

## **Suffolk Health and Wellbeing Board, 17 November 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. Police and Crime Panel – 19 July 2016**

#### **Recommendation - Mental Health Co-ordination**

- 1.1 On [19 July 2016](#) the Suffolk Police and Crime Panel considered the subject of ‘*Status Review of PCC Plan Objective 1 – ‘Responding to Emergencies’*’.
- 1.2 The Panel recommended to the Police and Crime Commissioner (PCC) that further information be provided by the PCC regarding, ‘Publicity regarding which service people should contact, whether it be 999, 101 or another number when having concerns about suspicious behaviour by a member of the public, especially if associated with mental health conditions’. The Panel also **resolved to recommend** to the **Suffolk Health and Wellbeing Board** that it **acts as co-ordinator to bring together the various agencies involved in dealing with people with mental health issues**.
- 1.3 The reasons for this recommendation were: The Panel enquired as to who a person should call if they had concern/suspicion about an individual with mental

health issues carrying out a terrorist type attack. The PCC acknowledged that this was a serious issue for society as a whole and it was important to work together as a community in order for individuals to feel less alienated. The PCC suggested that anyone with concerns should call 999 and it would be a judgement for the person taking the call on how to respond. In recognising the importance of those people with mental health issues receiving the proper support the Panel noted that the Norfolk and Suffolk Foundation Trust was to cut 90 jobs and considered it appropriate for the Suffolk Health and Wellbeing Board to act as co-ordinator to bring together the various agencies involved in dealing with mental health issues

For further information please contact: Paul Banjo, Scrutiny Officer; Email: [paul.banjo@suffolk.gov.uk](mailto:paul.banjo@suffolk.gov.uk), Telephone: 01473265187.

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## **2. Health Scrutiny Committee – 12 October 2016**

2.1 The Health Scrutiny Committee met on 12 October 2016, when it considered and made recommendations in respect of the following items:

### **Provision of GP Services in Hopton and Stanton**

2.2 At Agenda Item 5, the Committee revisited the provision of GP Services in Hopton and Stanton, following previous scrutiny at its July 2016 meeting. The Committee heard from representatives of NHS England, West Suffolk Clinical Commissioning Group (CCG) and the Hopton and Stanton GP Practice.

2.3 As a result of the evidence received the Committee agreed:

- a) To thank the witnesses for their responses to the recommendations from the previous scrutiny of this topic on 20 July 2016.
- b) To acknowledge that actions had been taken as a result of learning from the events at Hopton and Stanton, which would help inform future changes to GP practices in Suffolk.
- c) To commend the pack being prepared by West Suffolk CCG for GP practices, which provided guidance on public and patient engagement, and to recommend that the NHS England Area Team should share this more widely.
- d) To invite the NHS England Area Team to provide a presentation to a future meeting on planning and funding of infrastructure for primary care services.
- e) To ask West Suffolk CCG to publish the business case for the future provision of primary care in Stanton.

### **Ipswich and East Suffolk and West Suffolk CCGs' current financial position**

2.4 At Agenda Item 6, the Committee considered a report on the outcomes from the recent consultation on proposed changes to IVF and Marginalised Vulnerable Adults services, which closed in early September, and received an update on how the CCGs were proposing to meet their financial targets in the current year. The Committee had previously considered these issues on 20 July 2016, when it heard that the CCGs needed to achieve £13m efficiency savings in the current financial year to meet budget targets.

- 2.5 As a result of the evidence received the Committee agreed:
- a) To note that significant improvement had been made in the CCGs' financial positions since the last report to the Committee in July 2016, whilst acknowledging that it was only 6 months into the financial year and that further work was required.
  - b) To ask that the Committee continued to be updated on the financial position of the CCGs as the year progressed.

### **Ipswich Hospital and Colchester Hospital partnership**

2.6 Agenda Item 7 provided the Committee with a verbal update on the plans for closer working between Ipswich and Colchester hospitals. The Committee was joined for this item by Nick Hulme, Chief Executive of Ipswich and Colchester Hospitals and Dr Shane Gordon, Director of Integration, Colchester Hospital University Foundation Trust.

- 2.7 As a result of the evidence received the Committee agreed:
- a) To note the update from Nick Hulme and Dr Shane Gordon on progress with the partnership to date.
  - b) To delegate authority to the Chairman of the Committee to take forward the establishment of the membership and terms of reference for a Joint Task and Finish Group with Essex Health Overview and Scrutiny Committee, in consultation with the Vice-Chairman and relevant members and officers from Essex County Council.
  - c) To ask members of the Committee to put forward to the Business Manager (Democratic Services) expressions of interest in serving on the Joint Committee.
- 2.8 The minutes of the meeting are due to be presented to the Committee for approval at its next meeting on 17 January 2017, when the main item for discussion will be progress on the Child and Adolescent Mental Health Services Transformation Plan.

