

Suffolk Health & Wellbeing Board, 17 May 2018

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.

This Information Bulletin covers the following items:

1. [Annual Reports of the Clinical Commissioning Groups](#)
2. [Tackling Childhood Obesity in Suffolk](#)
3. [Health and Social Care Integration Update](#)

1. Annual Reports of the Clinical Commissioning Groups

- 1.1 Guidance produced by NHS England concerning clinical commissioning group (CCG) annual reports suggests that Health and Wellbeing Boards are involved in the preparation as follows:
 - a) The Board should review the extent to which the group has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.
 - b) In preparing the required review, the clinical commissioning group must consult each relevant Health and Wellbeing Board.
 - c) The Board may give directions to clinical commissioning groups as to the form and content of an annual report.
 - d) A clinical commissioning group must give a copy of its annual report to the Board before the date specified by the Board in a direction.
- 1.2 The annual reports of the Great Yarmouth & Waveney CCG, the Ipswich & East Suffolk CCG and the West Suffolk CCG will be published in June 2018. On behalf of the Board, the Chairman has had an opportunity to review the reports whilst they were at draft stage.
- 1.3 It is proposed that an electronic link to the published annual reports will be made available to Board members in time for their next meeting on 12 July 2018. It is suggested that anyone wishing to have sight of an annual report before then should contact the relevant CCG directly to obtain a copy.

For further information please contact: Linda Pattle, Democratic Services Officer;
Email: linda.pattle@suffolk.gov.uk, Telephone: 01473 25 5119.

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2. Tackling Childhood Obesity in Suffolk

“Suffolk is developing a whole system approach to tackle childhood obesity in Suffolk to achieve the long term aims of reducing the prevalence of overweight and obese children and young people, improving health and decreasing health inequalities.”

2.1 In Suffolk, the National Child Measurement Programme (NCMP) for 2016/17 identified that 22.3% of reception children were overweight or obese, compared to Year 6 where 31.0% were overweight and obese¹.

2.2 A core working group including partners from the NHS, education, leisure, Public Health, districts and boroughs and the voluntary sector examined the local causes and actions from two stakeholder workshops, alongside evidence provided by the Joint Strategic Needs Assessment and identified priorities for actions:

Priority 1: Improve access to affordable, healthier food for children young people and their families by creating healthy food and drink environments both in and out of home.

Priority 2: Improve access to safe environments that encourage physical activity participation by children, young people and their families, including active travel.

Priority 3: Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing

2.3 Recent government guidance in the “Childhood obesity: a plan for action”² and information from Public Health England has focused on the impact high sugar consumption is having on obesity and the health of the population, including tooth decay. Sugar intake in all population groups is higher than the 5% of total dietary energy intake recommended by the Scientific Advisory Committee on Nutrition. Consumptions of sugar and sugar sweetened beverages (SSBs) is particularly high in school age children, but also tends to be highest among the most disadvantaged.³

2.4 Strategies such as the 20% sugary drinks levy and associated reformulation of drinks is expected to have an effect on sugar intake, however no single action will be effective in reducing sugar consumption. We have the opportunity to build on national policy and campaigns to increase the impact in Suffolk to positively affect the health and wellbeing of our children.

2.5 Consultation with the public is currently being undertaken through a series of “Great Weight Debates”, which will be used to inform the final strategy. However, in order to capitalise on the strategies described above and current public awareness an initial plan to focus on sugar reduction has been developed and will be implemented with partners from across the Suffolk system.

