Health and Wellbeing
SUFFOLK

Joint Strategic Needs Assessment

Groups at Risk of Disadvantage

Health Needs Assessment

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GAROD HNA Background

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Joint Strategic Needs Assessment

- In 2008 the title of the Suffolk Public Health Report was ‘Health inequalities and diversity in Suffolk’
- Since then Public Health and other key partners have worked together to improve the health of these communities by establishing a number of relevant initiatives such as; the Suffolk prostitution strategy; the Healthy Living Project model and the extended Health Outreach Project.

Nine Areas Reviewed

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- Migrants from Eastern Europe
- Asylum Seekers and Refugees
- Female Genital Mutilation
- Gypsy, Roma and Travellers
- Homeless community
- Rural Deprivation
- Transgender
- Sickle Cell community
- New Psychoactive Substances ‘Legal Highs

FEMALE GENITAL MUTILATION

FGM-practising country groups

Source: City University, London

Group	Definition	Countries and prevalence
1.1	Almost universal FGM, over 30% FGM Type 3	Somalia, Eritrea, Djibouti, Sudan (north). Reported prevalence range 87%-98%
1.2	High national prevalence of FGM, Type 1 and 2	Egypt, Ethiopia, Mali, Burkina Faso, Gambia, Guinea, Sierra Leone. Reported prevalence range 74%-95%
2	Moderate national prevalence of FGM, Type 1 and 2	Central African Republic, Chad, Cote d'Ivoire, Guinea Bissau, Iraq (Kurdistan), Kenya, Liberia, Mauritania, Nigeria, Senegal. Reported prevalence range 24%-70%
3	Low national prevalence of FGM, Type 1 and 2	Benin, Cameroon, Ghana, Niger, Democratic Republic of Congo, United Republic of Tanzania, Togo, Uganda, Yemen Reported prevalence range 0%-15%

WHO classification of Types of FGM

Type 1	**Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)**
Type 2	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
Type 3	Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

Estimated numbers of girls in Suffolk schools in January 2014 whose recorded first language and/or ethnic group suggests they are at increased risk of FGM

*number suppressed for confidentiality reasons; less than 5

Source: Suffolk school census January 2014

FGM country group	Ethnicity recorded in school census	Mother tongue recorded in school census	Primary school	Secondary school	Total
1.1	Sudan	Arabic, Other	0	*	*
1.2	Ethiopia	Amharic	7		7
1.2	Egypt	Arabic, Other	12	*	<17
1.2	Sierra Leone	Other	0	*	*
2	Iraqi/ Kurdish	Kurdish, Other	35	11	46
3	Ghana	Akan (Twi/Asante), Akan/Twi-Fante, Ewe, Ga, Hausa, Other	22	0	22
3	Nigeria	Yoruba, Edo, Igbo, Other	9	11	20
	Total		85	30	115

FGM Recommendations

- The FGM multiagency group should continue its work in Suffolk with a particular focus on training, workforce development and the dissemination of good practice, take into account risk, safeguarding, and legal requirements. It should continue to encompass health, social care, education and early years services, and **engage communities.**

- The FGM group should consider ways to **engage partners and the wider community in raising awareness**, **agreeing priorities and supporting joint work on FGM**. It should use information from interviews and focus groups which have already taken place to **develop a picture of the views of groups affected in Suffolk**.

- Training should cover awareness-raising and cultural competence and also support frontline staff to develop skills and competence in raising and discussing questions around FGM and responding to safeguarding concerns.

- FGM should continue to be part of mandatory safeguarding training. Training should take into account the views and knowledge of communities in Suffolk who are affected by FGM.

- Consistent guidance should be promoted across Suffolk. This should include agreed risk assessment frameworks, how to record and report FGM as well as information about local arrangements.

- All frontline staff working with children and families in any setting should know how to recognise and respond to safeguarding concerns in relation to FGM and this should be part of mandatory safeguarding training and covered in local guidelines.

- NHS England and Suffolk CCGs should clarify responsibilities for commissioning and provision of services for women and girls with physical and psychological health needs as a consequence of FGM.

GYPSY, ROMA AND TRAVELLERS

Comparisons in health between Gypsy/Travellers and the wider population.