For further information please contact: Theresa Harden, Business Manager (Democratic Services); Email: [Theresa.harden@suffolk.gov.uk](mailto:Theresa.harden@suffolk.gov.uk); Telephone: 01473 260855.

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## **3. Local Safeguarding Children Board: Annual Report 2015/16**

- 3.1 Working Together to Safeguard Children 2015 requires the Chair of the Local Safeguarding Children Board (LSCB) to 'publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.'
- 3.2 The LSCB Annual Report 2015/16 provides a summary of safeguarding activity in Suffolk and sets out how the LSCB has met its statutory duties during the year. In December 2015 Ofsted undertook an inspection of children's services in

Suffolk and of Suffolk LSCB. Ofsted judged both to be 'Good' and, in its inspection report, found Suffolk LSCB to be comprehensively addressing its statutory duties and has evolved into a body that is rigorously holding agencies to account and strongly influencing improvements across the safeguarding system in Suffolk. Whilst the Ofsted judgement was a welcome endorsement of its work, the LSCB recognises that challenges remain and the findings of the Ofsted report have served to inform the LSCB priorities, agreed by partners, for 2016/17 as summarised below.

#### **Improved Integration:**

- Develop multi-agency data set to evaluate practice, improve analysis and identify risks
- Improve partnership working to address Hidden Harm
- Build on multi-agency Neglect Strategy to identify prevalence and evaluate effectiveness

#### **Scrutiny and Challenge:**

- Oversee implementation of the post Ofsted Action Plan for both the LSCB and the Local Authority (LA)
- Continue focus on key statutory safeguarding responsibilities and front line practice

#### **Identifying and Mitigating Risk:**

- Continue to improve understanding of child exploitation, including online safety in Suffolk
- Ensure risks in multi-agency working are evaluated and mitigated
- Consolidate confidence in risk assessment and interagency communication in the Multi-Agency Safeguarding Hub (MASH)

#### **Listening and Learning:**

- Disseminate and evaluate the impact of learning from the work of Serious Case Review and Child Death Overview Panels
- Improve ways in which the LSCB is able to hear the views and experiences of children
- Monitor the impact of the Suffolk Emotional Wellbeing Strategy.

3.3 More detailed information about the work of the Board, its sub-groups and progress in relation to priorities identified in 2015/16 can be found in the Annual Report at

<http://suffolkscb.org.uk/news-and-events/suffolk-lscb-annual-report-2015-16/>

For further information please contact: John Lowe, LSCB Manager; Email: [john.lowe2@suffolk.gov.uk](mailto:john.lowe2@suffolk.gov.uk), Telephone: 01473 265024.

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#### **4. Suffolk Safeguarding Adults Board (SSAB) Annual Report 2015/16**

- 4.1 The SAB annual report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.
- 4.2 The Care Act 2014 requires the Safeguarding Adults Board (SAB) to publish an annual report. It must publish a report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action. The SAB must conduct any safeguarding Adults Reviews (SARs) in accordance with section 44 of the Care Act.
- 4.3 The annual report contains information pertaining to the Safeguarding Adults Reviews (SARs) published in Suffolk in 2015. The learning from these reviews will enable the SSAB to develop learning and action plans that can be shared nationally and will inform any amendments to the work plan for the 2016-2017 and onwards. The SSAB has held learning events across Suffolk for staff to embed learning and gather professional feedback in relation to action plans. The commissioning of SARs and other reviews is now a statutory responsibility of the SSAB and the SARAP (Safeguarding Adults Review Advisory Panel) sub group of the board will look to provide the board with learning from reviews undertaken nationally where possible. This group has recently updated and clarified its Terms of Reference, with particular reference to decision making around Safeguarding Adults Reviews.
- 4.4 The Board will be reviewing its three-year strategy and work plan. The plan is clearly defined against the six key safeguarding principles, the work that it intends to undertake between 1 April 2016 and 31 March 2019. This includes provision for effective risk and performance management as well as a clear annualised work plan. The plan will be presented to the SAB in the next 3 months in association with an updated yearly work plan for 2017.
- 4.5 The Board has deployed an organisational self-audit which asks partner agencies to assess themselves against the key principles of safeguarding outlined in the Care Act. Key statutory partners have now completed their Audits and they will be invited to review their compliance through the board's Performance and Quality sub-group to identify strengths and areas for improvement that will inform the strategic and annual plans.
- 4.6 The SSAB has sought assurance from partners regarding areas of hidden harm and will continue to monitor mechanisms that exist to ensure sufficient priority and adequate systems are in place to measure risk around Honour Based Abuse, Forced Marriage, Female Genital Mutilation, Sexual Exploitation and preventing radicalisation of adults through the CHANNEL arrangements.
- 4.7 The SSAB website can be accessed at: [www.suffolkas.org](http://www.suffolkas.org) and the full annual report is available at <http://committeeminutes.suffolk.gov.uk/LoadDocument.aspx?rID=0900271181e2112e>