¹<https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0>

² <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

10 point Suffolk Sugar Reduction Plan

Improve knowledge and understanding of the impact of sugar on health through effective health promotion
<ol style="list-style-type: none"> 1. Deliver a social marketing campaign that asks children and young people to commit to giving up sugary drinks for 21 days in an attempt to break the habit. 2. Promote Change4Life Sugar Swaps encouraging more children and their families to make four simple Sugar Swaps to tackle different 'sugar occasions' in the day: e.g. The Breakfast Swap: e.g. sugary cereal for plain cereal; The Drink Swap: e.g. from sugary drinks to sugar-free or no-added-sugar drinks; The After-School Swap: e.g. from muffins to fruited teacake and The Pudding Swap: e.g. from ice cream to low-fat lower-sugar yoghurt 3. Support local organisations across Suffolk to become "Sugar Smart" and develop their own campaigns and initiatives to reduce sugar consumption.
Increase access to healthier options enabling a lower or reduced sugar option to be made
<ol style="list-style-type: none"> 1. Work with school meal providers to reduce the sugar content of their menus and to increase the uptake of school meals, particularly for those entitled to Free School Meals. 2. Encourage organisations who provide food to children, young people and their families to provide healthier and lower sugar options e.g. school breakfast/after school clubs; PTA events. 3. Increase uptake of the Eat Out Eat Well healthier food award in cafes, restaurants and other family friendly food business that promote healthier food preparation practices, including reducing sugar in food and providing healthier options for children. 4. Implement a Take Out Eat Well award that rewards takeaway food businesses for reducing sugar, fat and salt content and promotes healthier choices to customers, particularly focussing on takeaways located near to schools or family-based attractions. 5. Increase access to drinking water and where vending machines are in use access to healthier and lower sugar food and drink options are available.
Embed prevention messages at scale
<ol style="list-style-type: none"> 6. Increase brief intervention advice training (e.g. Making Every Contact Count) for all those working with children, young people and their families. 7. Ensure healthy lifestyles advice is embedded within the educational settings to deliver key health and wellbeing prevention messages. 8. Improve children's oral health education and support health professionals to provide preventative advice. 9. Work with early years services to promote healthier food and drink choices, from the point where solid foods are introduced. 10. Engage with children and young people to develop their own sugar reduction campaigns and initiatives.

For further information please contact: Caroline Angus, Senior Health Improvement Commissioner (Lifestyle and Health Inequalities), Public Health;
Email: caroline.angus@suffolk.gov.uk
<https://www.healthysuffolk.org.uk/jsna/reports/jsna-topic-reports/child-obesity>

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3. Health and Social Care Integration Update

Suffolk BCF Performance, Q3 (October – December 2017)

(Please note: Validated Data not yet available for Q4 which ended 31st March 2018)

Better Care Fund Measures Quarter 3 2017/18	Q3 Target	Q3 Actual	Q3 Target achieved Y/N
National Measure 1 – Non-elective admissions to hospital	18,440 admissions	18,335 admissions	Y
National Measure 2 – Permanent admissions to residential and nursing care homes	437.5 / 100,000 population	459 / 100,000 population	N
National Measure 3 – Effectiveness of reablement, People still at home 91 days after discharge from hospital who have received reablement support.	73.4%	68.0%	N
National Measure 4 – Delayed transfers of care days (NHS, Social Care & Combined performance)	Total system Delays Target 5231	Total System Delays 7767	N

Key messages from Quarter 3 (Q3):

3.1 The key messages from Q3 are:

- Non-elective admissions to hospital** (*Low is good*) - On target at the end of Quarter 3. Suffolk has performed well to date, achieving an out-turn below target.
- Permanent admissions to residential and nursing care homes** (*Low is good*). - The in-year performance to date has shown a downward trend and the early indications of the Q4 year-end position are showing that Suffolk is approximately 4% away from meeting its year-end target. The previous gap has been greatly reduced during the year.

- c) **Effectiveness of reablement (*High is good*)**- Whilst we are currently not on track to meet the year-end target, there has been an improvement in our performance during the year. It is challenging to access accurate data reflecting the number of people at home with no services following receipt of a reablement service, as reablement outcomes are dependent on more than a local authority service being provided. We are reviewing our processes for monitoring the data to secure a more accurate picture. Suffolk County Council are in the process of reorganizing their operational services to include an initial response team who will offer a robust response to all initial enquiries, having strengths-based conversations with people and encouraging use of community resources to further support resilience of people living at home.
- d) **Delayed transfers of care (DTOC) NHS, Social Care & Combined performance (*Low is good*)** -Discharge to Assess pathways, and winter pressures schemes implemented in Q3 are continuing to have a positive impact on delays, so we expect to see this reflected in the final Q4 end of year position also. Suffolk has seen a significant reduction in the number of delays reported between April 2017 and January 2018 compared to the previous year and we have achieved a percentage improvement that is higher than the national improvement percentage. The DTOC targets for 2018-19 are currently being discussed and we expect to receive draft intentions in late May.

3.2 The Suffolk Better Care Fund Plan for 2017-19 can be found by following this link: <https://www.healthysuffolk.org.uk/board/key-documents>

For more information, please contact Gillian Clarke, Contracts and Service Development Manager, Adult & Community Services, Suffolk County Council, Gillian.Clarke@suffolk.gov.uk