Source: Parry et al (2004), Parry et al (2007)

	Gypsy /Traveller	General population	Note
Long term illness	39%	29%	
Asthma	22%	5%	
Chest pain	34%	22%	
Anxiety	X3 over general population		
Depression	X2 over general population		
Miscarriage/	29%	16%	
Maternal death	"Possibly the highest maternal death rates among all ethnic groups"		During pregnancy or shortly after childbirth.
Caesarean Section	22%	14%	
Life expectancy Female	-12 years		Lower than general population
Life expectancy Male	-10 years		Lower than general population

Gypsy, Roma and Traveller Recommendations

- A strategy is needed to create a multiagency approach to supporting the health needs of GRT communities. Services should provide consistent advice and support. **Smoking in pregnancy and refusal of immunisations and vaccinations are particular areas to be tackled.**

- **Members of the Gypsy, Roma and Traveller groups could be trained as advocates to work alongside the Norfolk and Suffolk Gypsy, Roma and Traveller Service (NSGRTS) and The Health Outreach Project to build further bridges with the community.**

- **Cultural competency** among health and social care workers is appreciated by gypsies and travellers and staff training **should be developed and encouraged**.

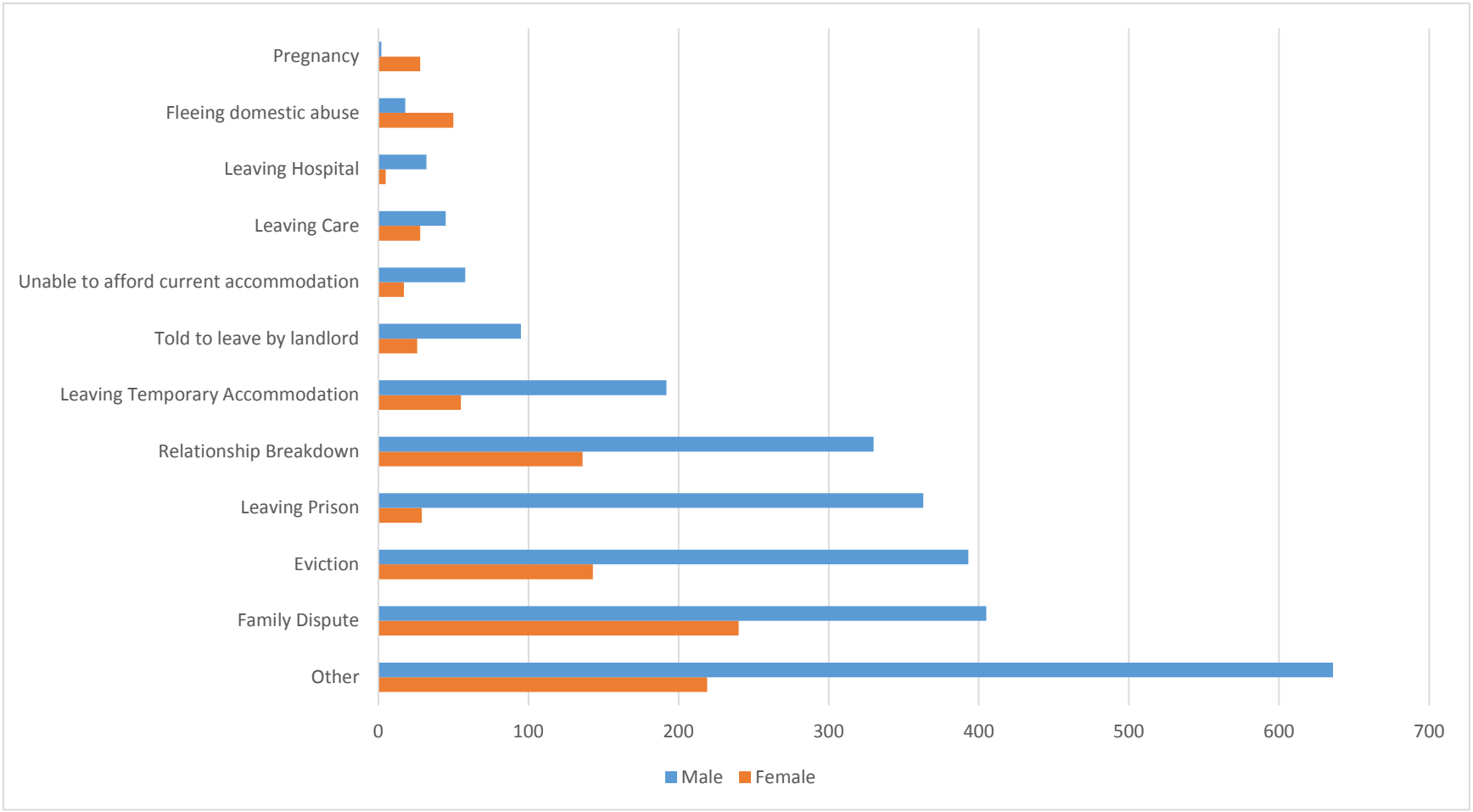
- Appropriate information to encourage the use of NHS services should be available to increase understanding of waiting times, queuing procedures, referrals, signing-in at clinics and response to letters from NHS authorities on topics such as such screening and hospital appointments. However funding for English language and integration lessons stops September 2015 and opportunities to carry on this work need to be developed.