For further information, please contact: Tim Sykes, Manager, Safeguarding Adults Board; Email: [tim.sykes@suffolk.gov.uk](mailto:tim.sykes@suffolk.gov.uk), Telephone: 01473 260119

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## 5. Poverty Strategy Group: Update

- 5.1 The Board asked for a brief progress update on the work of the Poverty Strategy Group.
- 5.2 The Poverty Strategy Group has continued to meet regularly to monitor progress of the actions contained within the plan agreed by the Board. Points of particular note to bring to the notice of the Board at this point are;
- The very significant progress and achievement of the Early Years and Childcare Sector in Suffolk. The outcomes for Suffolk's children is better again this year by 2% points and currently shows this is just above all England. In addition, the gap has been narrowed by 7% points between the children eligible for Free school meals and those not eligible.
  - Colin Baldwin commenced as Community Resilience Transformation Officer in Public Health in August 2016. This post is funded by Transformation Challenge Award monies and henceforward will lead on the work for the Poverty Strategy building on the good work undertaken by Alison Manning and Sarah Nivison. Colin is currently working to ensure that there is close coordination and linkage of the communities focussed work across the various strategic commitments within the Suffolk system, including; Poverty Strategy, Health and Wellbeing Board Prevention Strategy, Family 2020, and the Volunteering Strategy. The programme will also contribute to the Sustainability and Transformation Plans. This should ensure maximum value of resources, best possible impact regarding outcomes and will avoid duplication and repetition.
  - The Poverty Strategy Group will continue to drive the tackling poverty work programme forward as a 'Task & Finish Group', developing a timeline for objectives aimed at embedding the tackling of poverty within everyday work and the steps we need to take to achieve this.
- 5.3 The Group propose that a full report on the achievements of the Poverty Strategy be presented to the March meeting of the Board.

For further information please contact: Colin Baldwin, Community Resilience Transformation Officer; Email: [colin.baldwin@suffolk.gov.uk](mailto:colin.baldwin@suffolk.gov.uk), Telephone: 01473 265177 mob:07720 210545

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## 6. Local Area Coordination Impact Update

- 6.1 Local Area Coordination is a long term, integrated, evidence based approach to supporting people with disabilities, mental health issues, older people and their families/carers to:
- Build and pursue their personal vision for a **good life**
  - Stay strong, safe and connected as contributing citizens
  - Find practical, non-service solutions to problems wherever possible
  - Build more welcoming, inclusive and supportive communities
- 6.2 Therefore, it is about:
- Preventing or reducing demand for costly services wherever possible
  - Building community capacity and resilience

- Supporting service reform and integration, having high quality services as a valued **back up** to local solutions
- 6.3 Throughout the work involved in implementing and delivering Local Area coordination in Sudbury and Ipswich we have learned a lot through both what has gone well and what has been more challenging.
- 6.4 We have been implementing Local Area Coordination in Suffolk over the last year and have employed two Local Area Coordinators in the Sudbury Locality since January, two local Area Coordinators in Ipswich since July, and have just appointed two Local Area Coordinators in East Suffolk. Up to September we had supported 95 people helping them to:
- develop their vision for a good life and take steps to achieve this;
  - be more connected within their community;
  - find local, low-cost, practical solutions to issues;
  - identify opportunities to contribute towards their communities through volunteering, paid work and/or being an active citizen

### **Below are stories of two people we have supported**

#### **Introduction**

6.5 Jane introduced herself to Cally (Local Area Coordinator – Villages)

#### **Situation**

6.6 Jane, her partner and her three young children have recently moved into a property. The family was in receipt of benefits but these had been reduced recently.

#### **What Happened –**

- a) Cally had popped into the local foodbank, where Jane and Cally got talking.
- b) Jane shared with Cally that she had come to the foodbank to see if they might know where she could get some beds for the children.
- c) When attending a family carer's meeting earlier in the week, one of the group members had mentioned to Cally that she had two single beds, formerly used by her grandchildren, that she was looking to get rid of. Cally asked to take her phone number, in case.
- d) Cally spoke to Jane about this, then telephoned the person who was offering the beds and helped to arrange for Jane to pick these up later that afternoon. The person was pleased that Cally had made this link quickly and that the beds were going to another family rather than having to be dumped.
- e) Cally also explained the Local Welfare Assistance and Budgeting Loan schemes to Jane, and where she could go to move forward with these, if she wanted to.
- f) Jane spoke with Cally about another problem she was having – a service she used had told her that she could not have any more foodbank vouchers as she had had her allocation. Cally checked with the foodbank what their policy was then made a phone call to the service to check that all colleagues understood foodbank's policy and so that other people would not be in

Jane's position – relying on getting a voucher then finding it was not possible.

