

Suffolk Health and Wellbeing Board, 8 September 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. Better Care Fund 2016/17

- 1.1 The Better Care Fund (BCF) Plan for 2016/17 was submitted in May, showing our planned activity for the coming year and how the pooled fund would be spent to support reablement, community care and support for people to remain living in their own homes. The Plan was signed off on behalf of the Health and Wellbeing Board at the end of May, and finally approved at the end of August 2016. Meanwhile the activity outlined in the plan continues to progress through our integration programmes across Suffolk. An infographic giving an overview of the BCF 16/17 is on the Healthy Suffolk website.
- 1.2 The Quarter 1 submission for the BCF is due to be sent to the Department of Health on 9 September 2016. The dashboard for the metrics is as follows:

BCF 16/17 Quarter 1

Better Care Fund Measures quarter 1 2016/17	On Target (Y/N)	Direction of Travel during year
Measure 1 – Non-elective admissions to hospital	N	Worsened
Measure 2 – Delayed transfers of care	N	Worsened
Measure 3 – Permanent admissions to residential and nursing care homes	Y	Worsened
Measure 4 – Effectiveness of reablement (Local Measure)	N	Worsened
Measure 5 – Dementia diagnosis rate	N	Improved
Measure 6 – Support to manage long term health conditions*		

Note the reporting cycle for this data set has been moved to annual reporting and to this end data will not be available until July 2017. This said, Suffolk will look to supply an interim update for quarter 2.*

- 1.3 A more detailed dashboard which shows data over the whole period and broken down by CCG area, as well as showing Delayed transfers of care by hospital and attribution is available from Jo Cowley – jo.cowley@suffolk.gov.uk, Telephone: 01473 265202.
- 1.4 The Better Care Fund Plan is on the Healthy Suffolk website on the following page: <http://www.healthysuffolk.org.uk/health-and-wellbeing-board/useful-documents/>

For further information please contact: Jo Cowley, Business Development Specialist, Suffolk County Council; Email: jo.cowley@suffolk.gov.uk, Telephone: 01473 265202.

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2. Update from Integration Programmes

- 2.1 The map attached at Appendix A gives the progress on development of the 13 Integrated Neighbourhood Team (INT) areas to date.
- 2.2 For 9 out of the 13 INT areas, project teams have been set up which include as a minimum a social worker cluster manager and Suffolk Community Healthcare (SCH) local team lead (our Area Managers have attended many of the meetings and have been very supportive). Each project team has dedicated project resource from either the Clinical Commissioning Group (CCG) or Suffolk County Council (SCC).
- 2.3 The 4 INT project teams still to be established are Woodbridge, South rural, Haverhill and Bury central.
- 2.4 Each project team has been tasked to work through an INT checklist based on learning from the early adopter sites in Sudbury and East Ipswich and this is guiding project planning and delivery in the teams around three key areas:
 - a) Integrated Team building / getting to know the team
 - Workforce shadowing
 - Lunch and learn sessions
 - Service directories

- b) Joint processes and practice
 - Joint approach to referral management e.g. triage of waiting list referrals (has focused on Occupational Therapy services to date in some INTs)
 - Shared care and support plan – has not yet been trailed by INTs only by Crisis Action Team (CAT) and Early Intervention Team (EIT).
 - Shared approach to training and development for staff (teams are sharing training opportunities to support integration)
 - Multi-Discliplinary Team development (this has been especially important in the east since the CCG withdrew funding for practices)
- c) Logistics / Enablers
 - Co-location (each INT area is identifying opportunities but this is clearly funding dependent)
 - Hot desking (dependent on aligning with System Transformation Programme)
 - Sharing information (this is being led by the Suffolk Informatics Partnership (SIP) and the Clinical Information Assurance Group (CIAG))
 - Joint communications plan

2.5 There will also be the requirement in the medium – longer term for the teams to establish links with other health and social care partners e.g. Norfolk and Suffolk Foundation Trust (NSFT) and link with specialist local services. Additionally to align and integrate with Community Locality Officers and Looked After Children (LACs) as part of the Community Resilience programme led by Sara Blake, SCC.

2.6 The Connect programme is reflected in the Suffolk and North East Essex Sustainability and Transformation Plan as a key element of health and care provision in the community.

