
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 23rd March, 2016, 10.00 am

Councillor Vic Pritchard	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Morgan Daly	Healthwatch Manager: B&NES and Somerset
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group

Co-opted Non-Voting Member:

43 WELCOME AND INTRODUCTIONS

The Chairman (Councillor Vic Pritchard) welcomed everyone to the meeting and requested that attendees switch their mobiles etc. to silent. He stated that the meeting was being webcasted live and the recording stored on the Council's website.

44 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

45 APOLOGIES FOR ABSENCE

There were apologies from Jo Farrar OBE and Dr Ian Orpen whose respective substitutes were Jane Shayler and Dr Ruth Grabham. There were also apologies from Councillor Michael Evans and Ashley Ayre.

46 **DECLARATIONS OF INTEREST**

There were none.

47 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

48 **PUBLIC QUESTIONS/COMMENTS**

There were none.

49 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on Wednesday 3rd February 2016 were approved as a correct record and signed by the Chairman.

50 **TRANSFORMATION GROUP UPDATE**

The Chairman invited Tracey Cox (CCG) to introduce the update.

Tracey Cox reminded the Board that the group is a Sub-Group of the Board providing a forum to support the delivery and implementation of “Seizing Opportunities”, BaNES CCG’s 5 Year and shared system oversight of the Better Care Fund and to support the development of future service models and enable active input into the Board’s strategic planning.

Tracey Cox took the Board through the report which included the outcomes from the most recent meeting of the group.

John Holden asked about B&NES area position in terms of Delayed Transfer of Care (DToC).

Tracey Cox replied that B&NES area had been performing much better than other areas in terms of DToC. However, DToC performances had been below the target set in the Better Care Fund.

John Holden expressed his concerns in conflict of resources allocated for Your Care Your Way (YCYW) and those for Sustainability and Transformation Plan (STP). John Holden said that YCYW was much more important than the STP in case of a competition for resources.

Tracey Cox agreed with John Holden and added that she would have discussions with health community on the progress of both, YCYW and STP, and how they collide and overlap each other.

It was **RESOLVED** to note the update.

51 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Chairman invited Tracey Cox to give a presentation.

Tracey Cox highlighted the following points in her presentation:

- Overview of the process
- Sustainability and Transformation Footprint
- Leadership and Governance
- Draft Governance structure
- Checkpoint on 15th April 2016
- Next steps
- Areas STPs will need to cover
- Linkages to B&NES Health and Wellbeing

A full copy of the presentation is attached to these minutes.

The Chairman said that the STP had been specific in what it had been accountable for. The Chairman expressed slight concern that Councils within the STP Footprint may have different NHS objectives.

Jane Shayler said that the STP footprint would not preclude Councils from forming other partnerships based on a different geographical footprint, including with the West of, nor it would prevent B&NES to progress with its own key priorities for the community, including Your Care Your Way.

Bruce Laurence said that one of B&NES' strengths were in strong links between the Council and NHS. Councils within the Footprint had had different communities though interests on different health areas might be in common. Bruce Laurence concluded by saying that the challenge would be in getting the benefit from the plan rather than being steered by it.

Dr Ruth Grabham expressed her concern on resources for the STP and highlighted that it would be a huge ask from people who were already working really hard with their daily duties.

The Chairman concluded the debate by saying that some considerable work and effort had gone into this project so far. The Chairman also said that James Scott, RUH Chief Executive, would commit 50% of his work time to the role of Senior Responsible Officer. The Chairman said that the Senior Responsible Officer role would cover whole spectrum to delivery of health, and not just one area (i.e. acute only).

It was **RESOLVED** to note the update.

52 **JOINT HEALTH AND WELLBEING STRATEGY UPDATE: CREATING HEALTHY AND SUSTAINABLE PLACES**

The Chairman invited Paul Scott (Consultant Public Health) and Louise Davidson (Team Manager - Enabling & Development) to give a presentation.

The following points were highlighted in the presentation:

- Why housing is important to health and wellbeing

- Foxhill Housing Zone
- The Vision for Regeneration
- Consultation and collaboration
- Housing Zone Designation
- Mulberry Park and Phase 1 approved plan
- Regeneration of the Foxhill estate
- Foxhill Regeneration & Development Charter
- Mulberry Park and Foxhill Estate Regeneration - Next few months
- Health & Sustainability Opportunities
- Issues

A full copy of the presentation is attached to these minutes.

Councillor Bob Goodman (Combe Down Ward) supported the project and thanked the officers for their presentation. Councillor Goodman added that the project had been brought back to the limelight by the current administration. Curo and the Council had had a number of workshops which engaged Foxhill community. Councillor Goodman concluded that Foxhill regeneration should continue to evolve.

The Chairman said that this would be an opportunity for the Board to set a standard on involvement of the Board, and also other health bodies, in future developments in B&NES.

Councillor Tim Warren praised joint work between the Council, Curo and Foxhill community in this project and highlighted the part of the Foxhill residents association.

Diana Hall asked how those who were opposing the project could put their views forward.

Louise Davidson replied that people could object through planning process. Curo, as the developer, would have to balance the views of the community. Curo had set a vision in 2013 and now they had created a plan which had incorporated views of different groups and community.

Bruce Laurence said that this shows the real benefit of bringing Public Health within the Council and getting the team engaged in this development. The Board should be presented with clear indicators on what the development should achieve. The Board should also show clear leadership from health perspective.

Morgan Daly said that he would be prepared to talk, on behalf of the Board, with health advisory groups on this matter and monitor progress of the development and impact that would make on health infrastructure.

John Holden asked why Curo should be trusted when the report had indicated that their current social housing stock in Foxhill had been in poor condition and had required redevelopment. John Holden also commented that health need for around 1,300 housing units had been mentioned briefly and that some other issues, such as traffic via Bradford Road, would also need to be considered. John Holden expressed his concerns that profits from Mulberry Park development would be used to support Foxhill estate. John Holden concluded by showing his full support to

involvement of the Public Health and that the Board should continue to be engaged in this project.

