

## Health Scrutiny Committee, 12 October 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.

This Information Bulletin covers the following items:

1. [Care Quality Commission Inspection of the East of England Ambulance Service NHS Trust](#)
2. [12 NHS Hospital Trusts to trail blaze NHS's Digital Revolution](#)
3. [NHS Quick Guide: Discharge to Assess](#)
4. [Update on the Connect Project](#)
5. [Update on Healthwatch Suffolk activity for the Suffolk Health Scrutiny Committee October 2016](#)

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#### **1. Care Quality Commission Inspection of the East of England Ambulance Service NHS Trust**

The East of England Ambulance Service NHS Trust (EEAST) provides emergency medical services to Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk; and employs around 4000 staff and 1500 volunteers based at more than 130 sites including ambulance stations, emergency operations centres (EOCS) and support offices across the East of England.

The main role of EEAST is to respond to emergency 999 calls. Other services provided by EEAST include patient transport services (PTS) for non-emergency patients between community provider locations or their home address and resilience services, which include the Hazardous Area Response Team (HART).

The Care Quality Commission (CQC) undertook an announced inspection of EEAST between 4th and 8th April 2016, and unannounced inspections on 19<sup>th</sup> April 2016. Three core services were inspected and rated as follows:

- a. Emergency Operations Centres - Good
- b. Urgent and Emergency Care including the Hazardous Area Response Team (HART) – Requires Improvement
- c. Patient Transport Services – Requires Improvement

The key findings were:

- The trust was under significant pressure and was failing to meet performance standards and targets for response to emergency calls.
- The chief executive had been in post for approximately 7 months and was developing new models of care and new strategies to address performance and recruitment concerns. These were yet to reach fruition.
- Resources were frequently unavailable as they were unable to hand over patients to acute providers in a timely way. This occurred throughout the inspection.
- There were ongoing significant issues in recruitment of paramedics across the trust with particular 'hotspots' in certain areas including Norfolk and Cambridgeshire.
- The trust had identified new models of workforce development and new roles to support the service, which were in the process of consultation and implementation during the inspection.
- There was variation across the trust in many areas including governance, medicines management and infection control.
- The emergency operations centres were recruiting clinical staff into 'clinical hubs' to dramatically improve the number of patients treated over the telephone or signposted to more appropriate services.
- All staff were passionate about providing the best possible service to patients. We consistently observed staff to be caring and compassionate and concerned for the welfare of patients.
- There were low levels of mandatory training and many staff were not equipped with the skills to care for people living with dementia and mental health problems and a poor knowledge of the Mental Capacity Act 2005.

The CQC also identified some areas of poor practice and required the trust to make the following improvements:

- Improve performance and response times for emergency calls.
- Ensure that there are adequate numbers of suitable skilled and qualified staff to provide safe care and treatment
- Ensure staff are appropriately mentored and supported to carry out their role including appraisals.
- Ensure staff complete mandatory training (professional updates).
- Ensure that incidents are reported consistently and learning is fed back to staff.
- Ensure that all staff are aware of safeguarding procedures and there is a consistent approach to reporting safeguarding.

- Ensure that medicines management is consistent across the trust and that controlled medicines are stored and managed according to regulation and legislation.
- Ensure that all vehicles and equipment are appropriately cleaned and maintained.
- Ensure all staff are aware of their responsibilities under legislation including the Mental Capacity Act 2005.
- Ensure all staff are aware of their responsibility under Duty of Candour requirements.
- Ensure records are stored securely on vehicles.

In addition the trust was required to:

- consider how all risks associated with PTS can be captured and reviewed on the risk register.
- improve the numbers of patients offered hear and treat services.

A copy of the inspection report can be accessed via the following link:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF7381.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF7381.pdf)

For further information please contact: Katherine Bailey, Democratic Services Officer; Email: Katherine.Bailey@Suffolk.gov.uk, Telephone: 01473 260132.

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## 2. 12 NHS Hospital Trusts to trail blaze NHS's Digital Revolution



Twelve NHS hospital trusts have been selected to trail blaze new ways of using digital technology to drive radical improvements in the care of patients.

Known as "digital exemplars", they will each receive up to £10 million from NHS England in a bid to inspire a digital revolution across the health service.