For further information about the Connect programme please contact: Rachel Bottomley, Commissioner HASCI, Adult and Community Services, Email: Rachel.bottomley@suffolk.gov.uk, Telephone: 01473 264741.

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3. Suffolk Workforce Forum update

Integrated Care Principles

- 3.1 A template has been developed to track implementation progress and this has been extended to maintain files of evidence of implementation for each work area . Good progress has been made with a variety of organisations since the last report and 14 organisations across Suffolk are now showing as status green.
- 3.2 An example from the University of Suffolk shows how these principles will shortly be taught to all new students on each health and social care curriculum:

Dr Sue Hollinrake Associate Professor and Programme Leader for Health & Social Work- University of Suffolk *“the Integrated Care Principles are being integrated into the Inter-Professional Learning Modules for the next academic year. These modules are run across levels 4, 5, and 6 of the BA Social Work Programme and Nursing degree programmes, Diagnostic and Therapeutic Radiography degree programmes, Midwifery and Operating Department Practitioner programmes. Students from all these disciplines are taught together.”*

Sustainability and Transformation Plan (STP)

- 3.3 The Suffolk footprint includes North East Essex. The STP leads from both areas are currently meeting to identify priorities and plans for both geographical areas. To bring the two Acute Hospitals of Ipswich and Colchester more closely together, Nick Hulme has been appointed Chief Executive Officer of Colchester Hospital and Ipswich Hospital and is supported by Board Chair David White who is Chair of both hospitals. This provides the opportunity of shared rotas of medical staff as well as reaping economies of scale for support and other services.
- 3.4 Victoria Collins, Head of HR North East Essex, has been invited to join the Suffolk Workforce Forum and presented an STP update at the 21 July Forum meeting and will update us at the next Forum meeting on 7 September 2016.

Self Care Group

- 3.5 The group met on 7 June 2016 and distributed the Prevention Strategy document. The strategy is a 5-year strategy and includes an action plan with deliverables, ownership and timescales.
- 3.6 There are numerous campaigns as part of this, including the very successful “One You” programme in which 4600 Suffolk participants have taken the One You health quiz. The Group determined a new set of Terms of Reference to reflect these activities.
- 3.7 One Life Suffolk have taken over health promotion in Suffolk and will be actively engaging with organisations over the next 6 months. <http://onelifesuffolk.co.uk/> and Ali Clements their operational manager attended the Group to give updates on MECC (make every contact count) and other activities. One Life Suffolk were asked to participate in our Lunch & Learn sessions and have just delivered lunch & learn events in Ipswich and Sudbury.

Connect Sudbury - Newmarket, Brandon & Mildenhall

- 3.8 We organised and delivered a “Think Big/Think Differently Workshop” to include the new areas of Newmarket, Brandon and Mildenhall and this was held on the afternoon of Tuesday 28 June 2016. There were over 50 attendees from health, housing, police, social care and voluntary sector who came together to determine how we can all work closer together to the benefits of our respective communities. Presentations were given by health and care managers on the lessons learnt from the initial pilots and it was very well received. One of the benefits is to share specific progress and an example of this is the “Geographical Directory” which lists the names, job titles and contact numbers of all professional groups within a specific geographical area. Designed initially in Sudbury and proven to be hugely successful it is now being extended to include the new cohort areas.

Suffolk and North East Essex Workforce Forum

- 3.9 The forum members met on 21 July 2016 and received a “showcase” presentation from Norfolk Community Health and Care about progress made in modernising their Community Services which are now being extended to include provision in Suffolk. This was very well received, of particular interest was the decision to merge the health and social teams into a single management structure. This provided a new joint approach based on a geographical area and thus begins to meet the directive to merge health and social care teams as well as paving the way for Devolution in the future.
- 3.10 Presentations were also given on new Flexible Nurse Training, Community Education Provider Networks (CPNs) in Primary Care, the new Apprenticeship Levy and an update on the Transforming Community Award work plan which showed good progress was being made.

For more information please contact: Steve Griffee, Transformational Lead Suffolk (workforce planning); Email: steve.griffee@nhs.net, Telephone: 07944 212642.