- g) Cally also talked to Jane about other items she might need for the home and linked her in to the local Transition Group's Swap Shop that was taking place the following day.
- h) At the Swap Shop, Jane donated some clothes her children had grown out of and went home with new-to-them clothes, some toys and an item for the garden that would allow one of the children - who has disabilities - to enjoy the garden and join in more with the family.
- i) At the Swap Shop, Cally and Jane found time for another chat – Jane said that she had managed to find a third bed so that all the children were now provided for

## **Introduction**

6.7 Jean's daughter contacted Imogen (Local Area Coordinator – Sudbury) and asked her to meet with her and her mother.

## **Situation**

6.8 Jean has Parkinson's disease, Osteoarthritis and **Atrial fibrillation**. Following a diagnosis of Osteoarthritis Jean was reluctant to go out and as a result started to feel low. Jean had been an active woman who enjoyed playing sport. Her daughter contacted the Local Area Coordinator to see if she could advise both Jean and her family.

## **What Happened –**

- a) Imogen gave immediate advice on social service assistance for adjustments to the home, Suffolk Family Carers, information on a meal delivery service and home help.
- b) Imogen spent time getting to know Jean. Jean said she wanted to do more but needed help with the get up and go. Imogen attended a chair based exercise at the sports centre class with Jean. Jean continues to attend the class on a weekly basis.
- c) Jean used to play indoor bowls. Jean and Imogen went along to a casual indoor bowls session at the bowls club as spectators. Jean had the opportunity to speak to a member of the management committee. Jean has asked the member to contact her if they can locate adapted equipment for people to play bowls with mobility issues.
- d) Inspired by her visit Jean is going to make contact with a local carpet bowls club which may suit her better.
- e) Jean also booked herself onto a lunch and film showing at a local community resource.
- f) Jean is going to introduce Imogen to the local Parkinson's group she attends.
- g) 'Imogen has motivated me to look to being involved in various outlets in my community, she has opened me up to a more positive attitude'.



For further information and/or to see a copy of the latest impact report please contact: Stephen Watt, Strategic Partnership Lead; Email: [Stephen.watt2@suffolk.gov.uk](mailto:Stephen.watt2@suffolk.gov.uk), Telephone: 01473 260782.

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## **7. OneLife Suffolk – Children and Young People’s Weight Management**

- 7.1 OneLife Suffolk launched their health promotion campaign on 22 September 2016 which focuses on the issue of excess weight in children and young people. This follows on from the early success of their first children and young people’s weight management programmes delivered earlier this year and holiday clubs which took place during the summer.
- 7.2 The holiday clubs were a week long and held in Ipswich. The aim of the holiday clubs is for children to learn how to make healthier choices, try new activities, make lots of new friends while ultimately having lots of fun in the process. During the week, the children took part in a range of physical activities such as boxing, football, bokwa and dodgeball. In the Lifestyle Sessions the children got involved in fruit and vegetable tasting, learning for example how much sugar is in different drinks and eating a healthy, balanced diet. These lifestyle sessions are supported by a variety of arts and crafts activities and also involve families.
- 7.3 OneLife Suffolk are providing community clubs, that will run weekly for 10 weeks, based across eleven different locations across Suffolk. More holiday clubs will be available in the future across the county to help the children and families make positive behaviour changes, become happier and healthier.

### **Case Study**

- 7.4 Mother and son EB and TB have each lost over 4kg since starting on the OneLife Suffolk course in Bury St Edmunds. Sadly, E lost his father last year as a result of obesity which motivated both T and E to do something about their own weight. They started their course in May and are continuing to lose weight with the support of OneLife.
- 7.5 T said, “I’m really enjoying the programme. I love the family focused approach of OneLife, it means E and I are in this together. The support of all the other parents means you feel like you’re not alone; you’re all in the same boat as each other.”
- 7.6 The groups focus on physical activity, changing behaviours and offering nutritional advice all delivered by expert weight management practitioners. Having previously mostly snacked on chocolate and crisps, sixteen-year-old E is now putting his newly acquired knowledge to the test and making healthier choices. “I’ve learnt so many new things around healthy eating. I’ve reduced the amount I eat overall and now I snack on things like low fat yoghurt and fruit. I also make sure that almost half of my plate is filled with salad and vegetables.”
- 7.7 Both E and T have increased their physical activity and enjoy going on daily walks together, E has even started playing tennis and football. T said, “We’ve supported each other through our weight loss, we’ve learnt so much together and have really enjoyed going to the OneLife sessions.”