This phased approach to digital implementation follows the recommendations of an [independent review](#), published by health IT expert Professor Bob Wachter on how the NHS can use technology to improve services.

In line with Professor Wachter's other recommendations, NHS England has previously announced the appointment of a national chief clinical information officer. Professor Keith McNeil, a senior medical leader and former transplant specialist, will ensure that use of technology across the NHS is focused on direct clinical benefit. Professor McNeil will play a crucial role in coordinating both clinical and technical work efforts as the NHS pushes forward in implementing its technology strategy.

The 12 exemplars, the most digital advanced hospitals in the NHS, will deliver a range of initiatives including:

- Real time video links between ambulances and emergency departments to support better care during journeys to hospital
- Electronic detection and alerting of patient deteriorations such as sepsis reducing the number of patients in whom this is missed leading to improved outcomes, reduced mortality and shorter lengths of stay
- Online systems which reduce medication errors by up to half by managing monitoring patients more effectively and alerting clinicians

The digital exemplars will get funding to invest in digital infrastructure such as Wi-Fi to deliver benefits for patients and doctors, nurses and other NHS staff. They will share learning and resources with other NHS organisations through networks.

Health Secretary Jeremy Hunt named the hospital trusts selected by NHS England at the NHS Health and Care Innovation Expo conference in Manchester.

They are:

- City Hospitals Sunderland NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Salford Royal Hospitals NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- Luton & Dunstable University Hospital NHS Trust
- West Suffolk NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust
- University Hospitals Southampton NHS Foundation Trust

Matthew Swindells, National Director for Operations and Information at NHS England, said: “The challenge of digitising is not at its heart technological – it starts with a clear local vision and strategy for the health system and organisation. Digital technology has a key role to play in enabling the NHS to deliver better care, improve health outcomes and increase efficiency and now is absolutely the time for the entire health and care system to grasp it with both hands.”

Professor Keith McNeil, Chief Clinical Information Officer at NHS England, said: “The digital programme is a key pillar of the entire system transformation journey that is underway, guided by the Five Year Forward View. Technology is crucial to providing the information necessary to improve patient outcomes and enhanced system sustainability and we need to move faster in realising its benefits to improve efficiency and enhance care. Our aim here is to create a national movement, of which the global digital exemplars are one important piece of the jigsaw.”

There will also be an NHS Digital Academy to train budding digital leaders in the key skills they need to become the next generation of chief information officers and chief clinical information officers. The Digital Academy will run tailored training programmes in informatics and executive/change management with both national and international partners to nurture 'up and coming' informaticians, ensuring that clinical need is at the heart of every digital NHS project.

For further information please contact: Isabel Cockayne, Head of Communications, West Suffolk Clinical Commissioning Group, Ipswich and East Suffolk Clinical Commissioning Group, email [isabel.cockayne@suffolk.nhs.uk](mailto:isabel.cockayne@suffolk.nhs.uk), telephone 01473 770012.

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### **3. NHS Quick Guide: Discharge to Assess**

Staying in hospital has negative consequences for patients, especially the frail elderly who will experience physical decline, loss of mobility, reduction in their ability to function as they did before admission, and a loss in confidence. It also impacts on patients who are unable to access beds occupied by those medically fit for discharge. Therefore, it is important that people are in hospital only for as long as they need acute medical and nursing care. Assessment for longer-term care and support needs should be undertaken in the person's own home (where possible) or another community setting.

Acute settings are not appropriate for assessing a person's long term care needs and so NHS England has produced a guide offering practical information for both commissioners and providers on discharge to assess, and providing top tips to help localities initiate or improve similar systems, including best practice from across the country. The guide contains practical tips and links to a wide range of tools and resources to assist, implement or improve existing discharge to assess approaches.

A blog to support the work, written by Martin Vernon, National Clinical Director for Older People and Person Centred Integrated Care at NHS England, is available at <https://www.england.nhs.uk/2016/09/martin-vernon-3/>, and NHS England is encouraging all colleagues who read it to share and discuss it within their local systems.