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4. Suffolk Informatics Partnership update

- 4.1 Following local approval for our Local Digital Roadmap (LDR) by the Health and Wellbeing Board, and a panel based assessment process, the Suffolk Digital Roadmap has been confirmed as both ‘investment ready’ and as a ‘National Exemplar’
- 4.2 The next stage aligns the North East Essex area into the Suffolk LDR, so we are in full alignment across the Suffolk and North East Essex Sustainability and Transformation (STP) footprint; this will be completed by end of September
- 4.3 Local organisational readiness continues to be crucial; all planned and in-flight activity continues whilst we focus on what is needed ahead of the subsequent stages.
- 4.4 We await guidance from NHS England as to their next stage process, particularly associated with any potential funding, but are currently working towards the expectation that investment business cases will need to be in place by the end of Quarter 3.

For further information please contact: Kate Walker, Suffolk LDR Lead, Head of ICT & Informatics, Ipswich & East and West Suffolk CCG; Email: kate.walker@suffolk.nhs.uk, Telephone: 01473 770046.

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5. West Suffolk System Resilience Group (SRG) Update

Meeting Wednesday, 6 July 2016

- 5.1 Members received feedback from the Delayed Transfer of Care (DToC) 'Doing Things Differently' [DTD] week, which was held in west Suffolk from 13 to 17 June 2016. Multiple providers were invited to participate in DTD and this provided an opportunity to trial ideas for improvements across the system. A number of key outcomes and key issues were discussed and immediate or planned changes have been identified across organisations.
- 5.2 A small reduction in DToCs over the course of the DTD week was observed, which could be a direct impact of collaborative, multi-organisational working. It is anticipated that a further DTD week will be organised for later in 2016.
- 5.3 West Suffolk Foundation Trust (WSFT) updated the SRG on their 62 day wait performance, specifically in relation to colorectal and cancer waiting times.
 - a) The current state analysis has shown that the number of colorectal cancers is marginally decreasing, and the majority of patients are received by the GP rapid access referral route. The rapid access referrals are markedly increasing in volume.
 - b) The ability of WSFT to meet the 62 day benchmark is challenging. This is likely to be further impacted upon by the new bowel scope programme roll out for 55 year olds. It is being considered whether there is scope for a direct access colonoscopy pathway without the need for a rapid access referral.
 - c) Overall the WSFT 62 day cancer treatment waiting time performance has been sustained above the national average. However, the performance does fluctuate, particularly where the number of treated patients is small (i.e. gynae; head and neck and haematology).
 - d) There has been a significant increase in 2 week wait referrals for skin cancer. Appropriate clinic/procedure room facilities to see these patients have been opened in the newly available outpatient area.
 - e) Concerns were raised in relation to one particular patient who experienced significant delays within the lymphoma pathway at WSFT. This pathway will be reviewed using this patient's details to understand whether any improvements could be made.
- 3.4 Overall, e-Care issues are settling down within WSFT and fewer calls with issues are being received from outside the Trust. GP members of the SRG highlighted a few issues experienced recently with discharge letters. An NHS.net email account will be set up for GPs to highlight any issues still being experienced.

- 5.6 Members jointly presented an update report on system performance:
- a) The highest number of lost bed days was attributable to Continuing Health Care (CHC) and Adult and Community Service domiciliary care. However, the DTD week promoted a reduction in DToC numbers, as discussed above. The community DToC figures have improved for May and should have continued to improve in June.
 - b) The Out of Hours service was well staffed throughout the month, with staffing levels being reported as close to or on target.
 - c) Early Intervention Team (EIT) referrals are currently being audited. Members noted that the EIT is the only scheme currently supporting admission prevention in west Suffolk and it is therefore important to understand how this is supporting the entire health and care system. The report from this audit will be brought to a future SRG meeting.
- 5.7 In February 2016, Suffolk County Council, Adult Community Services and the Suffolk clinical commissioning groups (CCGs) agreed to a joint programme to deliver a future strategy which shapes the residential and nursing home market into a sustainable operating model for all parties. An independent Strategic Market Review [SMR] of the care market, to inform future joint commissioning plans has been commissioned through Cordis Bright Ltd.
- 5.8 The broad aims of the SMR are to provide intelligence on the residential and nursing care homes market whilst offering recommendations on how to deliver a future market that is sustainable for all. The report from this is due in September/October 2016.