- The Health Outreach Project should be supported to improve their monitoring and reporting of activity and outcomes and needs to record data about Gypsy, Roma and Travelling communities in real time.

- Suffolk County Council may wish to include “New Travellers” and “New Age Travellers” in a future health needs assessment.

HOMELESSNESS

Main reason for referral to Suffolk Co-ordination Service , by gender, April 2014 – May 2015



Homeless Recommendations

- The Health Outreach Project support General Practices who register homeless people but currently relatively few practices are involved. NHS England and the Clinical Commissioning Groups (CCGs) should encourage other General practices to offer registration to homeless people.
- The CCGs should consider a training and education remit for The Health Outreach Project, for staff from mainstream services.
- The CCGs should support the Health Outreach Project to improve their monitoring and reporting of activity and outcomes so that the full scope of their work is recognised. This needs assessment lacked the data necessary to support clear recommendations that would lead to service improvement.
- The public sector should facilitate data sharing agreements with partners to improve understanding of the state of health of the local homeless population.
- Homelessness can be reduced by the health and care system being alert to the known risk factors such as having a learning disability, being a care leaver, needing to use emergency accommodation and/or having a criminal record. Multiagency work is recommended to find ways to influence those at greatest risk of becoming homeless.
- After October 2015 Public Health should review the local adherence to the new Tuberculosis NICE guidance and highlight areas for action with the relevant agencies.
- The CCGs, The Health Outreach Project and GPs with significant numbers of people who are homeless on their lists, should co-operate to decrease 'do not attend' (DNA) rates, and maximise preventive measures to encourage Accident and Emergency avoidance.
- Acute Trusts need to ensure that discharge planning for the homeless is appropriate and if required involve local voluntary services as well as health and social care.
- **Prevention or early intervention of homelessness** should be considered to reduce the number of individuals requiring supported housing from Suffolk Co-ordination Service (SCS).