A unique series of open day events have also been scheduled to support the implementation of discharge to assess. Five local systems (which are described in the quick guide) are offering the opportunity to spend time with their clinicians and managers involved in setting up and running discharge to assess - to answer questions and share more information on:

- How their discharge to assess model operates;
- How they got started;

- How they have implemented and maintained changed ways of working; and
- Practical tips learned along the way.

These events are ideal for anybody looking at introducing a discharge to assess model, or enhancing/up scaling an existing model.

Further information about the open day events can be found at:

[www.events.england.nhs.uk/nhsengland/289/home](http://www.events.england.nhs.uk/nhsengland/289/home)

The new quick guide can be accessed via this link:

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf>

The guide is one of a series of quick guides published by NHS England and partners to support local health and care systems. The guides provide practical tips, case studies and links to useful documents, which can be used to implement solutions to commonly experienced issues.

The quick guides will:

- bring clarity on how best to work with the care sector
- help local health and care systems to find out how people across the country are working with the care sector to reduce unnecessary hospital admissions and delayed transfers of care
- break down commonly held myths, for example, sharing patient information across integrated care teams and continuing healthcare assessments
- allow local health and care systems to use other people's ideas and resources
- enable barriers between health and care organisations to be broken down

Further information can be found at:

[www.nhs.uk/quickguides](http://www.nhs.uk/quickguides)

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#### **4. Update on the Connect Project**

The learning from the early adopter sites in Connect Sudbury and Connect East Ipswich during 2015/16 has informed the roll-out plan for Connect in East and West Suffolk which has been agreed and is now being put into action. There will be a total of 13 Integrated Neighbourhood Teams (INTs) established to provide co-ordinated and effective care for people in their locality. The INT will work alongside other public and voluntary sector partners to build capacity and resilience within communities.<sup>1</sup>

<sup>1</sup> Community Resilience programme of work led by Sara Blake, SCC

In 9 of the 13 localities, INT project groups have been established with the other 4 project groups being planned.

The INT project teams have been asked to put into place a suite of tools and working arrangements, including a shared care and support plan, joined up approaches to staff training and development and development of local service directories to enable health and social care practitioners to have knowledge of the full range of service options for local people. In addition areas are encouraged to find ways of working together to deliver better outcome for people in their patch. Some examples of this include:

- Exploring co-location of teams, or where this is not currently practical, hotdesking
- Home First co-ordinating more closely with Care Co-ordination Centre to better co-ordinate care for customers.
- Joint visits to customers to ensure care and support plans are comprehensive and co-ordinated
- Joint training and workplace shadowing.

One of the early successes of joint working has been in Eye where OTs have collaborated to reduce duplication. Each week lead OTs from health and social care are able to identify at least one customer where they were both due to take action, but where only one intervention is required. This has freed up more time for other customers.

The map below gives an update of the position with the teams that have been established to date.

The Connect model is underpinned by a number of enablers. One of these is Digital and IT, and the Local Digital Roadmaps which have recently been submitted to DH will support integrated working.

A Connect Steering Group has been established, reporting to the Health, Care and Safety Joint Commissioning Group (JCG) which will oversee implementation of the INTs across east and west Suffolk and ensure co-ordination with other key work streams e.g. Community Resilience programme of work.

Future integration priorities for the INT project teams will include a focus on joint outcomes in terms of managing variation, better support to manage risk, reducing duplication and promoting social prescribing initiatives to improve patient outcomes.

For further information, please contact: Clare Smith, Development Manager, ACS, tel. 01473 264422, email [clare.smith@suffolk.gov.uk](mailto:clare.smith@suffolk.gov.uk)

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# Connect Integrated Neighbourhood Teams (INTs) Update

## Bury Central - INT Start Date: TBC

More information to follow

## Eye & North West - INT Start Date: March 16

Staff learning session held in June, next session in October. Work shadowing being organised.

ACS and SCH OT's speak weekly to review cases and referrals and potential for joint working opportunities. Local team numbers shared to help care co-ordination.

2 desks at Hartismere Health and Care available for ACS staff to co-locate/hot desk. Smart phone trial for ACS workers to "tether" laptop. Home First meetings now taking place in hospital.

## Stowmarket - INT Start Date: May 16

Lunch and learn session being organised. Workplace shadowing opportunities being explored.