Louise Davidson replied that current housing stock had been built under building regulations some time ago, and now those regulations had expired. The affordable housing would have to meet latest standards and it would have to be built under particular building requirements.

Tracey Cox said that the CCG would do whatever is required to support the development.

The Board agreed with the Chairman for an update at one of Board's future meetings.

It was **RESOLVED** to:

- 1) Note the presentation and report;
- 2) Request from officers to take on board issues raised in the debate; and
- 3) Receive further update at one of future meetings.

53 **BETTER CARE FUND PLAN UPDATE**

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler introduced the report to the Board as printed.

The Chairman asked how responsive were the RUH in terms of the delayed transfer of care.

Jane Shayler replied that the RUH had been one of the key partners who made significant contributions towards the delayed transfer of care action plan and who would be the lead on some actions within the action plan. However, the RUH do recognise that there would be challenges in delivering the targets for reducing delayed transfers of care and that it is important that all partners play an active role in reducing delayed transfers of care across the whole system, including those in community services.

Tracey Cox added that the RUH would be looking into length of stay on speciality level and they would set some internal targets on what the length of stay should be.

John Holden said that he was pleased with the Better Care Fund (BCF) submission, although he felt that the 8% target for the delayed transfer of care could be easily achieved and there should be more stringent target set internally. John Holden expressed slight concern on shared accountability with the Fund and suggested there should be one person to drive this.

Jane Shayler responded that the Council and the CCG had appointed Caroline Holmes as Senior Commissioning Manager – Better Care who is now accountable on a day to day basis for the DTOC Action Plan and management of the BCF Plan for 2016/17. Jane Shayler also explained that it had been difficult to establish the local baseline for DTOCs as the definition used for DTOCs had changed twice in

2015/16, initially in relation to recording of DTOCs in the community hospitals, which the majority of areas do not report as part of the national performance indicator and then, later in the year in response to best practice guidance. The proposed local target will be challenging to deliver as it relates to DTOCs in all care settings. Even better performance in reducing DTOCs would, of course, be preferable. The 8% target would be challenging and to deliver anything more than 8% would be quite difficult.

It was **RESOLVED** to:

- 1) Agree the proposed utilisation of BCF 2016/17 funds;
- 2) Agree the Delayed Transfers of Care (DTOC) Action Plan;
- 3) Agree the proposed local DTOC targets; and
- 4) Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission on 25th April 2016.

54 **SUICIDE PREVENTION STRATEGY AND ACTION PLAN**

The Chairman invited Paul Scott to give a presentation.

Paul Scott highlighted the following points in the presentation:

- Introduction
- Key messages
- Partnership working
- Suicide data headlines for B&NES
- 2000-2014 data
- Risk groups
- B&NES self-harm data
- Action plan with 6 key objectives

A full copy of the presentation is attached to these minutes.

The Chairman welcomed the Strategy and Action Plan by bringing up an example of unfortunate events that have happened in his Ward.

Morgan Daly asked how effective engagement with the schools was.

Paul Scott replied that the engagement with the schools had been quite successful and really positive though there would be quite more work to be done towards this matter.

Bruce Laurence added that the Strategy was a part of the broader Mental Health agenda. Bruce Laurence highlighted that the economic downturn, suicide rates had increased and had become one of the main reasons for suicide. Bruce Laurence also said that self-harming could be really hard to understand though it had been a lot more common than some people think.

It was **RESOLVED** to:

- 1) Note the Strategy and its key actions;

- 2) Continue to provide high level support for the suicide prevention activities outlined in the action plan.

55 HEALTH INEQUALITIES INQUIRY DAY

The Chairman invited Paul Scott and Rebecca Reynolds (Consultant Public Health) to introduce the report.

The Board welcomed a programme for the summit on 11th May 2016.

It was **RESOLVED** to note the report and to receive a paper on the output of the summit for July 2016 meeting of the Board.

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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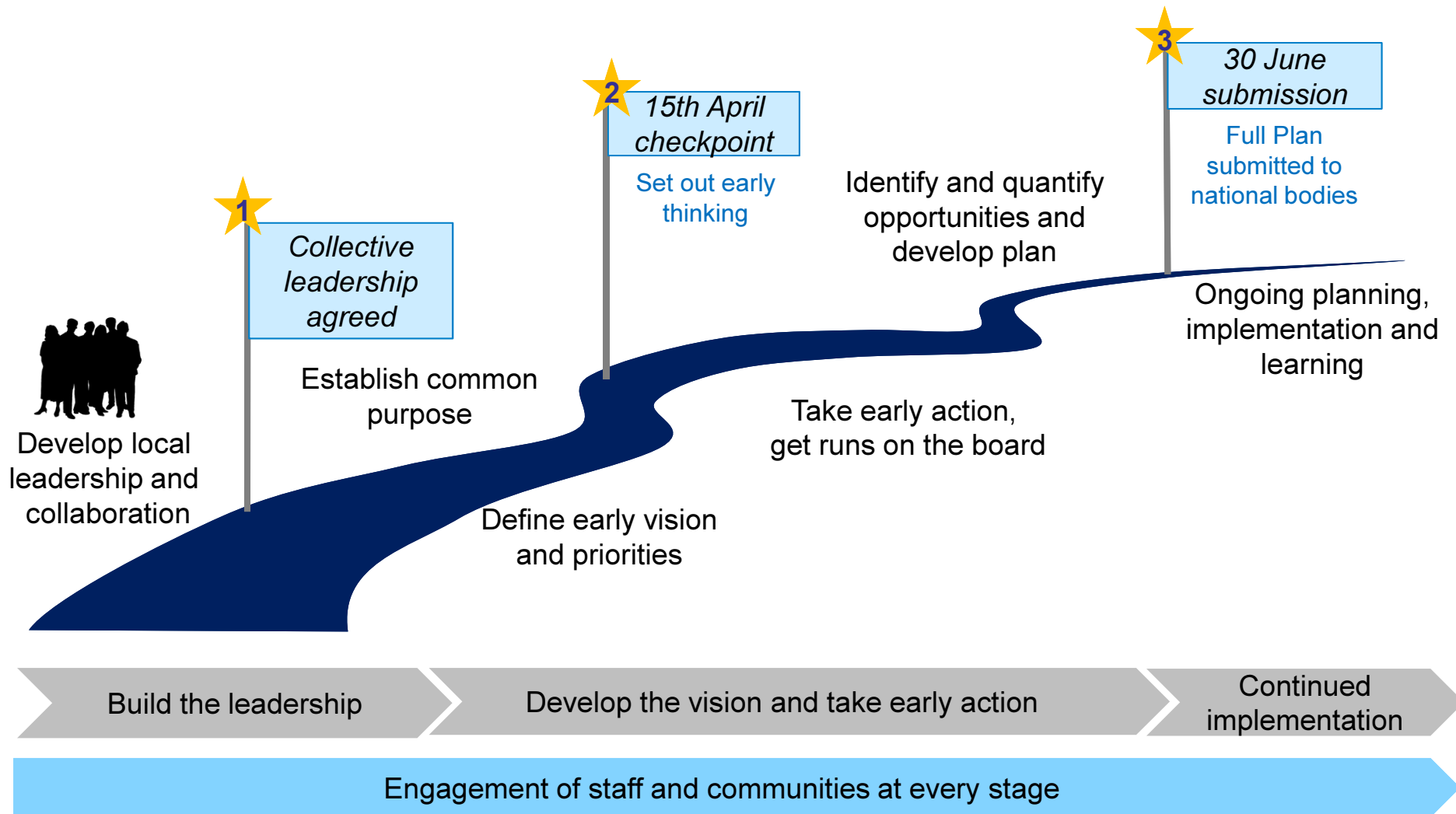
Developing a Sustainability and Transformation Plan