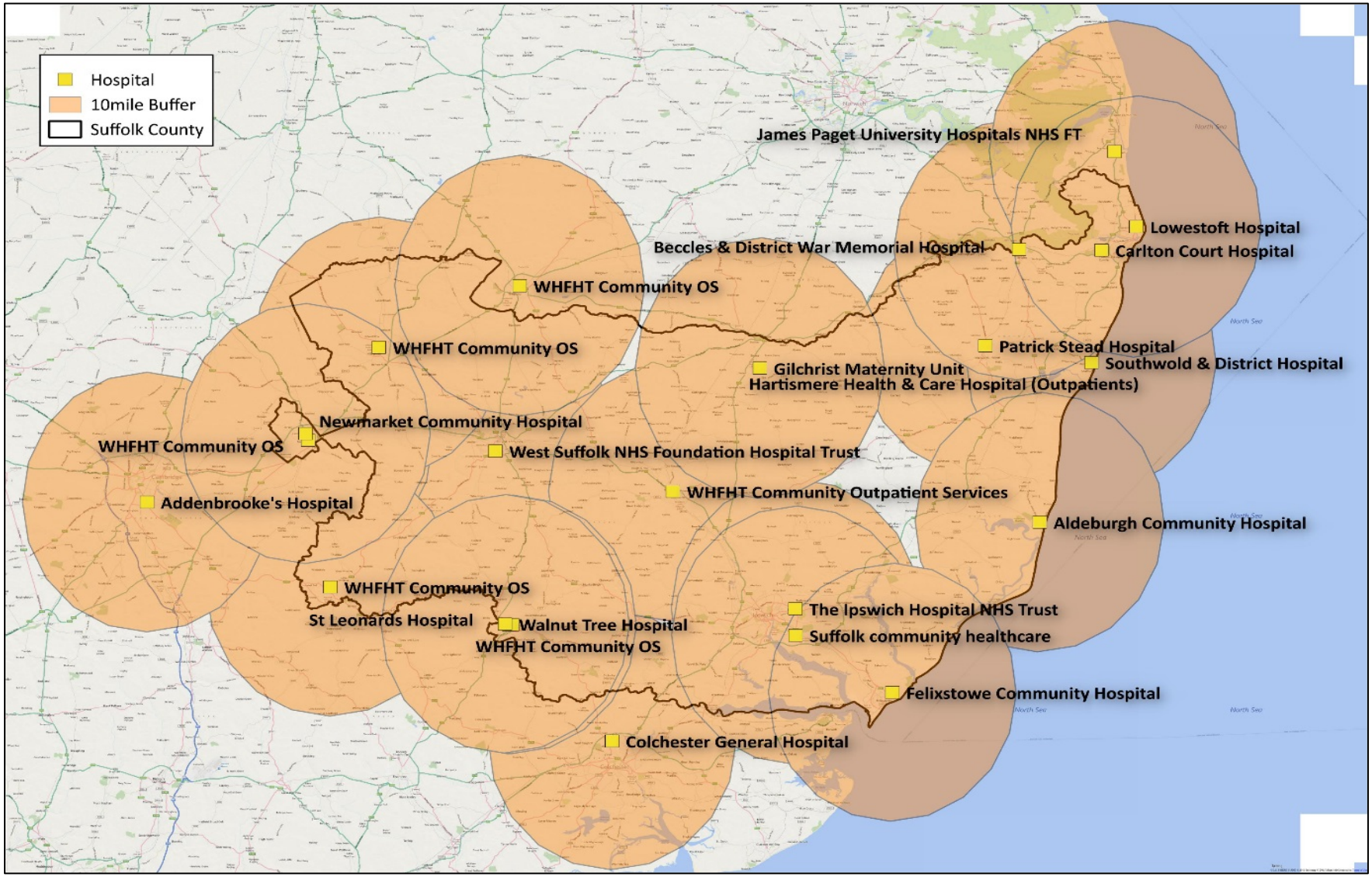
RURAL DEPRIVATION

Suffolk population, urban and rural, by age group 2011

Source: Suffolk Diversity Profile 2012

Total population	Urban 458,900 (62.7% of Suffolk) with age structure	Rural 273,500 (37.3% of Suffolk) with age structure
Age groups:		
0-15	84,300 (18.4%)	49,100 (18.0%)
16-29	76,600 (16.7%	40,200 (14.7%)
30-44	86,500 (18.9%)	47,400 (17.3%)
45-64	119,300 (26.0%)	75,900 (27.8%)
65 & over	92,200 (20.1%)	60,800 (22.2%)

Map of Suffolk, main hospitals, community hospitals and outpatient services, each with a 10 mile radius



Rural Deprivation Recommendations

- Suffolk County Council should review the findings of the "Hidden Needs" report (Fenton 2011) and ensure that the findings are used to inform interventions aiming to prevent increasing isolation of rural communities.

- Mental health services should ensure that their provision is accessible to those who are rurally isolated, both the indigenous population as well as migrant labour.

- **There is little known how Suffolk residents without cars who live in rural areas access GP, dental, optician and hospital appointments.** When appointments are offered to people living in rural areas, patient's travel arrangements should be taken into account and a survey to find out more information should be considered.

- The studies available for this needs assessment have included a review of the voluntary sector and its input, some information on health services, and some information on health need, but these different analytical perspectives need to be brought together in order to reveal and allow analysis of the gaps. This is the joint responsibility of the CCGs and SCC Public Health.