OT's working together to assess potential for joint assessments. Joint team meeting opportunities being explored.

Potential for co-location opportunities being explored.

## Saxmundham, Aldeburgh & Leiston - INT Start Date: June 16

INT Directory has been completed. Exploring work shadowing opportunities. Managers speaking to practitioners about lunch and learn topics.

Home First contacting Care Co-ordination Centre to gather information from teams on customer care.

## Forest Heath (Inc. Brandon, Mildenhall & Newmarket) - INT Start Date: April 16

Plans to develop INT Directory and Lunch and Learn sessions started in July.

My Care Wishes introduced at lunch meeting, plans will incorporate identifying most vulnerable/at risk patients. MDT meetings continue, ACS/SCH will discuss joint cases. Joint training opportunities will be explored.

Enhanced referral opportunities to be explored once SCH move into ACS offices in Mildenhall (timescale TBC). IT costs currently holding up move, this has been escalated.

## Bury Rural - INT Start Date: April 16

Meet and Greet session held between ACS and SCH on 21st July. Health colleagues to be given Bury Rural ACS team contact details to save time when organising care packages. ACS/SCH work shadowing to be taken forward.

My Care Wishes introduced at lunch meeting, plans will incorporate identifying most vulnerable/at risk patients.

## Haverhill - INT Start Date: TBC

More information to follow

## Sudbury - INT Start Date: February 15

INT Directory, Workplace Shadowing and Lunch and Learns established. Local INT (inc. VCS) project group met in June to plan next steps.

Integrated team meetings set up between ACS and SCH.

ACS and SCH co-located at Sudbury Community Health Centre and reviewing further opportunities to work together.

## South Rural (Inc. Hadleigh) - INT Start Date: TBC

More information to follow

## West Ipswich - INT Start Date: April/May 16

Think Big! Session held for staff on integration in September, compiling the INT Directory for West Ipswich sharing phone numbers.

Introduction of triage between Grade 4 staff from social services and health.

Hot desking established for Community Matron at Landmark House. ACS worker based at Bluebird Lodge weekly.

## Woodbridge & Wickham Market - INT Start Date: TBC

More information to follow

## East Ipswich - INT Start Date: June 15

INT Directory (now managed locally), Workplace shadowing and Lunch and Learns established. Shared training and joint management meetings bi-weekly. Shared training and informal monthly lunches planned.

Regular OT triage commencing, ACS leads developing links with health professionals within teams. Requests for MDT's to continue.

From July, SCH Community Matron has hot desked at Landmark House 2 days a week to support joined up working. ACS worker based at Bluebird Lodge once a week.

## Felixstowe - INT Start Date: May 16

Mental Capacity Act Lunch and Learn session held in August. INT Directory now completed.

OT's currently meeting bi-monthly to discuss cases, will be reviewing waiting lists to identify opportunities to further co-ordinate care and reduce duplication in September.

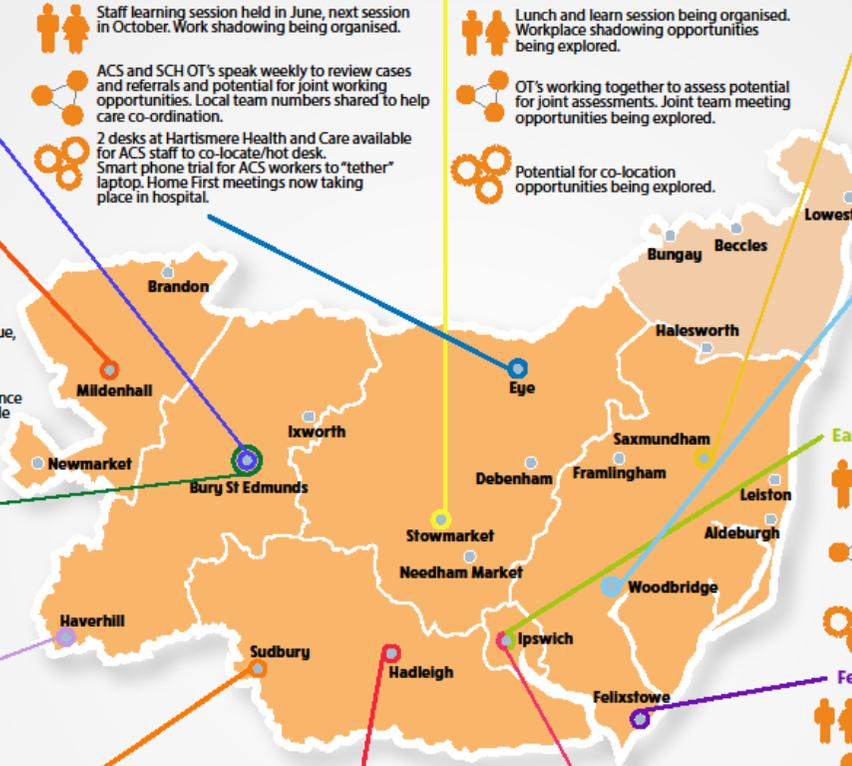
Social workers based at The Grove Surgery one day a week for two months from July to see impact of co-location. Hot desking opportunities for social workers at hospital arranged from July.