Health & Well-being Board 23rd March 2016

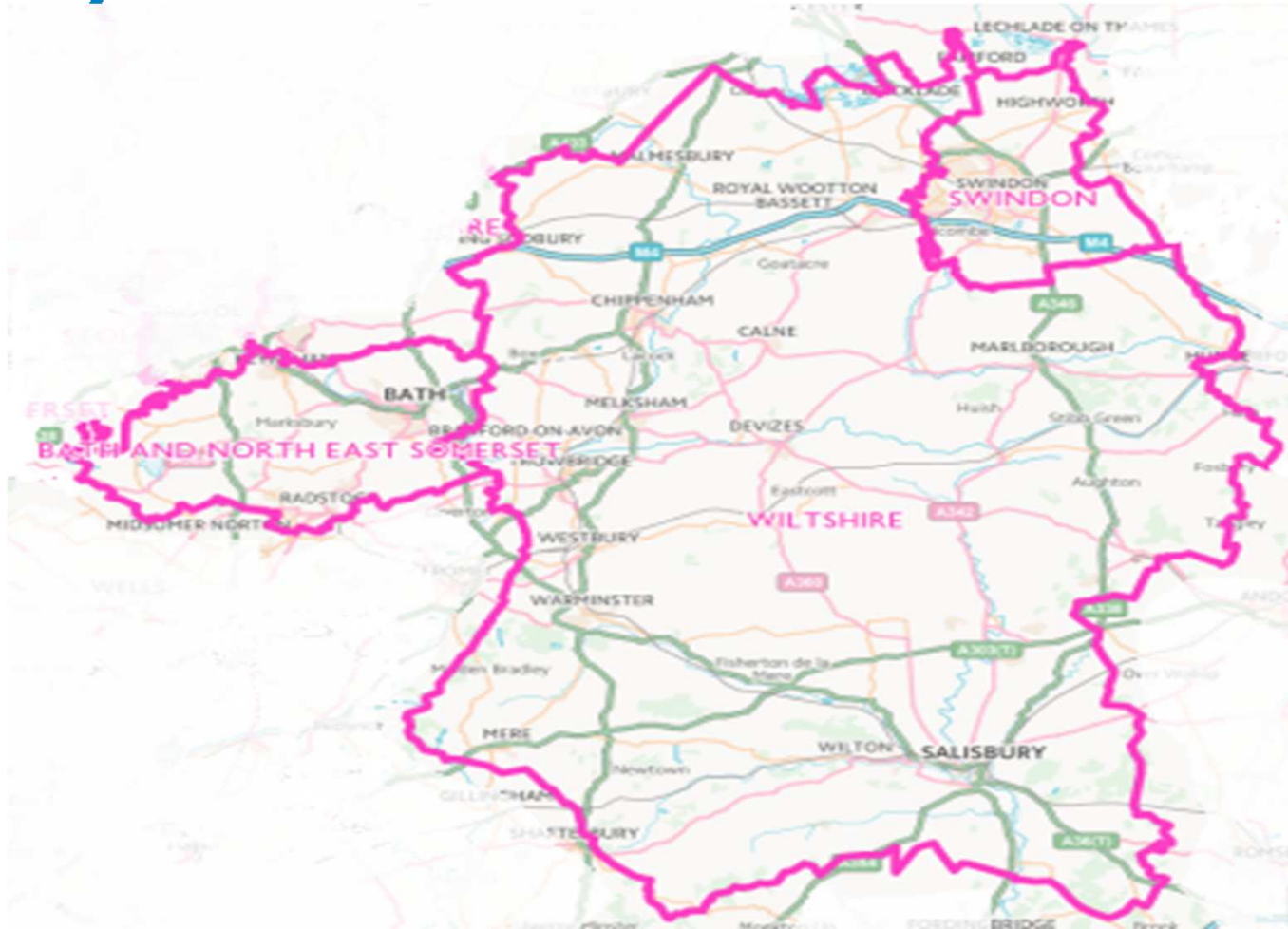
Page 9



Overview of the process



Sustainability and Transformation Footprint



Leadership & Governance

- James Scott, Chief Executive, Royal United Hospitals Bath, confirmed as Senior Responsible Officer for the STP footprint
- SRO role is to oversee the delivery and co-ordination of the development of the STP with support of all partner organisations



Draft Governance Structure

- Bath & North East Somerset CCG
- Swindon CCG
- Wiltshire CCG
- Bath & North East Somerset Council
- Swindon Council
- Wiltshire Council
- Great Western Hospital
- Royal United Hospitals' Bath
- Salisbury Foundation Trust
- Avon & Wiltshire Partnership Trust
- Sirona Care and Health
- SEQOL
- Wiltshire Health & Care
- South West Ambulance Service



The April 15th checkpoint: Summary

Each STP area is asked to make a submission by **15 April** focusing on the following **two questions**:

- a. What leadership, decision-making processes and supporting resources you have put in place to make progress?
- b. What are the major areas of focus and big decisions you will need to make *as a system* to drive transformation?