- 7.8 More information about the campaign (including a link to a video about it) can be found at <http://onelifesuffolk.co.uk/weight-matters-children/>

For further information please contact Caroline Angus, Health Improvement Commissioner (Adult Weight Management); Email: [caroline.angus@suffolk.gov.uk](mailto:caroline.angus@suffolk.gov.uk), Telephone: 01473 260098.

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## **8. Update on Cross-Cutting Themes Performance Framework**

- 8.1 The Board is asked to note the positive progress made in consulting with the outcome lead groups since the last Board meeting, and the 2017 forward plan for cross-cutting theme reporting, as set out below.
- 8.2 The Board approved the draft performance framework for the four cross-cutting themes within the Health and Wellbeing Board Strategy presented to it in September. The four cross cutting themes are:
- a) Embedding Prevention (Officer Lead: Dr Amanda Jones)
  - b) Inequalities (Officer Lead: Anna Crispe)
  - c) Stronger, Resilient communities (Officer Lead: Sara Blake)
  - d) Integrating Care (Officer Lead: Jo Cowley)
- 8.3 The Board requested that further consultation on the draft framework occur with both individuals and groups responsible for the Health and Wellbeing Strategy Outcomes.
- 8.4 The draft framework attached at Appendix A has now been discussed and reviewed with the Children's Trust (responsible for the delivery of Outcome 1), and the Joint Commissioning Group for Mental Health and Learning Disabilities (responsible for the delivery of Outcome 2 in relation to learning disabilities, and Outcome 4). Both groups were supportive of the approach and the detail of the framework, and welcomed the opportunity to contribute to its ongoing development.
- 8.5 It is hoped that the Performance Framework can be discussed as part of the Health, Care and Safety Group (responsible for outcome 2 in relation to physical disabilities, and outcome 3) meeting on 10 November 2016. This will then complete the consultation with the Outcome groups.
- 8.6 Assuming this group also supports the Framework, it is then proposed that the Framework be reported to the Health and Wellbeing Board in the following way:
- a) Starting from January 2017, the Framework indicators will be updated and republished for each Board meeting as an information item. The data for some indicators is only available annually, so not every indicator will be updated for every meeting. Indicators which have been updated for a specific Board will be highlighted in the report, to prevent Board members having to compare updates with previous papers.
  - b) The commentaries will also be updated for every Board meeting, starting from January. Theme leads, supported by the Public Health Knowledge & Intelligence team, will be responsible for liaising with Outcome Leads / Groups to ensure the commentary with each theme covers relevant work

already in progress, and any potential blocks which would be helpful to bring to the Board for consideration and action.

- c) In addition to the indicators being available as an information item at each Board, it is proposed that each cross-cutting theme also appears as a main agenda item once during the calendar year, allowing the Board the opportunity for detailed review and discussion of key issues relating to each theme. Where possible it makes sense to make the focus of the outcome and theme complementary. This should ensure that the Board is sighted on key indicators and commentary at every meeting, while also enabling more detailed discussion and review of each theme on an annual basis.

Further information is available at <http://www.phoutcomes.info/public-health-outcomes-framework> and from Anna Crispe, Head of Knowledge & Intelligence, Public Health, Email: [anna.crispe@suffolk.gov.uk](mailto:anna.crispe@suffolk.gov.uk), Telephone: 01473 270089.

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## **9. Health protection assurance – Supporting the influenza vaccination programme and being prepared for winter**

- 9.1 This update on Suffolk's influenza vaccination and preparedness was requested by the Health and Wellbeing Board following a full report on Health Protection Assurance on 10 September 2015. This update includes vaccination uptake in 2015/16 and current work to impact the 2016/17 flu season.
- 9.2 Public Health and its Health and Wellbeing partners are promoting flu vaccination for eligible children and adults in Suffolk. In 2015, flu vaccine uptake in Suffolk ranged from 42% for people in at risk groups/pregnant women to 71% for people aged 65 years and over. This is short of the target (75%) and lower than in previous years though these reductions are mirrored regionally and nationally.
- 9.3 Since the launch of the Annual Flu Plan in May 2016, Public Health has been working with NHS England (the commissioners) and vaccine providers (GP practices and community pharmacies) to promote vaccine uptake, identify areas of poor performance and target additional support. The 2016 vaccination season is underway and performance data will be available from late January 2017.
- 9.4 Public Health is focussing on the vaccination of pregnant women and children and adults in at risk groups. Midwives at local hospitals can now give flu vaccines to pregnant women. Suffolk's healthy lifestyle provider, OneLife Suffolk, is targeting people in areas with low vaccine uptake, and working with local GP practices and community pharmacies to encourage eligible people to get vaccinated.
- 9.5 The Clinical Commissioning Groups and Public Health are supporting the national campaign and have generated publicity for the print media and local radio. There are plans to work with the Fire and Rescue Service to generate further publicity and reinforce key health protection messages for workers and the public. In addition, there is activity specifically for care homes staff and residents to encourage vaccine uptake to stay well this winter.