### Glossary of Terms

ACS - Adult & Community Services  
SCH - Suffolk Community Healthcare  
OT - Occupational Therapist  
VCS - Voluntary & Community Sector  
INT - Integrated Neighbourhood Team  
GP - General Practitioner  
MECC - Making Every Contact Count  
CCC - Care Co-ordination Centre

### Key

Getting to know the teams  
Joint Processes and protocols  
Joint enablers



## **5. Update on Healthwatch Suffolk activity for the Suffolk Health Scrutiny Committee October 2016**

### **1. Restriction of services provided by Psychiatric Liaison Service Team (PLS) at West Suffolk and Ipswich Hospitals**

In May 2016, we reported that a reduction in investment led to a decision by the Norfolk and Suffolk NHS Foundation Trust (NSFT) to curtail its expanded Psychiatric Liaison Service (PLS) within hospitals without warning or consultation. The changes mean other services have been stretched to cover the gap in provision, including other NSFT teams and hospital staff. We remain highly concerned about the impact of these changes on the experience, safety and wellbeing of patients.

Furthermore, we are aware that inequalities exist in terms of the levels of service available within different hospitals. This means that patients in east and west Suffolk will receive differing levels of psychiatric intervention (within acute services). On a county level, there are significant differences between Norfolk and Suffolk. Norfolk and Norwich University Hospitals NHS Foundation Trust, for example, has 24/7 PLS coverage, which simply is not the case within West Suffolk NHS Foundation Trust or Ipswich Hospital NHS Trust.

Having written to leads within the NHS Ipswich and East and West Suffolk Clinical Commissioning Groups, West Suffolk NHS Foundation Trust and Ipswich Hospital NHS Trust, we received conflicting information regarding the decision making that led to this sudden service change. From ongoing discussions with commissioners and senior NSFT staff, we are not aware that the situation regarding the future provision of PLS services has been finalised. We therefore seek further opportunity to influence the future provision of the services.

### **1. Maternity project – The experience of new mums and their birthing partners**

In the summer of 2015, the maternity services at Ipswich Hospital NHS Trust approached Healthwatch Suffolk to check whether the experiences for women's birthing partners could be improved and an innovative engagement project was undertaken.

An immediate outcome from the project was a change in policy that will see the partners of women who are having their babies at Ipswich Hospital NHS Trust having the option to stay overnight. While partners have always been welcome to stay during labour and birth Ipswich Hospital have now extended this offer so partners can stay overnight before labour and after their baby has been born and will be offered a reclining chair, blanket and pillow to make them comfortable. Previously, they needed to leave at 9pm, which meant that anyone whose baby was born in the evening could only spend a

short time with mother and baby before having to go home.

One of our recommendations was that the hospital should review its information offer to mums and birthing partners because people told us that they thought it could be improved, particularly with regard to the emotional changes and new challenges that having a baby can bring to people's lives. That is why the hospital has recently asked for views about what could be better on its website. It wants its website to be easier to access and to use. A pop-up event to inform this process was organised by the hospital to take place in the Maternity Reception at Ipswich Hospital on Friday 23rd September. We will share the views expressed to us by the public and those who responded to our original survey.