- SCC in conjunction with the district and borough councils should identify the most deprived rural wards and make firm plans on improving the life chances of the residents in those areas.
- In taking decisions on budget allocation, **SCC should consider the high value of the voluntary sector in reducing rural social isolation and support the sector to improve their performance.**

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NEW PSYCHOACTIVE SUBSTANCES (Legal Highs)

The main types of NPS and examples of each type

Source: NEPTUNE 2015, Drugscope 2015

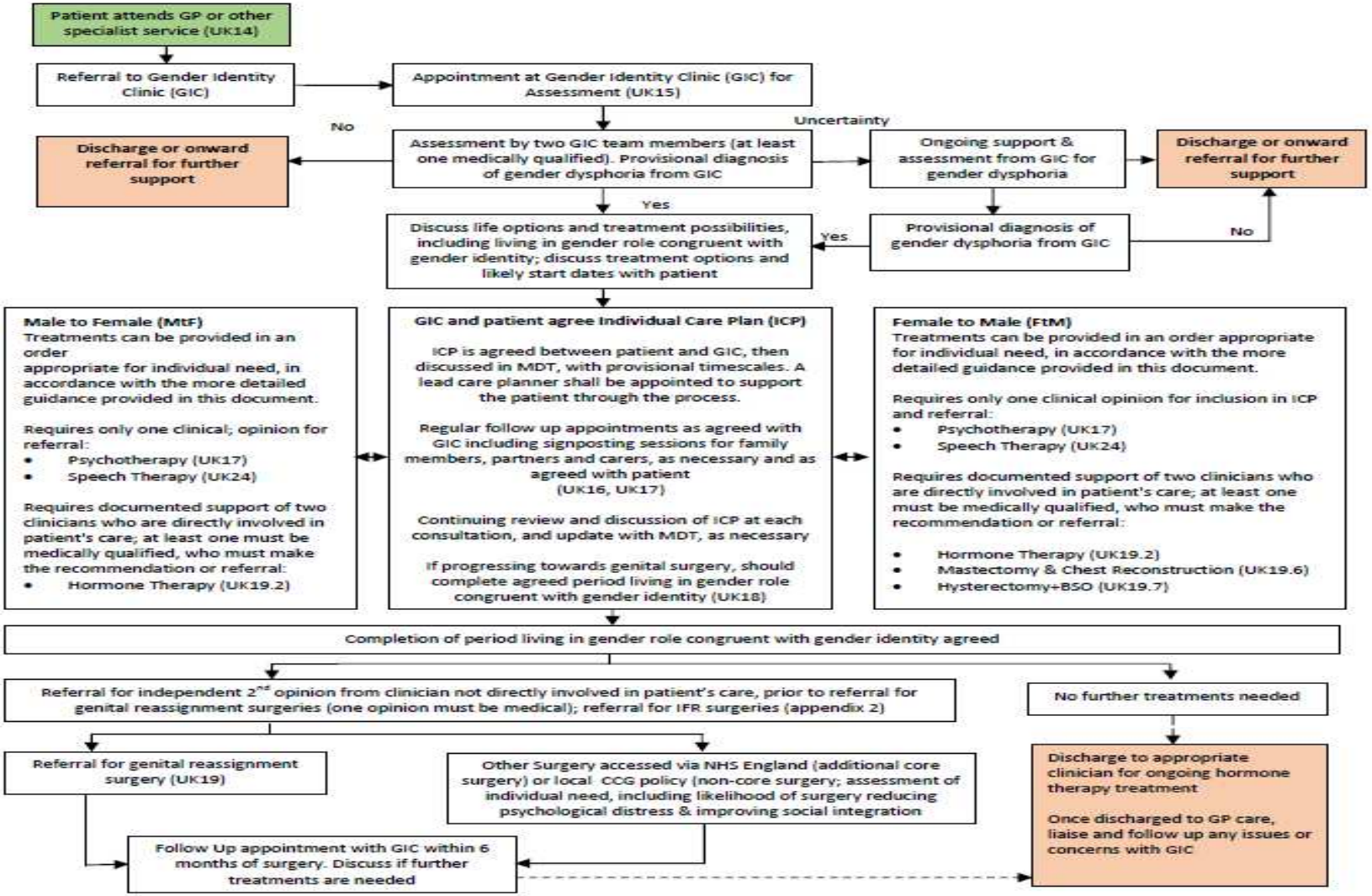
Type of NPS according to their effect	Examples
Primarily stimulant effects	Mephedrone (meow meow), Benzo Fury, MDAI, ethylphenidate, NRG-1, BZP
Primarily hallucinogenic effects	Salvia, Amanita, methoxetamine, Bromo-dragonfly
Primarily depressant effects	GHB/GBL, nitrous oxide
Synthetic cannabinoids	Spice, Clockwork Orange, Black Mamba, Exodus Damnation