- 9.6 These activities will continue via print, radio, websites and social media, including film/video messaging.
- 9.7 Being prepared for winter includes readiness for Pandemic flu. Pandemics occur when a new strain of flu virus spreads easily and quickly across the world. Public Health supported a business continuity exercise for Suffolk County Council which tested the robustness of pandemic flu plans. The organisation will refine plans according to the issues identified.

For further information, please contact: Dr Mary Orhewere, Consultant in Public Health; Email: [mary.orhewere@suffolk.gov.uk](mailto:mary.orhewere@suffolk.gov.uk), Telephone: 01473 265823

The Annual Flu Plan, also known as [The national flu immunisation programme 2016/17](#).

For flu vaccination messages, visit [NHS Choices - Who should have the flu jab?](#)

To view the short film referenced above, visit <http://www.healthysuffolk.org.uk/healthy-you/flu-vaccination/>

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## 10. Time to Change Hub bid

- 10.1 Time to Change is a growing movement of people changing how we all think and act about mental health problems.
- 10.2 Too many people with mental health problems are made to feel isolated, ashamed and worthless. But with the right support from those around them, people can recover and have equal opportunities in all areas of life. Time to Change support communities, schools and workplaces to open up to mental health; to talk and to listen.
- 10.3 They are looking to embed anti-stigma work within local communities and ensure people with lived experience of mental ill health, acting as Champions, can use their skills and talents to campaign on their doorstep with the unity and support of a local collective movement. Their aim is to empower communities to lead and embed local change together by setting up 'Time to Change Hubs'.
- 10.4 A number of partners have met to discuss the opportunity to bid to create a Time to Change Hub in Suffolk. This would focus on increasing understanding and reducing fear around talking about mental health. One of the conditions of the application is that the Time to Change Hub is hosted by the Health and Wellbeing Board. There is a very short timescale in terms of completing the application and this does not coincide with a Board meeting. We would request that the responsibility for authorisation of the final bid be delegated to the Chairman of the Health and Wellbeing Board.
- 10.5 A summary of how the hub will operate in Suffolk as follows:
- This will be delivered as a Suffolk wide project (including Waveney) and we will not focus on a single area. This will ensure that we can get buy-in from all partners and will have the greatest impact in terms of countywide campaigns.
  - Healthwatch will be the accountable organisation for delivering the hub working alongside Suffolk Voluntary and Statutory Partnership (VASP) who

will deliver the administration function. The VASP is already a partnership of 84 voluntary and statutory organisations and individuals with an interest in improving mental health. Some of the key VASP members (including Suffolk Family Carers, Suffolk Libraries and Suffolk Mind) will support the bid and act as additional partners in shaping and supporting the delivery of the hub's work

- Suffolk County Council will support the hub using their expertise in delivering public health campaigns as well as providing advice and other in-kind support.
- We will work with partners to ensure that the VASP has good representation from people with lived experience of mental health conditions
- The hub will create champions to promote the work in the community around reducing stigma, including local events and campaigns designed to get people talking about mental health in a way that informs, reduces fear and reduces awkwardness around the topic.

For further information please contact: Stephen Watt, Strategic Partnership Lead; Email: [Stephen.watt2@suffolk.gov.uk](mailto:Stephen.watt2@suffolk.gov.uk), Telephone: 01473 260782.

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## 11. Suffolk Better Care Fund 2016/17

- 11.1 The Quarter 2 report is due to be submitted on 25 November 2016. The data set is currently being compiled by Suffolk County Council Performance and intelligence team. An update via the bulletin will be included in the papers for the Board's meeting on 26 January 2017.
- 11.2 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 will be available from Jo Cowley – [jo.cowley@suffolk.gov.uk](mailto:jo.cowley@suffolk.gov.uk), 01473 265202

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## 12. Update from Integrated Care Network

- 12.1 A well-attended Ipswich and East (IES) Integrated Care Network (ICN) / A&E Delivery Board met on 11 October 2016. During the meeting the Terms of Reference were agreed.
- 12.2 The board agreed to the formation a System Urgent Care Group (SUCG). The key functions of this small but nimble group will be to:
- Agree, implement, monitor and review system wide improvement plans for managing urgent health care needs;
  - Develop, implement, monitor and review system resilience plans including winter plans and impact on elective care. The formal approval of system resilience plans will be by the A&E Board and ICN;
  - Review trends in activity and performance across the system to inform planning of intervention and coordinate emergency system responses where necessary;