Next Steps

- 1st Governance meeting takes place on 31st March 2016
- Work has began to quantity and describe the 3 gaps:-
 - in terms of the health and well-being gap
 - the care and quality gap
 - finance and efficiency gap
- Specifying project resource and support to help deliver STP



Areas STPs will need to cover:-

- Local cross partner **prevention plan** –particular action on national priorities of obesity and diabetes and locally identified priorities to reduce demand and improve the health of local people
- Increased investment in **out of hospital sector**, including how to deliver primary care at scale
- Set out local ambitions to deliver **seven day services**, in particular improving access and better integrating 111, Minor injuries, urgent care and OOHs GP services ii) improving access to primary care at weekends iii)implementing the four priority clinical standards for hospital services every days of the week
- Set out plans for implementing **new models of care** with partners
- Set out collective action on **quality improvement**, where services are rated inadequate or are in special measures
- Set out collective action on **national priorities**: improving cancer outcomes, parity of esteem for mental health patients, transforming learning disabilities services and improving maternity services
- Return systems to **financial balance**
- Underpinned by a strategic commitment to **engagement at all levels** informed by the “six principles”



Linkages to B&NES current H&WBD Strategy?

Theme 1

Preventing Ill Health by Helping People to Stay Healthy

Priority 1

Helping children to be a healthy weight

Priority 2

Improved support for families with complex needs

Priority 3

Reduced rates of alcohol misuse

Priority 4

Create healthy and sustainable places

Theme 2

Improving the Quality of People's Lives

Priority 5

Improved support for people with long term conditions

Priority 6

Promoting mental wellbeing and supporting recovery

Priority 7

Enhanced quality of life for people with dementia

Priority 8

Improved services for older people

Theme 3

Tackling Health Inequality by Creating Fairer Life Chances

Priority 9

Improved skills and employment

Priority 10

Reduce the health and wellbeing consequences of domestic abuse

Priority 11

Take action on loneliness



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Joint Health & Wellbeing Strategy Update

Priority 4 - Creating healthy & sustainable places

An update on the Foxhill Housing Zone

March 2016

Why housing is important to health and wellbeing

- Housing standards directly affect people's physical and mental health
- Effects are most pronounced on vulnerable groups
- At a neighbourhood level, the places we live in shape our life chances and opportunities

Foxhill Housing Zone



- MOD Foxhill – now known as Mulberry Park
- Neighbouring Post-War Foxhill Estate

The Vision for Regeneration

Curo's vision is, by 2028, to create a distinctive, contemporary development of high quality housing, community facilities and open spaces – a great place to live with views across the city.



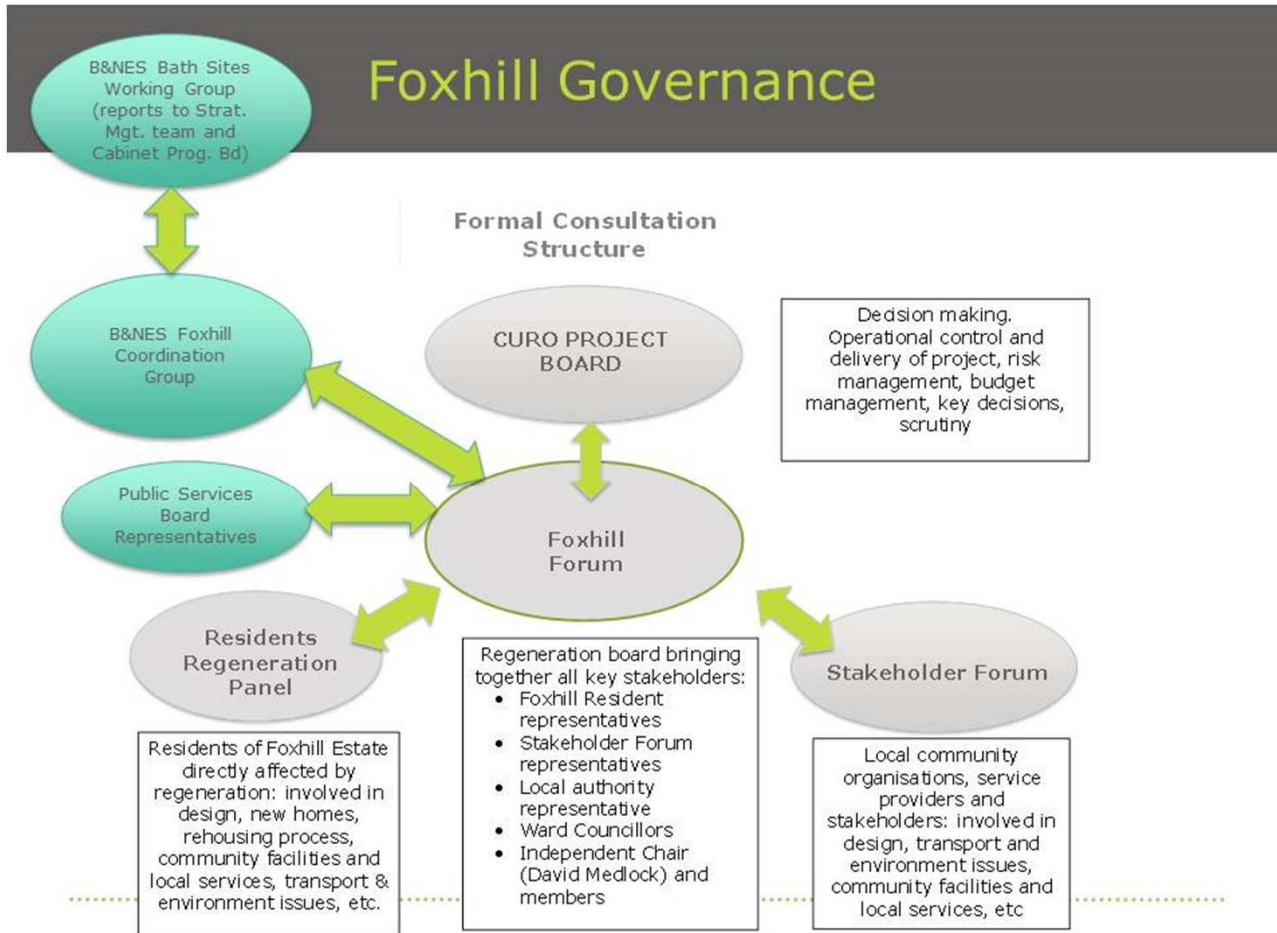
MOD Foxhill – Concept Statement (2012)