NPS Recommendations

- There should be a partnership approach to tackling all aspects of NPSs which is integrated into current substance misuse partnership arrangements. This should draw in a wide range of partners including healthcare providers (both specialist substance misuse and non-specialist services), children's and adults' social care, teams working with those who are not in education, employment or training and Young Offenders, schools and colleges, youth services and various third sector organisations, the police, trading standards, and the criminal justice system including prisons and community rehabilitation. The Recovery Forum could develop into a partnership which takes a proactive approach to this work.
- **There should be consideration of what further information is needed to develop a better understanding of current and potential users of NPSs in Suffolk including those in prison settings.**
- Accurate, up-to-date information and advice about the harm of NPSs should be developed. **Appropriate routes should be identified to reach particular target groups (such as users of the night-time economy, men who have sex with men (MSM) and those in the criminal justice system) as well as broader approaches for young people through schools and other settings**
- Work with schools across Suffolk should support and develop Personal, Social and Health Education programmes which include information about NPSs as part of substance misuse awareness raising.
- Consider what steps substance misuse services could take to ensure they are accessible and seen as appropriate for users of NPSs should be explored. , The scope should include risk groups such as young people, prisoners, MSM, and those from socially deprived areas. The potential benefits of outreach to target groups and environments where there is increased risk of NPS use such as clubs and festivals should be examined.
- Specialist services should provide effective support for users of NPS. This should include; harm reduction where appropriate e.g. needle exchange for people who inject NPSs and interventions to reduce dependence for users of NPSs (who will often be multiple substance users). Any provision needs to underpinned by detailed information about these users, including demographic details, risk factors and interventions in order to determine and evaluate outcomes.
- Stronger links and pathways between specialist services and generic services such as sexual health, Accident and Emergency, paramedics and primary care should be developed. Ensuring that these workforces feel confident and competent to identify and deal with problems relating to NPSs (including acute reactions) and are able to provide information and to signpost people appropriately.