- Escalate areas of concern to the A&E Board in a timely manner with proposals to address issues identified; and
  - Oversee the collation of winter reporting across the system to ensure all stakeholders are accountable for their area of delivery and the interdependencies across providers are fully understood.
- 12.3 The board agreed in principle to Healthwatch Suffolk's request for shared funding to conduct a 3-month Discharge to Assess (D2A) Formative Evaluation commencing 31 October 2016, subject to agreement from partners. The evaluation will provide an interactive formative evaluation to explore the effectiveness of processes put in place to deliver the D2A model, gathering feedback from the view point of patients, front-line health and care staff. This qualitative patient experience evaluation will follow individual patient journeys. Findings of the evaluation will be reported to the ICN/A&E Delivery Board.
- 12.4 Following a detailed discussion; the A&E Delivery Board members agreed to consider the Winter Plan presented by Ipswich Hospital Trust (IHT) subject to:
- Further analysis of Winter 2015/16 assumptions vs. actuals in terms of the beds used and share the background modelling assumptions;
  - Review and determine costings for those periods of particular bed pressures; and
  - Inclusions of Chronic Obstructive Pulmonary Disorder, End of Life (EoL), exploration of Paramedic support of the Crisis Action Team (CAT) in line with Early Intervention Team (EIT) and a focus on Care Homes under Care Quality Commission restrictions enabling additional beds into the system.
- 12.5 It was agreed further areas worthy of consideration are:
- In terms of admission avoidance given the Crisis Action Team is now fully staffed; will this have a positive impact on admissions aiding bed capacity?
  - Support of A&E by GP Plus
  - Drawing on lessons learned, careful thought should be given prior to embarking on commissioning community beds.
- 12.6 It was further agreed the Winter Plan and the IHT A&E Remedial Action Plan will be merged. The Winter Plan will be discussed by the Delayed Transfer of Care (DToc) Group.

## **Connect**

### **Ipswich IP1 and IP2 areas**

- 12.7 A "Think Big/Think Differently Workshop" in the Ipswich IP1/IP2 areas on 14 September 2016, which was well facilitated by the Office of Public Management. There were over 37 attendees from health, housing, police and social care who came together to determine how we can all work closer together to the benefits of our respective communities. Examples of Integration work delivered by "Irene" and "Kieran" these included: -
- Comparison of client lists
  - Realisation that patients on one list had already been seen by other sector

- Duplication was identified and resolved - outcome is that lists are reducing in size
- Need identified for joint visit by professional which leads to only one visit required. Patient only has to tell their story once (rather than 5 times in example) Patient receives quality quick service
- Suggestion that this could be extended to other CONNECT areas

### Connect Overview Group

12.8 Despite formal sign off to the model of care by the Health and Wellbeing partners and dedicated project management resource from both Clinical Commissioning Groups and Suffolk County Council, implementation of the Integrated Neighbourhood Teams (INTs) has been slow.

12.9 A system workshop on 28 September 2016 with operational leads from the INTs indicated there was significant commitment to integrated health and care teams and that more leadership support, infrastructure and practical support was needed to enable the changes to happen.

### Key findings from the workshop

#### Localities

12.10 Most of the thirteen localities have progressed an element of the Connect roll out implementation checklist. Two areas have yet to make any progress: Haverhill and Woodbridge & Wickham Market with the latter currently unable to commit any resource to implementation. The following tables summarise the current status on implementation.

Table one (Locality progress)

Deliverable	Description	Progress to Date
INT Service Directory	Electronic Stored Directory	3 complete (IP3/4, Sudbury and Saxmundham) 1 (first draft) 3 in development 6 not Initiated
Workforce Shadowing Scheme	Shadowing practitioners from other teams to increase learning	5 in practice (IP3/4, Sudbury, Saxmundham, Felixstowe, Eye) 3 In discussion/development 5 not initiated
Lunch and Learn Sessions	Monthly Lunch and Learn sessions for INT staff	6 In practice (IP3/4, Sudbury, Stowmarket, Saxmundham, Felixstowe, Eye) 3 In development 4 not initiated
Local MDTs	Utilising guide produced by early sites for running effective MDTs	4 in practice (IP3/4, South Rural, Felixstowe, Forest Heath) 6 In discussion/development 3 not initiated - The nature and make-up of the MDT discussions vary across the INTS

12.11 Table one indicates that with the exception of Multi-disciplinary Teams (MDTs) the two early adopter sites have implemented three of the four key enablers. MDTs are reported to be very variable with limited agreement of what is discussed and patchy engagement of all partners including primary care.