The Council's vision for the site

The Council's vision is for an integrated network of new residential development parcels that will respond to the character of the area, and accommodate new homes at a range of types and sizes. The Council's vision is for a fine grained, well connected, mixed use and visually stimulating environment, which will complement the existing character and variety of the Foxhill and Combe Down neighbourhoods.

Ensuring integration with the existing communities will be a priority for the Council. The developer will be expected to work with the Council in order to secure the provision of additional facilities, services and green infrastructure, which will help strengthen the social and environmental fabric of the area to the benefit of the new and existing communities

Consultation and Collaboration



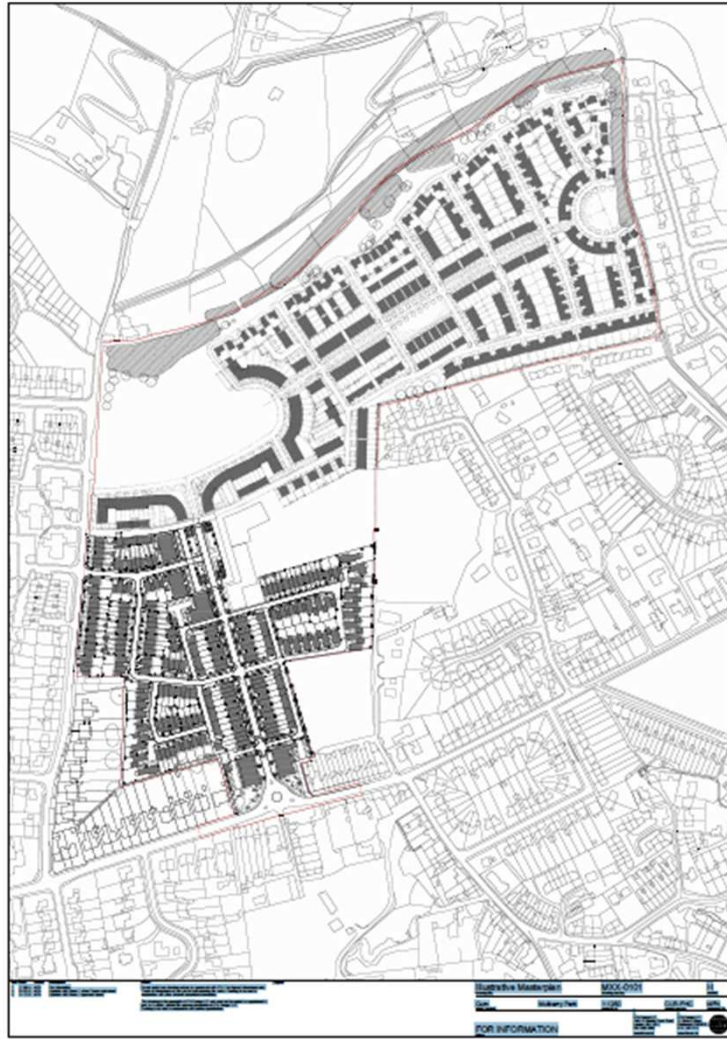
Regular B&NES Officer involvement

- Foxhill Forum (JW)
- Ward member liaison (LD)
- Senior level liaison (LF/JW/LD +key cabinet members)
- FRA/ Curo/ B&NES (JW/LD + ward members and LR)
- ARTS strategy (Ann Cullis)
- Resident's Advisor Panel (Andy Thomas / Paul Pennycook)
- Community Hub working group (AC /PP)