Next Steps

- 5.9 The next steps are:
- a) An audit of GP referrals via the colorectal rapid access pathway at WSFT is to be undertaken. Consideration is being given to a direct access colonoscopy pathway.
 - b) A full report on the WSFT 62 day cancer waiting time performance with an in-depth analysis for haematology will be discussed at the next meeting. The lymphoma pathway will be reviewed following a recent patient's experience.
 - c) The impact of the CCG's financial situation on other services in west Suffolk will be discussed at the next meeting.

For further information please contact: Becky Turner, Redesign Project Support Officer, West Suffolk Clinical Commissioning Group; Email: becky.turner@westsuffolkccg.nhs.uk, Telephone: 01284 758030.

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6. Health and Wellbeing report from Strong and Safe Communities Group (SSCG) meeting, 2 August 2016, Bury St Edmunds

- 6.1 The following agencies were represented at the meeting: Suffolk County Council (SCC)- Community Safety and Public Health); West Suffolk councils; Babergh and Mid Suffolk councils; Suffolk Police, Local Safeguarding Children Board (LSCB); East Suffolk councils; Clinical Commissioning Group.
- 6.2 Apologies were received from: Waveney Community Safety Partnership (CSP); Ipswich Borough Council; Ipswich CSP; Suffolk Coastal CSP; Police and Crime Commissioner's office; Youth Offending Service.

Suffolk Joint Community Safety Team

- 6.3 Sara Blake, Head of Localities and Partnerships, outlined the newly formed joint SCC, Police and Fire and Rescue Service community safety team which is co-located at Landmark House. The joint team has thematic leads and will provide a one stop shop approach for practitioners. A structure plan was shared with the group and will be attached to the minutes.
- 6.4 There is still some work to do, particularly around how the team link in with local delivery and CSPs. Ian Gallin, SSCG chair, reflected that the link with the CSPs can also be achieved through the SSCG.

Workstreams

Domestic Abuse (DA) workstream

- 6.5 The interim DA deep dive report has been circulated. It is not the final report as some of the recommendations need further work, however the report and recommendations will be going to the Health and Wellbeing Board (HWB) on 8 September 2016. This will be an agenda item at that meeting and detail will be given then.

Sexual Exploitation workstream

- 6.6 It was noted that the 10th anniversary of the Ipswich murders was imminent and it was likely that there would be a renewed public interest. The current position is that the Ipswich prostitution strategy has now expired and the 'Make-A-Change' team is now part of Children and Young People's Services and only works with children. There is now a gap in work with/for adults; this is partly to do with the fact that there is no definitive definition for adults at risk of exploitation. People who are identified now are usually as a result of them reporting other crimes or vulnerabilities. It is unclear if there is an issue at all, and if there is, how big an issue it is. There is a gap in having no definition and no strategy in place. It is not felt that this should sit with the Adult Safeguarding Board at present, although there is a view that the remit of the Board is too narrow at present and this is something that may change with the new chair.
- 6.7 It was agreed that the SSCG, having identified this gap, should be highlighting this to the HWB, with the aim of commissioning a piece of work to find out the scale of the issue. The SSCG can provide the coordination and Sara Blake offered her team to make a start on this.

E safety workstream

6.8 The existing Suffolk Children's Trust Partnership's E safety strategy references both with children and vulnerable adults. The strategy has been recently updated and the SSCG members will examine the new document and ensure that it is robust enough and it does what it is supposed to do and that links are made with the right partners.

Youth violence and Gangs workstream

6.9 Detective Superintendent Dave Cutler (Police, Protecting Vulnerable People) wants to commission a 'county lines' piece of work as the current Jubilee Park piece of work, commissioned by the LSCB, is thought to be too narrow to give an overall picture. This is in hand with the LSCB and Ali Spalding, LSCB Manager, will inform the SSCG if any further support is required.

6.10 Members were concerned that there may be a gap in the report around the transition from children to adult and this could be a significant issue.

Dates of next meetings

6.11 The Group is scheduled to meet as follows:

27 October 2016 10am – 12noon, Rose Room, Endeavour House Ipswich

14 December 2016 10am – 12 noon, Conference Room East, West Suffolk House, Bury St Edmunds.

1 March 2017 2pm – 4pm Gipping Room, Ipswich Borough Council, Ipswich

For further information please contact: Helen Lindfield, Families and Communities Officer, Forest Heath District and St Edmundsbury Borough councils; Email: helen.lindfield@westsuffolk.gov.uk, Telephone: 01284 757620.

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7. Beat the Street: Lowestoft

Introduction:

7.1 When the Suffolk Health and Wellbeing Board received a presentation about Beat the Street in July 2015, it was agreed that the members would like to be informed about the results of the initiative. This item provides a short summary of the key outcomes from the project.

Background

7.2 Beat the Street aims to inspire people to be more active. People scan a special card or key fob onto 'Beat Box' scanners located around the community to show they have walked, run or cycled between the boxes. They gain points for each journey they make. The goal is for individuals and teams to earn points and win prizes for local schools and charities.

7.3 Beat the Street: Lowestoft operated between 22 June and 21 July 2015.

Key Outcomes

7.4 Key Outcomes were:

- a) 12,786 people living in Lowestoft and surrounding villages took part in Beat the Street;
- b) 9 out of 10 participants thought that Beat the Street helped them be more active.
- c) 8 out of 10 said they walked more than usual.
- d) 8 out of 10 said they felt healthier.
- e) 50% of participants said Beat the Street helped them to take the car less.
- f) 7 out of 10 said they felt more involved in the local community because of Beat the Street.

7.5 Participants with long-term conditions were just as likely to report benefits as everyone else.

7.6 Eight months after Beat the Street finished 76% said they continued to be more active and 66% said they continued to walk more.

“As a family, it gave us an opportunity to do something together that did not cost any money and was enjoyable, as we had a bit of an inter-family competition. We all managed to lose weight and in line with this I took the opportunity to prepare healthier meals. It was the kick-start we needed.”

Legacy

7.7 **Golden Mile** - Following the success of Beat the Street, and a call from schools to do more, Lowestoft Rising, supported by Public Health Suffolk, commissioned the Golden Mile in Lowestoft Primary Schools. Golden Mile is a safe, simple and measurable walking and running initiative on school sites. 16 of the 20 primary schools in the Lowestoft area are engaging with Premier Sport to deliver the Golden Mile activities in their schools.

7.8 **Beat the Street: Sudbury and Great Cornard** – Public Health has funded Beat the Street in Sudbury and Great Cornard. The initiative will run from 21st September to 2nd November. 15-20% of the local population are expected to take part.

For further information please contact Adam Baker, Most Active County Project Manager, Suffolk County Council; Email: adam.baker@suffolk.gov.uk, Telephone: 01473 260821.

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8. High Court Ruling regarding Pre-Exposure Prophylaxis (PrEP) for HIV

Background

- 8.1 Anti-retroviral drugs (ARVs) are used to treat HIV and have been shown to be effective in preventing transmission of HIV in high risk groups if taken prior to possible exposure to the virus. ARVs have been used for many years as post-exposure prophylaxis (PEP). In trials, use of ARVs pre exposure (PrEP) has been more than 80% effective in preventing HIV.
- 8.2 The groups of people considered to be at high risk are:
- High risk Men who have sex with Men (MSM)
 - Trans women and trans men who have had anal sex without a condom in the last 3 months and likely to again in the next 3 month
 - Partners of people living with HIV where they are not known to be on successful HIV treatment.
 - Heterosexuals assessed to be at similar high risk to MSM
- 8.3 The average cost of one person with HIV treated over their lifetime, in the UK, has been estimated at around £360,000 and this is funded by the NHS (NHS England). PEP is also funded by NHS England. NHS England considers that provision of PrEP is cost effective although the National Institute for Health and Care Excellence (NICE) review is awaited.

Commissioning of PrEP

- 8.4 NHS England (NHSE) is responsible for commissioning HIV care and treatment which includes funding all antiretroviral drugs. NHSE argued that following the transfer of public health responsibilities to Local Authorities (LAs) in 2013 it did “not possess a power to perform public health functions” which included “preventative medicine” and sexual health services and therefore could not fund PrEP.
- 8.5 NHSE’s position was disputed by a number of groups. The Local Government Association (LGA) considered this a “selective and untenable” reading of the relevant legislation. The National AIDS Trust challenged the position via judicial review. The finding was that “NHS England has erred in deciding that it has no power or duty to commission the preventative drugs in issue. In my judgment it has a broad preventative role (including in relation to HIV) and commensurate powers and duties.”
- 8.6 NHSE has appealed the High Court ruling and this will be heard on 15 September 2016. In the meantime the LGA are trying to reach agreement out of court and NHSE has launched a 45-day public consultation on a proposed clinical commissioning policy proposition on PrEP. NHSE propose to routinely commission PrEP for the treatment of adults clinically assessed as at high risk of HIV acquisition. The proposed pathway for PrEP requires Local Authorities to commission the services as part of the risk reduction support package to those at high risk of sexual poor health and infection and NHSE will reimburse the cost of anti-retroviral drugs used for PrEP in specific circumstances.

Potential cost to Suffolk County Council

8.7 The dispute between NHS England and Local Authorities has immediate and wider unfunded resource implications for LAs including Suffolk County Council:

PrEP

- PrEP drug costs if NHSE appeal is successful. This is estimated at £400 per person per month or £4,800 a year. We do not have information on local figures but national estimates, if accurate, would suggest a cost of around £250,000 a year. These costs will decrease as the drugs come off patent and are available in generic form.
- Service costs associated with assessment and management of PrEP at level 3 Genito-Urinary Medicine (GUM) services. It is of concern that the NHSE consultation suggests that they expect LAs to commission this service, which has been estimated to have a cost per patient similar to the ARV cost. This cost will not decrease in future years. This is in the context of cuts by the Department of Health to the Public Health Grant which have decreased resources available for services and is the NHSE position if they lose the appeal.

Wider “preventative medicine”

If the appeal is successful there are many other areas of prevention currently funded by the NHS that could fall into the “preventative medicine” category. Possible examples include:

- All types of contraception
- Post exposure prophylaxis for HIV (PEP)
- Statins
- Some elements of Diabetes prevention
- NHS Falls prevention services

The LGA is concerned that the NHS will try to move funding responsibility in these areas to local government without transfer of funds.

For further information please contact: Dr Amanda Jones, Assistant Director of Public Health; Email: amanda.jones@suffolk.gov.uk Telephone:

or Alison Amstutz, Senior Health Improvement Commissioner; Email: alison.amstutz@suffolk.gov.uk Telephone: .

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9. Healthier You: NHS Diabetes Prevention Programme

9.1 NHS England, Public Health England and Diabetes UK have drawn attention to a call for expressions of interest from Sustainability and Transformation Plans in participating in the next wave of the rollout of the “Healthier You” NHS Diabetes Prevention Programme. Further details are set out in Appendix A.

For further information please contact: england.ndpp@nhs.net

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10. Family 2020 update

Introduction

- 10.1 Family 2020 is our five year transformation plan for children's services. It sets out the principles, actions and enablers that will deliver efficiency and better outcomes for families in Suffolk.
- 10.2 The Board agreed the draft Family 2020 strategy on 12 May 2016. The Family 2020 strategy has been drafted as a system-wide strategy that is owned and agreed by the Children's Trust Board and delivers Outcome One of the Joint Health and Wellbeing Strategy. Family 2020 has been developed in consultation with partners, and is fully aligned with the NHS Sustainability and Transformation Plans.
- 10.3 The Board supported further engagement of Family 2020 and to see a final draft in the Autumn.

Progress

- 10.4 Videos promoting Family 2020 have been used as part of engagement events and team meetings. These give clear messages of support from the Director for Children and Young People and Chief Redesign Officer for NHS Ipswich & East and West Suffolk CCGs. Further videos with partners will be produced.
- 10.5 Presentations and awareness raising sessions have been held with partners, including Suffolk Congress.
- 10.6 Three partnership engagement events have been held in Ipswich, Lowestoft and Bury St Edmunds over the summer.
- 10.7 Further sessions will take place in the Autumn, with emphasis on engagement with schools
- 10.8 A revised version of Family 2020 will come to the Board on 17 November 2016.

For further information please contact: Tina Hines, Head of Commissioning and Partnerships, Children and Young People' Services; Email: tina.hines@suffolk.gov.uk, Telephone: 01473 265183.

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