Great Yarmouth and Waveney

- 3.3 Work has continued to implement service changes which support the integration agenda and implementation of the High Impact Changes, across Waveney. Developments to note include;
- 3.4 **Support to Care Homes** - The local system-wide Care Home Group has identified 10 homes to provide support to, in order to reduce the number of inappropriate referrals to A&E. The support is focussed on improving staff confidence and working practices in areas such as medication management. To date, five of these homes have received visits from the multi-disciplinary team.
- 3.5 **The Waveney Night Response service** - commenced in February 2018 and provides a response (within 4 hours) to urgent and or unplanned needs, this may be a one-off intervention to meet the person's need. It provides this support in people's homes, to help prevent hospital admission or admission into respite or long term residential care, and the need for other services. This service has dedicated and highly trained carers, available to health and social care professionals and other partner agencies, 1900-0700hrs, 7 Days per week.
- 3.6 **The Discharge Hub** - Work has continued with developing the Discharge Hub since its introduction at the James Paget University Hospital. The hub combines the expertise, responsibility for and information on hospital admissions and discharges in one place. The lead for the Discharge Hub started in post in early

January 2018 and is continually developing the hub as a multi-disciplinary approach which to date, includes Social Care, Continuing Health Care, East Coast Community Healthcare, Trusted Assessors, British Red Cross and Complex Discharge/ Patient Flow leads from the Hospital. The Hub has contributed to an increase in the number of timely complex discharges from the JPUH per day, reducing length of stay within the acute setting.

- 3.7 **The Healthy Homes** (fast track scheme to put in place adaptations in the home) and **I'm Going Home** (alarm systems and up to 6 weeks of welfare checks) schemes started in Dec 2017 with headline outcomes from these so far showing exciting results showing a reduction in A&E attendances, unplanned admissions and excess hospital bed days.

For more information, please contact Chris Scott, Head of Integrated Commissioning – East, chris.scott8@nhs.net

Ipswich and East and West Suffolk Alliances

- 3.8 The Ipswich & East, and West Suffolk Alliances as part of the Sustainability and Transformation Partnership (STP) have been agreeing a strategy and delivery plan by the end of March 2018. The strategy will include links into both the local and wider STP strategies and have an agreed governance model to ensure that the Alliances have the ability to make collective decisions and escalate issues appropriately.
- 3.9 The delivery plans will be for the next 12 months and will show key milestones and agreed outcomes. As part of this, Alliances will be expected to illustrate how they will deal with known operational surge periods through the year. Alliance partners are busy working these plans up, for sign off by the STP board and will then be shared with the Health and Wellbeing Board once finalised.
- 3.10 Alliance partners are also now represented on the Integrated Care System Project Board, which allows for discussion consistency and shared learning across the whole Suffolk and North East Essex STP footprint.
- 3.11 Progress with Alliance working continues on the ground – in many areas such as development of a shared therapy strategy, changes to the way staff can order equipment, sharing of information amongst organisations and agencies to reduce duplication. Alliance partners have also developed shared decision making for use of the improved Better Care Fund temporary funding stream.

For more information please contact Jo Cowley, Head of Service Redesign and Contract Management, Adult & Community Services, Suffolk County Council, Jo.Cowley@suffolk.gov.uk

Workforce Development

- 3.12 We are awaiting a decision from the Department for Work and Pensions on the outline application for European funding which was submitted to develop a qualifications programme which will support progression within health and social care across Suffolk and Norfolk, including entry level qualification and an aspiring managers framework. This programme will deliver improved care and outcomes through upskilled workforce and leadership within care settings and will also help to address the skills shortage in the care sector. If the bid is not successful, there is a commitment to still deliver the programme, but it will be on a smaller scale.

- 3.13 The integrated programme for Newly Registered Professionals programme continues to be delivered. This programme brings together newly qualified professionals from health and social care. The Skills for Care/Skills for Health Person Centred Approaches framework has been promoted within this programme.
- 3.14 OneLife Suffolk have launched additional free Making Every Contact Count training sessions across the county. Making Every Contact Count training (MECC), provides individuals with knowledge, skills and tools to have a positive and effective conversation about health and behaviour change, particularly around weight management, stopping smoking and increasing physical activity.

For more information, please contact: Amanda Lyes, Chief Corporate Services Officer, Ipswich & East Suffolk and West Suffolk CCG, Amanda.Lyes@suffolk.nhs.uk

Digital Transformation

- 3.15 With the Digital Care Implementation Lead post having been recruited to, the Digital Care strategy and implementation plan are being finalised and signed off, which will launch the body of work around Digital Care (under the County Council's Corporate transformation programme "Our Digital Business") for the next 4 years.
- 3.16 The vision is that there will be a well-defined and consistent digital customer journey, which is used not only by citizens but also by professionals and practitioners. Embedded within this will be assessment and brokerage mechanisms to understand needs and provide appropriate digital solutions.

For further information, please contact Ian Reekie, Senior System Transformation Manager, Suffolk County Council, Ian.Reekie@suffolk.gov.uk

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