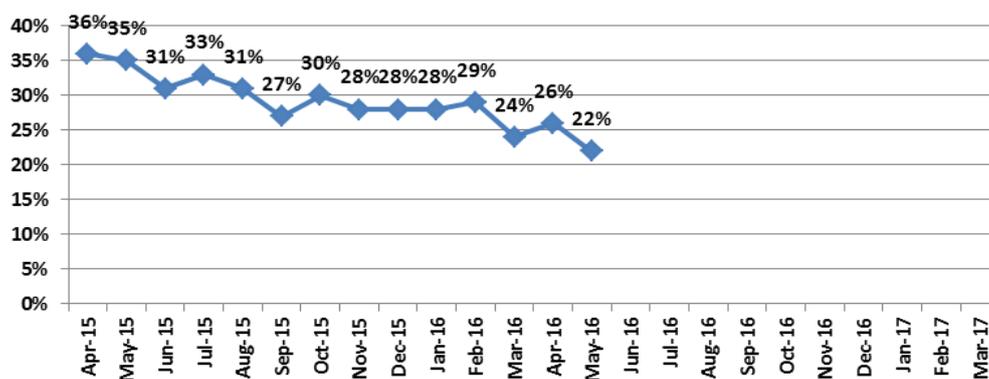
Home First have a high level of success supporting people to regain their independence. Over the past 2 years in excess of three-quarters of people being supported by Home First have been either partially, or fully reabled in the sense that they either needed reduced or no on-going care following being supported by Home First

Figure 1: Home First Successful Reablement % 2014/15 and 2015/16:



This success rate can also be seen through a reducing percentage of people requiring long term support following a Reablement service.

Figure 2: Percentage of people completing a Reablement service who go on to Long Term Support:



How cost effective is Home First?

Evaluation of the Home First service over 2014/15 has shown that the service supported a total of 3,172 in the year at a total cost of £6,860,765. This evaluation estimates that the total savings on Care Purchasing by the Reablement success rates of the service were £10,540,497.24. This means that for each £1 invested, a total of £1.54 is saved against future care purchasing.

What are the broader benefits of Reablement?

Not only does Reablement bring reductions in levels of dependency, with associated positive impacts on care purchasing, Reablement brings opportunities for enhanced quality of life for people being supported in this way. As such, Reablement is seen as a key component part of Suffolk's Health and Wellbeing Board's cross-cutting themes of:

- Stronger/resilient communities
- Embedding prevention

For further information, please contact Gillian Clarke Head of Strategic Commissioning (Reablement Lead), Adult & Community Services, Suffolk County Council. Tel 01473 264675; gillian.clarke@suffolk.gov.uk

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9. Stroke Care Services In Suffolk

Background

In 2010 members of the Suffolk Health Scrutiny Committee heard the then health commissioners express disappointment over the level of stroke care delivered in the county. Targets were not being met on the number of stroke patients receiving specialist stroke care and stroke patients were spending too long in hospital without the care needed to have the best chance of recovery. By 2011 some improvements had been made but there was still work to be done. Additionally, the landscape of stroke care was changing with new national drivers for change coming from evidence on effective treatment and care coming from organisations including the Department of Health, National Institute for Clinical Evidence (NICE) and Royal College of Physicians.

This national evidence showed that the best medical attention for acute stroke patients should be provided 24 hours a day, seven days a week from a hyper-acute stroke unit (HASU), with a highly specialised clinical staff who see a relatively high number of patients each year.

In 2013 Ipswich and West Suffolk hospitals accepted emergency stroke patients 24/7, but with access to a stroke consultant on five days out of seven. By making the changes, which follow national guidance, it would mean new patients having access to a consultant stroke specialist and a rehabilitation team within 24 hours, seven days a week. It was also recognised that these changes would mean people in Suffolk could have a better chance of survival and lower risks of disability or loss of independence.

Following identification by the previous local commissioners (NHS Suffolk) that Ipswich and West Suffolk hospitals working together could offer the best

configuration for HASUs in Suffolk, in 2013 the newly established NHS Ipswich and East Suffolk and NHS West Suffolk clinical commissioning groups set about the process of delivering improved stroke care services for the approximate 1000 people who suffer a stroke each year.

Achieving improved stroke care

The Suffolk Stroke Project Board, which comprises representatives from Healthwatch Suffolk, the Stroke Association, both hospitals, East of England Ambulance Service, Suffolk Community Healthcare and the CCGs, was the driving force behind this change and improvement. The aims of the board were to establish HASUs at both hospitals and commission an Early Supported Discharge (ESD) service to deliver at-home rehabilitation therapies for clinically suitable patients, including physiotherapy, occupational therapy, speech and language therapy and clinical psychology. A framework and model for the new service was developed by the CCGs with support from partners. Implementation of the HASUs began in January 2014 and this relatively quick implementation of the service can be attributed to the positive attitude of all the partner organisations of the Suffolk Stroke Project Board and their determination to make the project work.

A six week period of public engagement during 2013 helped shape the framework of how the ESD service could deliver the most effective care. This engagement collected 124 views which were included in the plans. ESD began operating in November 2014 and is delivered by Norfolk Community Health and Care.

Stroke care today

The country's single source of stroke data comes from the Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP). Every quarter the SSNAP team looks at a range of factors including how quickly patients can access a brain scan, whether they are rapidly transferred to a stroke unit and how many patients are given clot-busting thrombolysis treatment. It also measures the help put in place to aid recovery and rehabilitation, such as access to speech and language therapy, physiotherapy and occupational therapy.

The most recent SSNAP data places both Ipswich and West Suffolk hospitals among the best performing in the country across the variety of criteria which measures the quality of care which patients receive. West Suffolk has an overall SSNAP rating A and Ipswich Hospital rated SSNAP level B. Both hospitals were rated A for their discharge planning, occupational therapy and physiotherapy.

ESD is commissioned by the CCGs and delivered by Norfolk Community Health and Care Trust (NCH&C). NCH&C works with the stroke units to identify patients who are suitable for rehabilitation at home, using evidence-based criteria, with an estimated 400 patients benefitting from this service. Not only does ESD provide significant benefit to the patient it also provides much-needed support to carers and family members.

In July 2015 West Suffolk Hospital won the HSJ and Nursing Times National Patient Safety and Care Award 2014 for Stroke.

Stroke care services in Suffolk used to perform poorly. Now they are considered among the best in the country.

For further information please contact Dr Mark Lim, Associate Director of Clinical Strategy, Ipswich and East Suffolk CCGs;

Mark.Lim@ipswichandeastsuffolkccg.nhs.uk

10. Briefing on Procurement of Out of Hours Dental Services in the East of England



Background

NHS England Midlands and East (East) is responsible for commissioning primary and secondary care dental services in Essex and East Anglia and this includes the Out of Hours Dental Service which is accessible through NHS 111.

Current Position

Existing contracts across the East of England vary greatly in regards to patient access and value for money. NHS England will be re-procuring these services to address the inequity in service provision and also ensure that patients have access to consistent and high quality services across the East of England. Services will continue to be provided from various locations across the region to ensure that accessibility is maintained.

Patients are being asked for their views on how the service could be improved and these responses will be used to inform the future service. Patient and public views are valuable and useful to ensure that NHS England procure services that reduce health inequalities and meet the needs of the population it serves.

The patient survey can be accessed via the following link:

<https://www.engage.england.nhs.uk/survey/a848b409>

For further information please contact NHS England by email england.contactus@nhs.net or telephone 0300 311 2233