Housing Zone Designation

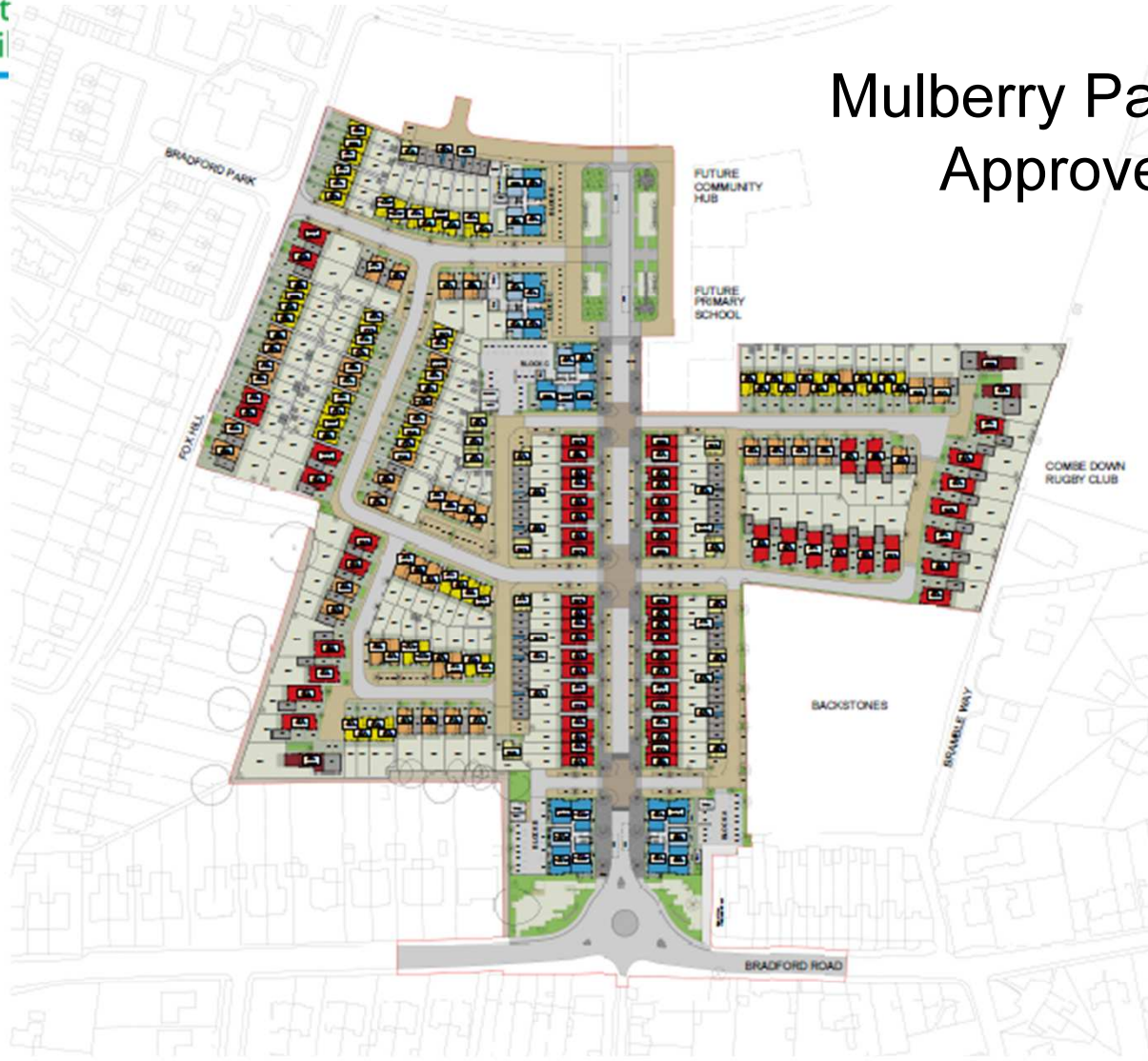
- HZ bid made by B&NES, supported by Curo, in 2014
- Government initiative predicated on accelerated delivery of new homes on brownfield sites
 - HZ status awarded to the site March 2015
 - Government priority for delivery
 - Free access to ATLAS (The HCA Advisory Team for large sites)
 - Government brokerage to accelerate dialogue between LPA and national organisations
 - Priority for capital infrastructure funding if required
 - Priority for capacity funding: £313,000 awarded in Feb 2016.
 - Foxhill Housing Zone Project Co-ordinator x 3 years
 - Independent Residents Advisor post to 2018
 - Viability modelling

Mulberry Park



- Outline consent for 700 homes, 30/03/2015 POS, primary school, pre-school, community building and employment space. 30% Affordable Housing
- Commuted sums for green space, allotments, youth provision, highways and public transport
- Phase 1 RM secured on 01/10/2015 for 276 homes.
- Infrastructure work due to commence Spring 2016
- First homes due to complete late 2016.
- Planned disposal of land to third party developers on Ph1 and future phases to accelerate delivery
- Commercial approach to delivery

Mulberry Park Phase 1 Approved Plan



Regeneration of the Foxhill Estate

- Focus on area of 537 homes with a 75 / 25 split Curo / owner occupied properties
- Early masterplanning proposals for major demolition and re-provision of 600 homes with policy compliant AH
- Significant levels of social and economic deprivation to be addressed (CLES Social & Economic Regeneration Plan)
- Funded by the surpluses generated by Mulberry Park

Regeneration of the Foxhill Estate

Key Issues for Consideration

- These are peoples' homes!
- Rehousing Strategies for Curo tenants
- Offer to owner occupiers
- Local sensitivities and opposition – huge variation in opinions
- Perceived 'loss of affordable housing' v benefits of regeneration
- Affordability – whole housing costs approach?
- Stock condition

The Foxhill Regeneration and Development Charter

- Developed by Atlas through a series of workshops with cabinet and ward members & B&NES / Curo senior management.
- Series of high level ambitions for an integrated and regenerated Foxhill and Mulberry Park
- To underpin decision making on regeneration options and future investment for: a common language and common understanding for B&NES and Curo to use
- Shared with and refined by the community and key stakeholders

Consultation on the draft

Foxhill Regeneration & Development Charter

MARCH 2016

The Foxhill Housing Zone provides an opportunity to create a sustainable and vibrant community in the south of Bath. It is crucial that we build a distinctive, well-connected neighbourhood where people will choose to visit and live.

Bath & North East Somerset Council (B&NES) and Curo are working with local people to ensure that future development at Mulberry Park and Foxhill Estate will enable improvements in both the physical and social environment of the Foxhill area.

The draft charter has been created to establish a set of shared ambitions for Foxhill that can inspire existing and new communities to become involved and shape the future of their neighbourhood. It will also act as a framework for B&NES and Curo as they work together to develop Mulberry Park and regenerate Foxhill Estate. The ultimate goal of the draft charter is to secure better outcomes for Foxhill and the wider area.



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Communities

'communities which continue to be proud of themselves and their local neighbourhood'

Successful communities are made up of people from many different backgrounds who benefit from trust, co-operation and a general sense of wellbeing, which is created when people interact. The draft charter seeks to:

- Ensure existing and future residents become and then remain actively involved in creating a new neighbourhood.
- Maintain trust and empower local people to develop and manage their community, utilising local knowledge and expertise.
- Foster a sense of continued community pride and ownership, improving the life chances of people who live there.
- Ensure good, affordable access to services and provide new and flexible education, health and community/arts facilities.
- Provide more leisure opportunities and public open spaces.