TRANSGENDER

NHS gender identity services



Transgender Recommendations

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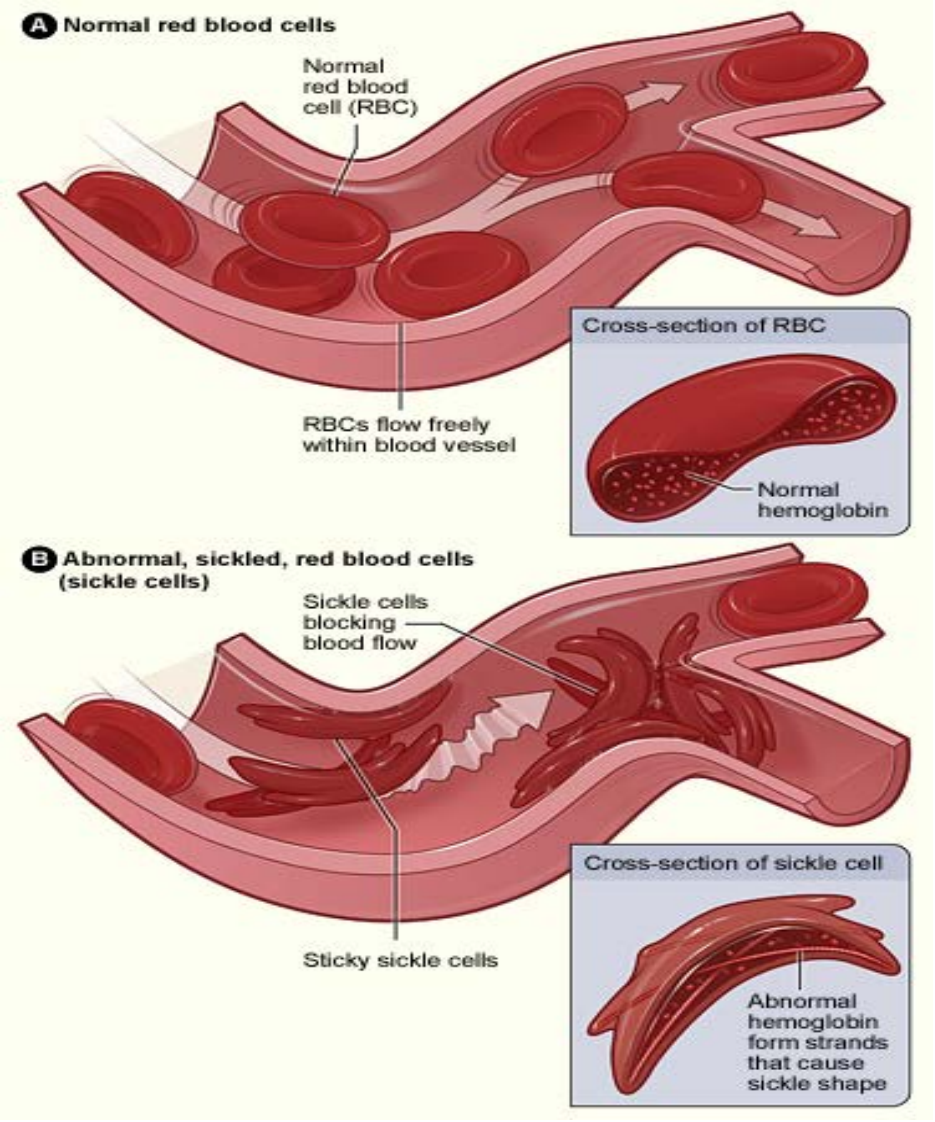
- Training in primary care has been limited and there is a need to improve knowledge about transgender individuals and also about referral and **support for those who seek treatment**.
- Commissioners and providers of mental health services in Suffolk should consider designating a consultant psychiatrist or clinical psychologist with a special interest to see patients referred for gender dysphoria.
- People being seen at a gender identity clinic need access to support for other psychological problems such as anxiety and depression, if required
- The specialist services need, at the least, to explain to patients and parents why the correctness of their diagnosis and their commitment to treatment require such frequent testing.
- Transgender individuals and their families' consider that they need more support. The Gender Xplored support group should continue, and the County Council should consider its long-term viability and effectiveness. At present it attracts only a small fraction of the Suffolk trans-community. More active marketing and publicity might increase the use and impact of the group.

SICKLE CELL DISEASE

Blood flow in people with normal red cells and with sickle cell disease



Sickle Cell Recommendations

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- **Awareness of sickle cell disease in ethnic communities and in primary care needs improvement**
- Information and education for primary care staff about Sickle Cell should be available.
- The County Council should continue to support Thalassaemia and Sickle Cell Support Group. Important priorities are promoting awareness of the disease, countering stigma and overcoming the possible under-diagnosis of sickle cell disease.
- Hospitals in Suffolk should continue their present efforts to improve sickle cell services. This should include consideration of a single tertiary hospital as a service partner, a clearer clinical pathway, better staff training and awareness, and clinical audit, including use of the National Haemoglobinopathy Register. They should signpost people to the Thalassaemia and Sickle Cell Support Group.
- **The changing population profile in Suffolk is likely to see an increasing number of patients with sickle cell** and it may become appropriate for tertiary services to be provided locally, with specialist teams traveling to district hospitals rather than vice versa.

EASTERN EUROPEAN MIGRANTS

Numbers of migrants from Latvia, Lithuania, Poland, Romania and total Eastern European, by local authority, Suffolk, 2011

Local authority	Latvia	Lithuania	Poland	Romania	Other Eastern European	Total Eastern European	Total Eastern European as a proportion of overall population
Babergh	44	24	330	42	149	589	0.7
Forest Heath	79	194	1204	66	334	1877	3.1
Ipswich	399	837	2367	219	838	4660	3.5
Mid Suffolk	35	56	223	46	111	471	0.5
St Edmundsbury	74	189	1266	79	448	2056	1.9
Suffolk Coastal	45	108	377	104	308	942	0.8
Waveney	14	44	339	96	132	625	0.5
Suffolk	690	1452	6106	652	2320	11,220	1.5