Table two

Deliverable	Description	Progress to Date
Shared Care & Support Plan	Paper summary of patient's care needs kept in the patient's home	1 Being trialled (Sudbury) 8 In development 4 not initiated
Regular joint planning and operational meetings between health and care	Variety of opportunities to meet to deliver pace and integration across the individual INTs	7 in practice (IP1/2, 3/4, Saxmundham, Felixstowe, Eye, Sudbury, Forest Heath) 2 in development 4 not initiated
Project Management and communications	Sharing project management and communications across health and care	9 In practice (IP1/2, 3/4, Stowmarket, Saxmundham, Felixstowe, Eye, Sudbury, Forest Heath, Bury Rural) 4 not initiated
Co-location & hot desking	ACS and SCH teams are co-located	2 in practice (Sudbury, Forest Heath) 6 in development 5 not initiated
Data and Information Sharing	Sharing appropriate Information	Strategic Data Sharing Protocol quoted by INTs but no local progress

12.12 Table two indicates that health and care staff are already beginning to come together through operational meetings to discuss and agree joint working priorities. Where this happens well is through the two teams who have now co-located. Lack of progress on data and information sharing was reported as the key barrier.

12.13 The Connect oversight group will be taking forward the outcomes from the workshop and developing a plan that builds on current progress.

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

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### 13. Waveney – Sustainability and Transformation Plan (STP)

13.1 Norfolk & Waveney (Footprint #22) STP draft final plan was submitted to NHS England on 21 October 2016 and is now going through their internal assurance process. Feedback is expected within the next few weeks. The Norfolk and Waveney submission focusses on supporting people to keep themselves healthy and well, and caring for people nearer to where they live. We want our hospitals to focus on providing people with specialist and emergency care, when it is needed. There is strong commitment across the fifteen partners to Norfolk & Waveney STP to move plans from high level to implementation.

For further information please contact Bob Purser, Head of Joint Commissioning, Adult and Community Services; Email: [bob.purser@suffolk.gov.uk](mailto:bob.purser@suffolk.gov.uk)

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## **14. Suffolk Workforce Forum Update**

### **Integrated Care Principles**

- 14.1 Attention is now being focused on the harder to reach groups and early discussions are underway about creating a “page tiger” marketing campaign. This will create user friendly, interactive, dynamic information to inform and educate.

### **Links with the Sustainability and Transformation Plan (STP)**

- 14.2 Victoria Collins, Head of HR North East Essex has been invited to join the renamed Suffolk & North East Essex Workforce Forum to give regular STP updates.

### **Self-Care Group**

- 14.3 The One You campaign was delivered over the summer and asked staff a number of health related questions. Outcomes from the One You campaign have been extracted from the national database. The statistics show Suffolk in a favourable light when compared to peers.
- 14.4 The data is in a powerpoint presentation which is available on request from Steve Griffiee (contact details below).
- 14.5 The survey gives us some understanding into the current wellbeing of the health and care workforce.

### **Suffolk & North East Essex Workforce Forum**

- 14.6 On 7 September 2016 Geoff Meech and the ACS (Adult and Community Services) team delivered a showcase presentation outlining adult and social care objectives and deliverables and the ACS 2016 work-plan. This was very well received and provoked a great deal of questions and answers.
- 14.7 Examples were provided of integrated working:
- Health and social care staff have compared lists of patients (and found duplication) this has resulted in reducing list size.
  - Joint assessment visits have been made meaning the patient/client only tells their story once and receives a quality service
- 14.8 Offers were made to spend a “day in the life of” an ACS social worker in order for health staff to understand roles and responsibilities and how we can work better together.
- 14.9 The group will be meeting on 9 November 2016, with presentations from One Life Suffolk and an update from Izzy Shaw from the Local Enterprise Partnership.

For further information, please contact Steve Griffiee, Transformational Lead Suffolk (workforce planning), Email: [Steve.griffiee@nhs.net](mailto:Steve.griffiee@nhs.net), Tel 07944 212642

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## **15. Suffolk Informatics Partnership Update**

- 15.1 Following achievement of an 'investment ready' Suffolk Local Digital Roadmap (LDR) at the end of June, our LDR has now been expanded to cover the Suffolk & North East Essex Sustainability & Transformation (STP) footprint, and was submitted to NHS England on 21 October 2016, following comprehensive stakeholder support across the footprint.
- 15.2 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.
- 15.3 We await guidance from NHS England as to their next stage process, particularly associated with potential funding, but are currently preparing investment cases ahead of 'mobilisation'.

For further information, please contact: Kate Walker, Suffolk LDR Lead, Head of ICT & Informatics, IES & WS CCG, Email: [kate.walker@suffolk.nhs.uk](mailto:kate.walker@suffolk.nhs.uk), Telephone: 01473 770046.

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