Connections

'a neighbourhood which is well connected and fully integrated with its surroundings'

Communities that are well connected and linked to each other – as well as linked by effective public transport and other methods of sustainable travel – achieve higher levels of social and economic integration. These communities also benefit from reduced congestion and pollution. The draft charter seeks to provide:

- A place integrated with Bath and a neighbourhood that 'knits' into the wider area and that is no longer out of the way.
- Links between Mulberry Park and Foxhill Estate, and the wider Combe Down area, where both existing and new housing fit seamlessly together and with the community linked by high-quality green spaces.
- Sustainable transport links to Combe Down, the rest of the city and the wider area, including safe routes to walk and cycle, and the Skyline walk.
- Improved high speed broadband.
- Improved access to community services.



Housing Choice

'a destination where people choose to come to live and then want to stay'

Regeneration can allow the Foxhill area to become a central part of one of Bath's most desirable neighbourhoods. The draft charter aims to:

- Improve housing standards and living conditions and enhance the reputation of the area.
- Provide a greater choice of homes and a balanced community, including affordable housing such as rental, shared ownership and sub-market sale to meet local housing needs.
- Enable delivery of new homes that people will accept, grow attached to and take pride in.
- Ensure that all types of housing allows for changes in people's needs and lifestyles, so they can remain fully included in their neighbourhood as their circumstances and age alter.
- Actively promote opportunities to work from home or work close to home.
- Design new housing so that differences between housing type and rental/ownership status are not obvious.
- Ensure that any new housing built on Foxhill Estate is of the same high quality as Mulberry Park homes.



Quality of Place

'A vibrant neighbourhood with a mix of uses and a strong local economy'

When the right mix of housing is combined with the best quality in building and high quality public spaces it is possible to create vibrant neighbourhoods that have a clear identity and strong economy. The draft charter will seek proposals that:

- Create a safe environment and a walkable neighbourhood.
- Deliver high quality buildings, streets and spaces, and iconic infrastructure (e.g. cable car).
- Provide a high quality, sustainable site management and maintenance service.
- Establish a clear set of 'rules' covering issues such as appropriate building heights, densities and the need to ensure that homes look the same regardless of whether they are privately owned, rented, shared ownership, council owned and rented, etc.
- Encourage local employment opportunities, including links with large, local employers such as hospitals, colleges and universities.
- Develop opportunities for learning via a flexible community space/ facilities/ hub.
- Provide high speed broadband connectivity to support access to training and services.



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Foxhill Estate Regeneration – what’s happening in the next few months?

- Recruitment of Foxhill HZ Project Co-ordinator
- Curo-led community masterplanning workshops– running between March and May
- Public exhibitions as regeneration options develop – June / July
- Viability and options appraisal work with B&NES cabinet / ward members
- Action planning on Charter delivery
- Action planning on Social and Economic Regeneration Plan – launch 28042016
- Curo work on land assembly (ie acquiring privately owned homes on Foxhill)
- Planning Pre-app work over summer months
- Planning application for the regeneration of the Foxhill Estate late 2016

Mulberry Park – what’s happening in the next few months?

- Infrastructure works commencing on site
- Ongoing community engagement on designs for new school, nursery, community building including employment space
 - Jan-March – extensive stakeholder consultation to develop design proposals.
 - April – First public exhibition to get feedback on proposals
 - June – second public exhibition to display proposed planning application
 - Ongoing engagement with local stakeholder group on design and future management of community facilities
 - Summer 2016 – submit planning application
- First new homes completing autumn 2016

Health & Sustainability Opportunities

- Improved housing standards
- Homes that can alter as circumstances change
- A focus on learning, skills and employment opportunities
- Sustainable transport links
- Safe routes to walk and cycle
- More leisure opportunities and public spaces
- Working in partnership with residents
- Promoting community pride
- Better integration with surrounding neighbourhoods
- Improved reputation
- New multi-function community facilities
- High speed broadband to support training and services

Health & Sustainability Issues

- Ensure homes are of sufficient sized units
- Ensure homes still affordable once service charges included
- Use energy efficiency design to reduce costs
- Maximise employment opportunities within the development process
- Achieve a good outcome for residents who have different views about the regeneration opportunity
- Retain the strengths within existing Foxhill community
- Make better connections with the natural green space around the neighbourhood, including food growing
- Ensure these principles feature in the masterplan

Suicide Prevention Strategy for B&NES 2016 – 2019

- **Produced by the B&NES Suicide Prevention Strategy Group**
- **Local refresh of previous strategy, in line with government's 2012 strategy *Preventing Suicide in England. A Cross Government Outcomes Strategy to Save Lives***
- **Key component of Priority 6 of the B&NES Health and Wellbeing Strategy – *Promote mental wellbeing and support recovery***

Key messages

- **Suicide is a devastating event. An individual tragedy, life altering for those bereaved and a cause of trauma for involved communities and services.**
- **Reducing the risk of suicides in B&NES demands collective commitment and contribution, from key stakeholders and partners**