Eastern European Migrants Recommendations

- **Health messages should be available in appropriate languages and visible in areas that are accessed by the Eastern European population**
- Services, particularly **stop smoking, Drug and Alcohol, mental health and sexual health services**, should be able to meet the needs of Eastern Europeans' taking account of their culture, language, and lifestyle.
- **The formation of social groups should be encouraged to reduce social isolation which is a problem particularly for young, single males.**
- **Eastern European migrants need access to appropriate housing advice**.
- Improving the understanding of migrants about local health and care systems including GP registration, self-care and referral to secondary care, would promote appropriate use of health and care services and also improve access to services.
- Ensure professionals in all services understand how to access translation and interpretation services, and that they are widely available. This should decrease the practice of children and others interpreting for family members or friends, when personal information is being discussed
- Use contracts to strengthen the collection of ethnic group data, to enable better understanding of the health and well-being needs of local communities

Asylum seekers in Suffolk by country of origin, April 2014 to March 2015

Country of origin	Asylum seekers
Iraq	21
Iran	14
Pakistan	8
Eritrea	4
Albania	4
Zimbabwe	5
12 Other countries	23

ASYLUM SEEKERS AND REFUGEES

Asylum Seekers and Refugees

- NHS England and the Clinical Commissioning Groups should collaborate to ensure continued capacity and capability in primary care is available for asylum seekers and refugees.

- The CCGs should support the Health Outreach Project to improve their monitoring and reporting of activity and outcomes so that the full scope of their work is recognised.

- Suffolk County Council and the NHS should explore options for improving access to services including NHS services which are particularly challenging w to those who experience language barriers.

- The Home Office should be informed that G4S is not meeting the minimum standards set out in their accommodation contract so that accommodation for this group can be improved.

- **Asylum seekers and refugees can be at risk of Vitamin D deficiency**. young children (under 5 years) and mothers who are pregnant or breastfeeding should be informed of Healthy Start vitamins. Those who are over 65 years; have low or no exposure to the sun either for cultural reasons (covering their skin); are housebound or confided indoors for long periods; have darker skin should be encouraged to take Vitamin D supplements.

GAROD Overarching Recommendations

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Joint Strategic Needs Assessment

- **Key Recommendation 1**: A strategic group should be established to oversee the implementation of all recommendations in the report and ensure there is systematic and regular review of communities with the highest health need.
- **Key Recommendation 2**: System leaders should ensure that data sharing agreements between services are effective and support the health needs of populations that have the highest health need.
- **Key Recommendation 3**: The quality and quantity of Language support for non English speaking residents in Suffolk should be improved and consideration given to developing an integrated language support system for the whole statutory sector.
- **Key Recommendation 4**: The Health Outreach Project is a valuable service that supports the health needs of the most vulnerable individuals within Suffolk. There is evidence that it should increase its scope by considering new groups, improve its presence in other parts of the county and improve the way it collects and analyses data. Waveney Clinical Commissioning Group should consider the benefit of a similar service in their locality.
- **Key Recommendation 5**: Good quality information about health and social care provision including General Practice registration, self-care and referral to secondary care or mental health services needs to be widely available to endure appropriate access to healthcare services by the whole Suffolk population.
- **Key Recommendation 6**: Data collection about ethnicity, gender reassignment, sexual orientation and disability needs to be improved in all health and care services. The authors of this report struggled to access good quality data against all of these dimensions.
- **Key Recommendation 7:** Training is required to improve cultural capability amongst health and care services to better meet the needs of groups at risk of disadvantage.

Thank you for listening

All documents from this event will be posted on Healthy Suffolk Website

Any queries to HealthandWellbeing@suffolk.gov.uk

Funding available to support Groups at Risk of Disadvantage Health Needs Assessment

Fund	How much available and when	How to Apply
GAROD Funding	£20,000 Fund with an additional £35, 000 from April 1st 2016 1 to 3 years of funding. Min bid £1000, max bid £10,000	Application via Public Health Elaine.Lamb@suffolk.gov.uk
Recovery Grant Scheme	£20,000 Fund with an additional £80,000 from 1st April 2016 One year funding	Application Form via Public Health Bim.Templeman@suffolk.gov.uk
Get Suffolk Moving	£50,000 Fund deadline for bids 1st March 2016. Max £5000 bid One year funding	Application via Suffolk Community Foundation
Dementia Friendly	£50,000 Fund deadline for bids 15th January 2016. Max £2000 bid One year funding	Application via Suffolk Community Foundation