A number of other outcomes have been reported since the publication of our report with regard to the following broad themes:

- Increased patient involvement in birth planning
- Effective communication about who to call and when
- The content of antenatal classes
- Keeping people informed of their babies progress
- Information about potential emotional changes post birth

Full details about each of the above are available via the following link: <http://www.healthwatchesuffolk.co.uk/news/continued-improvements-to-maternity-services-at-ipswich-hospital-nhs-trust-following-our-joint-report/>

A final report will be published by Healthwatch Suffolk soon, which will combine data from mums and birthing partners who visited other hospitals in Suffolk including West Suffolk NHS Foundation Trust and James Paget University Hospitals NHS Foundation Trust. Initial meetings with all providers about the recommendations made have been very positive, leading to a number of excellent outcomes that will improve patient experience in the county.

## **2. Diabetic foot care in Suffolk**

We have been working with Dr. Gerry Rayman (Consultant Physician of Diabetes and Endocrinology at the Ipswich Hospital NHS Trust Diabetic Centre) on a project exploring local experiences of using diabetic foot care services in Suffolk. The project has looked at whether people at high risk of developing complications in Suffolk are receiving appropriate care in line with national guidelines.

The ultimate aim is to ensure that these vital services are informed by the experiences of the people using them.

We received an excellent response to the survey. The final report has been produced and will be published as soon as possible with recommendations for service improvement.

### **3. My Health, Our Future – A new Healthwatch Suffolk project as part of the Children and Young People’s Emotional Wellbeing Plan**

Healthwatch Suffolk will soon begin a new project called “My Health, Our Future” with 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. This work will inform plans to develop services for children and young people in the future as part of the Children and Young People’s Emotional Wellbeing Transformation Plan 2020.

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.

Suffolk County Council has identified eight schools for the pilot studies but it has been more challenging than originally expected to engage with the schools listed. Several schools said that they do not have the capacity, while others have not responded to requests for participation.

Pauline Henry, Head of the Engagement Hub at Suffolk County Council, will be attending the Education and Learning Management Meeting (week beginning 26<sup>th</sup> September) on behalf of Healthwatch Suffolk with the intention of recruiting additional schools.

The following schools have confirmed their willingness to take part:

- Thurston Community College
- Samuel Ward Academy
- Holbrook Academy

A Steering Group has been established to inform and guide the engagement process. The group is tasked with ensuring that all processes and measures being used are evidence based. The first meeting was held in September 2016 and will occur on a six weekly basis.

### **4. Sustainability and Transformation Plans**

NHS England has published national advice for local health and social care leaders preparing Sustainability and Transformation Plans (STPs). The advice sets out how to put the communities they serve at the heart of their work.

As a Local Healthwatch, we are invited to contribute to the formation of the STP for Suffolk and North East Essex. Our role is to challenge and to help system leaders with their understanding of how to engage our local communities for views. Such engagement is essential to forming a high quality and viable plan for the future of health and care service provision in

Suffolk. Within this context, public engagement must not merely be seen as a duty or “tick box exercise”.

Andy Yacoub (Chief Executive of Healthwatch Suffolk) said:

“It is only right that an independent Health and Care watchdog is engaged in such a major programme of transforming our local health and care system. We welcomed our being invited to advise and challenge where necessary the planning process to date. That said, we remain an independent body and will at the designated times seek the public’s views on the developments of the sustainability and transformation plan for Suffolk and North East Essex.

“The nature of this NHS England led programme of change means that the Waveney area of Suffolk is covered by a separate strategic group and we are relying on our colleagues from Healthwatch Norfolk to represent views on this ‘Norfolk and Waveney STP area’. Healthwatch Suffolk is liaising with Healthwatch England and other Local Healthwatch from across the county in order to be as effective as possible locally.”

## **5. The deadline for Director recruitment has been extended**

There remains an opportunity to make a difference for communities in Suffolk by joining our Board of Directors. We have extended the deadline for the submission of applications to the **14th October 2016**.

Ideally we would like applicants with a background in business of all types, with the necessary drive and enthusiasm to ensure that the organisation is successful in representing the diverse views of our local communities about their use of health and social care services. We welcome applications from representatives of all communities in Suffolk.