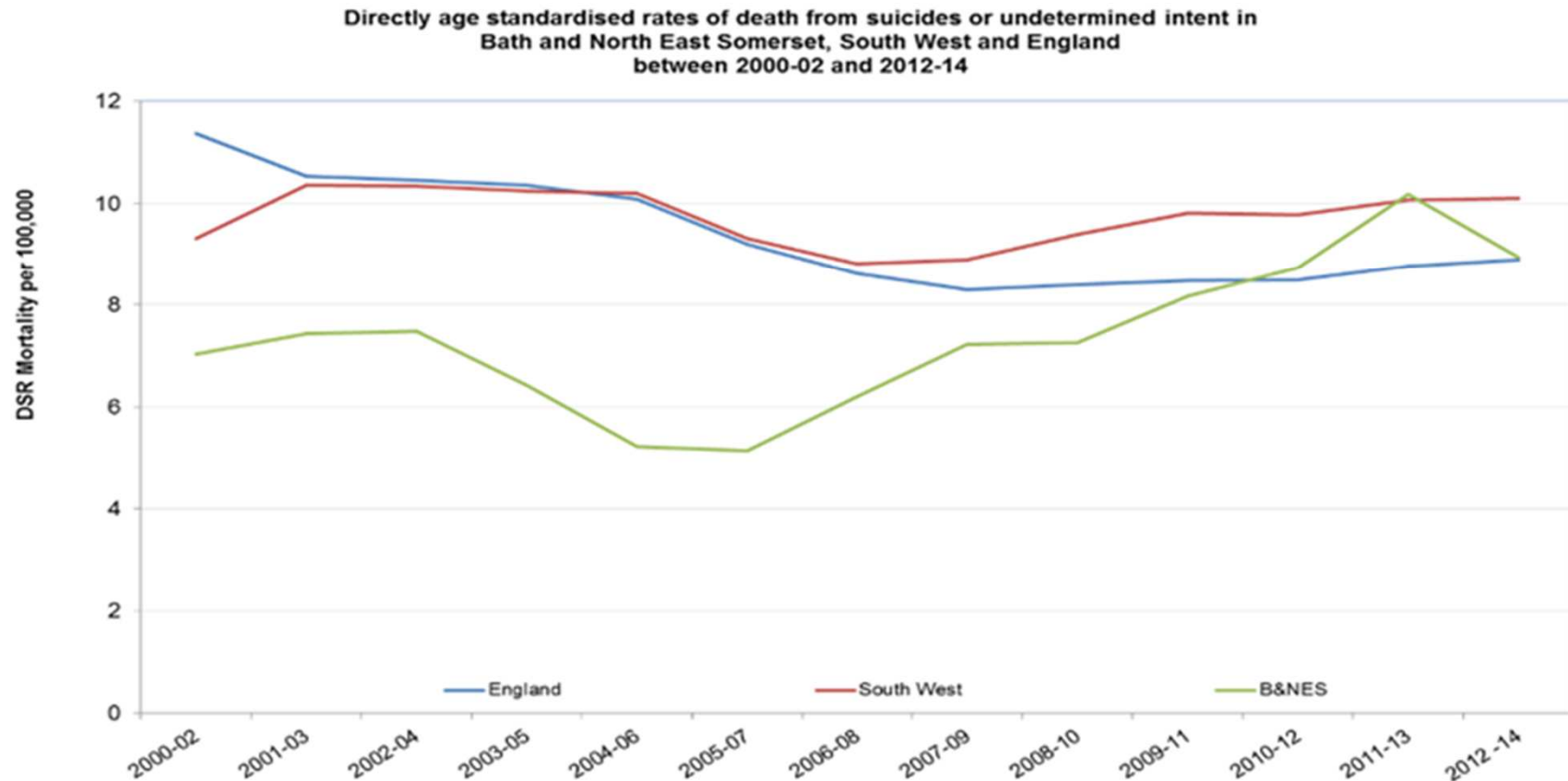
Partnership working

- **Adult Social Care**
- **Avon Wiltshire Mental Health Partnership NHS Trust**
- **NHS B&NES Clinical Commissioning Group**
- **British Transport Police**
- **Children & Young People Services, B&NES Council**
- **Child & Adolescent Mental Health Services**
- **Drug and Alcohol Services**
- **GP Surgeries**
- **RUH Emergency Department**
- **Public Health (B&NES and Wiltshire)**
- **Samaritans**
- **Southside Family Centre**
- **University of Bath**

Suicide data headlines for B&NES

- **16 deaths each year, on average**
- **Middle-aged males have the highest rate**
- **Leading cause of death amongst men and women under 35 years**
- **Most deaths are amongst men (more than three times the rate of female deaths)**
- **The majority of people who die by suicide in B&NES are not in contact with mental health services**

Comparing B&NES for deaths from suicide or undetermined intent 2000 - 2014



Risk groups

- **People with a history of self-harm**
- **Young and middle aged men (35-54 years)**
- **People in contact with mental health services**
- **Middle aged men in lower socio-economic groups**
- **People in contact with the criminal justice system**
- **LGBTQ people – particularly young gay and bisexual men**
- **Specific occupational groups such as doctors, nurse and veterinary workers, farmers and agricultural workers**

B&NES self-harm data

- **Hospital admissions for self-harm are significantly higher than national average. Around 550 admissions each year.**
...although we know that RUH more likely to admit someone for self-harm compared to other hospitals
- **Around 30% are repeat admissions and a small proportion of people have a high number of these**
- **Strong relationship with deprivation**
- **In 2013/14 there were 72 admissions of under 18 year olds, an average of between 1 and 2 admissions a week**

Action Plan: 6 key objectives

1. Keep up to date with current guidance and research, local trends and intelligence

- **Maintain self-harm register and include children and young people**
- **Use SHEU data on young people who self-harm**
- **Undertake an audit of LSCB self-harm guidelines**
- **Work with Avon Coroner to learn from local deaths**
- **Identify and map suicide hotspots**

2. Integrate suicide prevention within a broader framework for promoting mental health and wellbeing

- **Support actions to improve the emotional health and wellbeing of children and young people**
- **Evaluate the Wellbeing College**
- **Reduce stigma around mental illness**

3. Tailor approaches to improve mental health in specific groups and reduce risk in high risk groups

- **Provision of suicide prevention training for frontline staff**
- **Support for young LGBT people**
- **Packages of work to reduce self-harm**
- **Developing interventions that specifically target men**

4. Reduce access to means of suicide

- **Ensure all GPs following safer prescribing advice**
- **Reduce risk of suicide on the railway**
- **Reduce risk of suicide in public places**

5. Support those affected or bereaved by suicide

- **Set up a B&NES SOBS (Support for Survivors of Bereavement by Suicide) group**
- **Explore the use of available support materials by the police and emergency teams / departments**
- **Develop support resources for use by schools in response to a sudden death or suicide**

6. Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour

- **Develop a local media campaign for 2016 Suicide Prevention Day**

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