Anybody interested in this role should contact us by email to [info@healthwatchesuffolk.co.uk](mailto:info@healthwatchesuffolk.co.uk) or call 01449 703949.

## **6. Accessible information: What should people expect from local services?**

From 31 July 2016, all organisations providing NHS or adult social care should comply with the NHS Accessible Information Standard.

The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

We are committed to making sure all of our information is clear and accessible for everyone. It is vital that anybody who wants to find out about our work is able to do so. That is why we are also incorporating elements of the Accessible Information Standard into our own Suffolk Information Standard (a local accreditation scheme coordinated by us and owned by the Suffolk Information Partnership).

You can watch a video about the Suffolk Information Standard via the following link: <https://youtu.be/KZ9PYfaV4Lw>

We supported Healthwatch Surrey to produce a toolkit for our national network of Local Healthwatch. It explains what the NHS Accessible Information Standard is and how they can hold others to account. The toolkit has been produced with support from NHS England, Healthwatch England, The Alzheimer's Society, Surrey Coalition of Disabled People, Sight for Surrey, NHS Coastal West Sussex CCGs, Barchester Healthcare and Cranleigh Medical Practice.

To inform the toolkit, we ran a pilot with Healthwatch Surrey and NHS England, using our powers to Enter and View local services. We directed a small team to visit one of our local services in Suffolk to assess their readiness for the Accessible Information Standard.

We will also be promoting the standard with local providers to ensure that people receive the information they need to make informed choices about their care within our counties services.

## 7. Enter and View

Reports made following our visits to local health and social care services are available to download via the link below. A number of reports will be due for publication in the near future.

<http://www.healthwatchesuffolk.co.uk/our-reports-2/>

## 8. Annual Report 2015/16

The Healthwatch Suffolk Annual Report 2015/16 shows the difference that has been made throughout the year for people using health and social care services in Suffolk, how it has involved local people in its work and how it has put people in touch with information and support.

- The report is available in a range of formats via the following link: <http://www.healthwatchesuffolk.co.uk/news/healthwatch-suffolk-strengthens-its-influence-in-201516-to-make-a-difference-for-suffolk-residents>
- A short video highlights reel has also been created and is available to view now on YouTube: <https://www.youtube.com/watch?v=Ox5eZkzDec8>

## 9. Mental Health in Suffolk - The Healthwatch Suffolk AGM

The third Healthwatch Suffolk Annual General Meeting is due to take place on 27th October 2016 at Blackbourne Hall, Elmswell. It will include opportunities to hear about our work to improve health and social care services in Suffolk. This year's AGM will have a mental health theme. There are two notable guest speakers booked as follows:

- Norman Lamb MP
- Natasha Devon MBE

Attendance is free. Due to popular demand, we have switched to a larger hall space and are now pleased to re-open booking. People can register now by visiting the following link (limited places):

<http://healthwatchsuffolkagm2016.eventbrite.co.uk>

## 10. Suffolk Information Standard video

There are many organisations producing information about health, social care and wellbeing in Suffolk. This information can vary greatly in quality and the extent to which it is up-to-date, which means that it can be confusing and time consuming for the public.

To help to improve this, we work closely with the Suffolk Information Partnership (facilitated by Suffolk County Council) to deliver a local standard that will improve the quality of information provided in Suffolk.

We asked organisations for their thoughts about how the Suffolk Information Standard has helped them to improve the way they manage and produce information for the people they support. The video is available to view now via the following link:

<https://www.youtube.com/watch?v=KZ9PYfaV4Lw>

## 11. For more information and updates

- The latest Healthwatch Suffolk email news update is available to view now: <http://us3.campaign-archive2.com/?u=34efd5b359c14955e07a06a20&id=90ffe94a04>
- Previous newsletters are available to view or download from the following page:  
<http://www.healthwatchsuffolk.co.uk/about-us/newsletters/>

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<https://www.youtube.com/channel/UCiaW9uHj8DIDltprWUuTAow>

For further information on any of the content featured in this update, please contact the Information Team at Healthwatch Suffolk on **01449 703949** or by email to [info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk).