Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Bath and North East Somerset Health & Wellbeing Board

Democratic Services Lewis House, Manvers Street, Bath, BA1 1JG	Direct Line:	01225 394414
	Ask For:	David Taylor
	E-mail:	Democratic_Services@bathnes.gov.uk
	Date:	15 March 2016

To: All Members of the Health & Wellbeing Board

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Jo Farrar (Bath & North East Somerset Council), Councillor Tim Warren (Bath & North East Somerset Council), Councillor Michael Evans (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), Debra Elliott (NHS England), Councillor Tim Ball (Bath & North East Somerset Council) and Councillor Eleanor Jackson (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 23rd March, 2016** at **10.00 am** in the **Council Chamber - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

David Taylor
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact David Taylor who is available by telephoning Bath 01225 394414 or by calling at the Guildhall Bath (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Recording at Meetings**:-

   The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

   Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

   The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting David Taylor as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Civic Centre, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **Declarations of Interest**

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.
   (b) The nature of their interest.
   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board

Wednesday, 23rd March, 2016
Council Chamber - Guildhall, Bath
10.00 am - 12.00 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING (PAGES 7 - 12)

   To confirm the minutes of the above meeting as a correct record.

8. TRANSFORMATION GROUP UPDATE (PAGES 13 - 14)

9. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

   Sustainability and Transformation Plan Update Presentation - Tracey Cox

10. JOINT HEALTH AND WELLBEING STRATEGY UPDATE: CREATING HEALTHY AND SUSTAINABLE PLACES (PAGES 15 - 24)

11. BETTER CARE FUND PLAN UPDATE (PAGES 25 - 40)

12. SUICIDE PREVENTION STRATEGY AND ACTION PLAN (PAGES 41 - 54)

13. HEALTH INEQUALITIES INQUIRY DAY (PAGES 55 - 58)

The Committee Administrator for this meeting is David Taylor who can be contacted by telephoning Bath 01225 394414

This page is intentionally left blank

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 3rd February, 2016, 10.00 am

Dr Ian Orpen (Chairman)	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Councillor Michael Evans	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group
David Trethewey (Substitute for Jo Farrar OBE)	Divisional Director, Strategy and Performance, Bath & North East Somerset Council
Paul Scott (Substitute for Bruce Laurence)	Consultant in Public Health, Bath & North East Somerset Council

30 WELCOME AND INTRODUCTIONS

The Chairman 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.

31 EMERGENCY EVACUATION PROCEDURE

The Administrator drew attention to the emergency evacuation procedure

32 APOLOGIES FOR ABSENCE

There were apologies from Jo Farrar OBE and Bruce Laurence whose respective substitutes were David Trethewey and Paul Scott. There were also apologies from Morgan Daly and Ashley Ayre.

33 DECLARATIONS OF INTEREST

Councillor Vic Pritchard stated that he was a Member of Sirona

34 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business

35 PUBLIC QUESTIONS/COMMENTS

There was none

36 MINUTES OF PREVIOUS MEETING - WEDNESDAY 28TH OCTOBER 2015

The minutes of the previous meeting held on Wednesday 28th October 2015 were approved as a correct record and signed by the Chairman subject to, in Minute 18, the deletion of “board”.

It was noted from Minute 20 that the item relating to Housing Standards Review regarding Level 2 Lifetime Homes/Suitable Adapted Housing was not on the Agenda as stated. It was agreed that this item be added to the Forward Plan.

37 TRANSFORMATION GROUP UPDATE

The Board considered the report of the Chief Officer for BaNES CCG, Tracey Cox, which updated Members on the activity conducted by the Transformation Group at its last meeting on 6th November 2015. 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.

She provided an oral report which included the outcomes from the most recent meeting of the Group held on 29th January.

Members discussed the information provided. Councillor Vic Pritchard asked several questions regarding a submission being made by 29th January as B&NES or including Wiltshire, the quality of the submission and whether the amount of funding reflected on the footprint as a whole or just B&NES. The Chairman stated that the first issue was a separate item which the Officer could provide further information. He also referred to the pace of the development so details would still need to be provided and confirmed. The Officer stated that there was potential to access funds from the Transformation Group which would reflect the quality of the submission.

John Holden referred to paragraph 4.2 of the report regarding Your Care Your Way and asked what the providers’ thoughts were on the matter. The Officer replied that there was a sample of providers in the Transformation Group. There would be more detail in the Business Case regarding Your Care Your Way but there were some uncertainties regarding new contractual approaches and understanding their implications. There was a mixture of feelings but on the whole a willingness to make progress.

The Board noted the update report and that a further report from the Transformation Group would be submitted to the next meeting.

38 **UPDATE ON YOUR CARE, YOUR WAY**

The Board considered the report of the YCYW Programme Manager, Sue Blackman. She gave a presentation (as appended to the report), which covered various aspects under the main headings of Engagement and Consultation, Financial Planning, Contractual Models, and Market Testing, and expanded on the information provided.

Members discussed the report. The Chairman stated that this was a comprehensive review and was a roadmap for the Sustainability and Transformation Plan – it would cover health and care in a wider sense. He referred to the new contractual models being developed – GPs would need to get involved and they were starting to see the connections that were being developed. Diana Hall Hall referred to the recent Community Champions meeting held in Percy Boys Club and requested for the next meeting that it be more bite-size and aimed specifically at that meeting. The Programme Manager replied that there would be no papers for the next event; however, there had been good feedback from the meeting which would shape future events.

Councillor Vic Pritchard asked questions regarding whether everything had been taken into account regarding the 4 models proposed in the public engagement analysis and also whether fears could be allayed about possible privatisation as a result of a series of sub-contracts being proposed. The Programme Manager replied that it was the narrative behind the numbers that was useful and that a hybrid of all models taking the best bits would still be good. With regard to Councillor Pritchard's question relating to possible privatisation, she continued by saying that, whilst it was recognised that there is not a political appetite to privatise health and social care provision in B&NES, Commissioners are committed to an open and transparent procurement process which will identify the most capable provider of services in the future and this would be a collective decision including the community as part of the evaluation process. Regarding sub-contractual arrangements, it was not expected that the proportion of funding currently allocated to voluntary and third sector provision would fundamentally change and this will form part of discussion with the Preferred Bidder.

Councillor Michael Evans considered that there was an expectation that health care would be provided rather than people taking responsibility for their own health. The Programme Manager replied that all 15 priorities would be considered and new priorities may be developed. People needed to be accountable for their own health and a shift was developing from "care" to "enabling".

John Holden asked a couple of rhetorical questions but also queried Prime Contract - how it was decided, what goes into the Prime Contract and what is sub-contracted through the Dynamic Purchasing System and how to rationalise the number of providers under the new contract. The Programme Manager responded that there were the 2 aspects of Prime Contract: they are the "integrator" of services and will have overarching responsibility for delivering all Community Health and Care Services in B&NES but they would also be a direct provider of services as we would expect that any Council delegated functions sit within the Prime Provider contract. This will mean that some commissioning functions that currently sit within the CCG and Council may in the future sit within the Prime Provider. John Holden stated that, in view of time constraints, he would seek further information on this aspect outside the meeting.

The Board noted the Update Report.

39 **ANNUAL COMMISSIONING INTENTIONS: (1) COUNCIL (ADULTS, CHILDREN, PUBLIC HEALTH); (2) CCG; AND (3) NHS ENGLAND**

The Board considered a presentation (as included in the Agenda papers) regarding BaNES CCG, Council and NHS England Commissioning Intentions 2016/17.

The Director, Adult Care & Health Commissioning, Jane Shayler, expanded on the information provided.

The Consultant in Public Health for B&NES, Paul Scott, provided further information relating to the Public Health aspect of the presentation.

After a brief discussion, the Board noted the presentation.

40 **DEVELOPING A SUSTAINABILITY AND TRANSFORMATION PLAN**

The Board considered the report of the Chief Officer, BaNES CCG, Tracey Cox, on Planning Guidance to the NHS – Developing a Sustainability and Transformation Plan (STP) for Bath and North East Somerset. She outlined the report which required the CCG to develop an STP by 30th June 2016 which is a placed based plan working in conjunction with system partners setting out a shared local vision for health and care services. The Plan would need to reflect local health and wellbeing strategies and demonstrate integration with local authority services including, but not limited to, prevention and social care.

The Members of the Board discussed the report and recommendations and asked questions to which the Chief Officer replied. The Chairman referred to the close working relationship with Wiltshire so business would continue as normal. There had been some conversations regarding devolution – these would need to be developed so that they were not one-sided. There would be some refinements and a shifting of boundaries. It was expected that there would be a submission in June but timescales were difficult and more detail would become available later. Councillor Tim Warren stated that economies of scale were needed to undertake local work. As regards devolution, he was not looking at health at the present time as it did not fit the boundaries of the West of England – it was an organic process.

The Board considered the implications of the requirement to develop an STP for B&NES and how it wanted to shape the development of an STP. However, it did not accept the recommendation to delegate the detailed development of an STP to the Transformation Group and it reporting on progress to the Board at appropriate intervals.

The Board decided that an urgent Development Session be arranged for Members in the next couple of weeks to look at the matter in more detail.

41 **SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORMS**

The Project Manager for Service Improvement, Charlie Moat, submitted a report which provided an update on the progress of the SEND Reforms in B&nes and the

next steps and future governance arrangements for SEND.

He outlined the report and stated that good progress was being made despite a lot of work being involved and that it would be challenging financially as regards additional responsibilities. They would be able to track the outcomes of young people with SEND and it would feed into the governance arrangements and include the observations of the PDS Panel. There would soon be an Ofsted Inspection where consideration of employment would be a key factor. He introduced Chris Wilford, Head of Vulnerable Learners, who commented on aspects of the report as appropriate including the Self Evaluation Framework (SEF) which would prepare them for a 5 day broad inspection by the Care Quality Commission (CQC).

The Members of the Board discussed the report and commented on the next steps outlined in the Report and as set out in the appended progress report (Appendix 2). Councillor Michael Evans considered that there should be a “whole life” approach than just delivery of SEND. The OECD had indicated that there was poor literacy in young people in the UK compared with other countries. The Project Manager stated that B&nes adopt a whole school approach and personalise learning which stands it in good stead. The Chairman commented on the composition of the Strategy Group and the issue of a 5 day inspection.

After some discussion, the Board:

(1) Noted the progress of the SEND Reform and the recommendations of the PDS Panel as set out in the Report; and
(2) Supported the establishment of governance arrangements for SEND in B&nes accountable to the Board as set out in the Report and Appendix 3 of the Report

(Note Councillor Tim Warren left the meeting during consideration of this item)

42 TWITTER QUESTIONS/STATEMENTS

There was none

The meeting ended at 12.00pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

This page is intentionally left blank

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**23rd March 2016**
TYPE	**An open public item**

Report summary table	
Report title	Transformation Group Update
Report author	Tracey Cox, Chief Officer BaNES CCG
List of attachments	Summary Report - Transformation Group Update – Meeting of 29th January 2016

SUMMARY REPORT - TRANSFORMATION GROUP UPDATE

1. EXECUTIVE SUMMARY

This report updates the Health & Wellbeing Board on the activity conducted by the Transformation Group at its last meeting on 29th January 2016.

2. BACKGROUND

The Transformation Group is a sub group of the Health and Wellbeing Board providing a forum to support the delivery and implementation of *'Seizing Opportunities',* BaNES CCG's current 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 Health and Wellbeing Board's strategic planning.

3. BUSINESS UNDERTAKEN AT MEETING HELD ON 29th January 2016

The Transformation Group discussed the following agenda items:-

- Better Care Fund Performance Update
- Interoperability: Connecting Care Business Case
- Developing a Sustainability and Transformation Plan

4. KEY DISCUSSIONS AND DECISIONS

4.1 Better Care Fund Update

The Group reviewed the position at Month 8 against a range of BCF measures including proposed reductions in non-elective admissions this year. The Transformation Group noted the continued high variance from plan for non-elective

activity (4% above target and 2% above 2014/15) and poor Delayed Transfer of Care (DTOC) performance with an increase in the number of days lost due to Delayed Discharges. (32% above target for total delays but 2% below 2014/15). A DTOC Action plan will be developed as part of the 2016/17 revised Better Care Fund Plan and shared with the SRG and H&WB.

The Transformation Group agreed to commission some further clinical audit to support an improved understanding of the reasons for admissions and what proportion may be preventable and to hold a joint half day Clinical Summit to scope service alternatives on Thursday 24th March 2016.

4.2 Interoperability: Connecting Care Business Case

The Transformation Group considered the proposed options for progressing with Interoperability in B&NES. Whilst all system partners remain committed to interoperability as a concept, there is not currently a system wide consensus of the benefits of Connecting Care as the mechanism for delivery.

The Transformation Group considered the current options for taking the issue forward and agreed the Interoperability Programme Board should continue to identify options for interoperability based on existing data sharing and tactical solutions across our local systems, whilst reconsidering the opportunities for a strategic solution. The Interoperability Programme Board will report back on its progress in 3 months' time.

4.3 Developing a Sustainability and Transformation Plan

The Transformation Group was appraised of the requirements relating to the development of a Sustainability and Transformation Plan, noting that B&NES was part of a wider NHS planning footprint that covered B&NES, Swindon and Wiltshire.

Providers expressed the view that their ability to participate in the development of an STP whilst the CCG and Council were progressing with a procurement process relating to *Your Care, Your way* may be limited as the timescales for both processes would run concurrently.

The Transformation Group would be further advised of its role in supporting the development of an STP plan as the governance and process for developing an STP was confirmed.

5. FUTURE BUSINESS

The next meeting will take place on 19th March 2016 and will include the following agenda items:

- Better Care Fund Plan for 2016/17
- Update on STP Plans

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**23/03/2016**
TYPE	**An open public item**

Report summary table	
Report title	Joint Health and Wellbeing Strategy update: Priority 4 - Creating healthy and sustainable places
Report author	Paul Scott (Public Health) & Louise Davidson (Housing Services)
List of attachments	Foxhill Regeneration & Development Charter (Draft)
Background papers	Information about the Foxhill Housing Zone can be found at: http://www.mulberryparkbath.co.uk/
Summary	Priority 4 of the B&NES Health and Wellbeing Strategy is to create healthy and sustainable places. This covers a number of work streams (food, travel, housing, planning) but the focus of this board report is an update on developments for the Foxhill Housing Zone. This is the biggest housing focused regeneration programme in B&NES, led by the housing provider and developer Curo. Foxhill is an area that experiences above average deprivation and where housing, skills and employment challenges make it harder to achieve good health outcomes. A draft Foxhill Regeneration and Development Charter has been developed in a partnership with B&NES Council and Curo. This aims to firmly set the high level ambitions of both organisations for the regeneration of Foxhill. The charter outlines a number of ambitions that should improve the wider determinants of health for this area and overall quality of life. These wider issues are sometimes called the 'causes of the causes' of ill health.
Recommendations	The Health and Wellbeing Board is asked to: • Note the significance of the Foxhill Housing Zone development, in terms of potential for improvements in the long term health and sustainability of this area of relatively high deprivation.

	• Consider the role that the Health and Wellbeing Board might play in supporting the health and sustainability issues outlined in the Charter.
Rationale for recommendations	The 2010 Marmot Review of effective action to reduce health inequalities in England identified 6 policy areas to focus on. One of these was to create and develop healthy and sustainable places and communities. This ambition also features as priority 4 of the B&NES Health and Wellbeing Strategy. The Foxhill Housing Zone is an excellent example of how local partners are working towards this ambition for a local community.
Resource implications	There are no direct resource implications around approval of the draft charter for consultation. Community engagement and consultation costs are being met by Housing Zone capacity funding awarded directly to ATLAS. There are no staffing implications around engagement and consultation on the Charter that cannot be met within existing capacity. The Ambitions articulated in the Charter will provide a framework to determine how the Council may direct future resources into the Foxhill regeneration, if available. The scale of potential revenue implications will be considered as part of any future project assessment and appropriate approvals will be sought on a project by project basis as required. Funding has been secured for a project management officer post within the Council to support the delivery of the Charter and the Government's Housing Zone targets.
Statutory considerations and basis for proposal	The Charter is the articulation of the agreed ambitions of Curo and B&NES Council in their respective roles as land owner and Local Authority. It is not a planning document nor is it proposed to adopt the Charter in any formal policy. The Ambitions in the Charter will advise and underpin potential future investment decisions, targeting of staffing resources and potential partnership development work with outside agencies. Future decision-making will be taken through the appropriate approval processes with statutory requirements and responsibilities, options and risks assessed as needed. Delivery of the Foxhill Housing Zone is essentially focused on meeting an accelerated completion of new homes. This contributes to Core Strategy house building targets and delivery of affordable housing. The wider regeneration aspects of the Housing Zone, which are outlined and underpinned by the Charter, reflect the need to improve the health outcomes and socio-economic performance of

	Foxhill as a place to live.
Consultation	Curo have engaged with the local Foxhill community throughout the process, including in relation to this Charter, and will continue do so going forward in to the practical master planning phase of the development. The Charter itself has been subject to public consultation during February and March 2016.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1 Background

Priority 4 of the B&NES Health and Wellbeing Strategy is to create healthy and sustainable places. This covers a number of work streams (food, travel, housing, planning) but the focus of this board report is an update on developments for the Foxhill Housing Zone. This is the biggest housing focused regeneration programme in B&NES, led by the housing provider and developer *Curo*.

The Foxhill estate, south of Bath city centre, is one of the most deprived areas in B&NES and is amongst the 20% most deprived wards nationally. Its sits in contrast to the surrounding neighbourhoods which are amongst the least deprived 20-30% nationally. Health outcomes are worse than average but of particular note are the gaps in qualifications, skills and employment. Much of the estate is social housing owned by Curo, parts of which are in poor condition and require redevelopment.

Nonetheless, the area also has significant assets such as a strong sense of local identity, mutual support networks and sense of neighbourliness. There are large amounts of green space in the area, with opportunity for relaxation, exercise and food growing, though some of this is not well utilised due to the quality of the space, particularly for younger people. It quality is also near Bath University and within reach of the city centre and employment opportunities by public transport. Local schools and health services are also of good.

In 2013, Curo bought the former MoD site at Foxhill which is adjacent to the existing housing estate. B&NES Council, with Curo's support, applied for these areas to be designated as a housing zone and this was confirmed in March 2015. It is one of only 20 Housing Zones outside London.

The Foxhill Housing Zone comprises the redevelopment of the former MOD site for 700 new homes (Mulberry Park) and the regeneration of the neighbouring post war Foxhill estate which will deliver additional new homes (1,300 in total across the two sites), alongside wider community, social and economic regeneration activities including new open spaces, community facilities and improvements to the local transport infrastructure.

In January 2016, the Council secured £313,000 funding for the Foxhill Housing Zone from the government. This funding is to help overcome challenges and speed up delivery of the project. For more information, see www.mulberryparkbath.co.uk

2 The issue

A draft Foxhill Regeneration and Development Charter has been developed by the Homes and Communities Agency Advisory Team for Large Applications (ATLAS) in conjunction with Bath and North East Somerset Council and Curo. This aims to firmly set the high level ambitions of both organisations for the regeneration of Foxhill.

It has been developed over a series of 3 workshops between November 2015 and January 2016 run by ATLAS with Cabinet, Ward members and senior officers from the Council and the Curo Senior Management team.

The Charter will help to reduce risk in the work coming forward through the Foxhill Housing Zone. In particular it should firmly set the joint high level ambitions and provide a mandate for Curo and the Council to work together, ensuring that the Housing Zone is delivered appropriately and effectively.

The draft Charter has been subject to public consultation during February and March 2016, which has now closed. Feedback arising from this will be summarised verbally at the Health and Wellbeing Board meeting, including that given by the Create Healthy and Sustainable Places working group.

The 4 key ambitions identified in the Charter for the Foxhill Housing Zone are set out below. The attached charter provides more detail about each of these ambitions and sets out specific objectives that have the potential to improve all of the key determinants of health:

- **Communities**: 'communities which continue to be proud of themselves and the local neighbourhood'

- **Connections**: 'a neighbourhood which is well connected and fully integrated with its surroundings'

- **Housing Choice**: 'a destination where people choose to come to live and then want to stay'

- **Quality of Place**: 'A vibrant neighbourhood with a mix of uses and a strong local economy'

3 Recommendations

The Health and Wellbeing Board is asked to:

- Note the significance of the Foxhill Housing Zone development, in terms of the opportunities for improving the long term health and sustainability of this area.

- Consider the role that the Health and Wellbeing Board might play in supporting the health and sustainability issues outlined in the Charter.

4 Resource implications

There are no direct resource implications around approval of the draft charter for consultation. Community engagement and consultation costs are being met by Housing Zone capacity funding awarded directly to ATLAS.

There are no staffing implications around engagement and consultation on the Charter that cannot be met within existing capacity.

The Ambitions articulated in the Charter will provide a framework to determine how the Council may direct future resources into the Foxhill regeneration, if available. The scale of potential revenue implications will be considered as part of any future project assessment and appropriate approvals will be sought on a project by project basis as required.

Funding has been secured for a project management officer post within the Council to support the delivery of the Charter and the Government's Housing Zone targets.

Please contact the report author if you need to access this report in an alternative format

This page is intentionally left blank

Bath & North East Somerset Council

curo

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.

THE FOUR DRAFT AMBITIONS

At the heart of the draft charter are four ambitions that will guide decision-making about regeneration and development. Each ambition aims to contribute to building a greater sense of community by providing more housing choice and through the active participation of people in deciding how their neighbourhood is run.

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.

Homes & Communities Agency

Advisory Team for Large Applications (ATLAS)

MAKING THINGS HAPPEN

The ambitions outlined in the draft charter will be delivered through a combination of social, economic and physical regeneration.

They will be shaped through a consultation and engagement process. Options for physical, social and economic regeneration will be developed and tested against the ambitions of the draft charter – set out on pages 2 and 3 of this document. Proposed changes will also be tested for their deliverability and financial viability.

This process of testing proposed changes against the charter ambitions will take place over the coming year through a series of workshops with residents, B&NES, Curo and other stakeholders, together with wider public exhibitions. Formal approval for any physical changes will be sought from B&NES through the submission of an outline planning application, scheduled for summer 2016.

You can read and comment upon the draft charter via the Bathnes website
www.bathnes.gov.uk/consultation/foxhill-regeneration-and-development-charter
Further information on the Foxhill and Mulberry Park please go to
www.mulberryparkbath.co.uk

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**23/03/2016**
TYPE	**An open public item**

Report summary table	
Report title	Better Care Fund Plan 2016/17
Report author	Jane Shayler – Director, Adult Care and Health Commissioning Andy Rothery – Finance Business Partner Caroline Holmes – Senior Commissioning Manager – Better Care
List of attachments	Appendix 1: Financial Summary of BCF funded schemes Appendix 2: Draft Delayed Transfers of Care (DTOC) Action Plan
Background papers	Report to the Health and Wellbeing Board (HWB), 17th September 2014 Report to the Health and Wellbeing Board, 25th March 2015 BCF Plan Submission: http://www.england.nhs.uk/wp-content/uploads/2014/12/bcf-bath-prt1.pdf
Summary	Bath and North East Somerset's Better Care Plan 2014/15-2018/19 was agreed by the Health and Wellbeing Board on the 17th September 2014, this led to the plan being approved and recognised as an example of best practice through the NHS England national assurance process. The Health and Wellbeing Board agreed at its meeting on 25th March 2015 to put in place a formal agreement setting out funding transfers, governance and risk share arrangements under Section 75 of the NHS Act 2006. This agreement was entered into by the Council and Clinical Commissioning Group (CCG) on 1st April 2015. The Autumn 2015 Spending Review set out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Further details were then set out by NHS England in the 2016/17 Better Care Fund Policy Framework with detailed guidance published on 23rd February 2016. This report summarises the Policy Framework and then sets out proposals for Bath and North East Somerset's BCF Plan 2016/17 with the emphasis on new requirements and how it is proposed that

	these will be met.
Recommendations	The Board is asked to: • Agree the proposed utilisation of BCF 2016/17 funds as set out in Appendix 1; • Agree the Delayed Transfers of Care (DTOC) Action Plan attached as Appendix 2; • Agree the proposed local DTOC targets as set out in paragraph 2.15; and • Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission on 25th April 2016.
Rationale for recommendations	The Health and Wellbeing Board in September 2014 approved and endorsed B&NES's Better Care Plan 2014/15-2018/19 and the associated schemes to be funded from the Better Care Fund in the context of the local vision for and delivery of integrated care and support. This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows: Theme One - Helping people to stay healthy: • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. Theme Two – Improving the quality of people's lives: • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. Theme Three – Creating fairer life chances: • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. A requirement of NHS England is that the plans for investing the 2016/17 BCF must be agreed by the Health and Wellbeing Board, which will then have strategic oversight of the delivery of those plans.
Resource implications	The national funding allocations into the BCF remain consistent with the 2015/16 with a small reduction in the CCG minimum contribution this has taken BCF funding from £12.049m in 2015/16 to £12m in 2016/17. The proposed use of the funding is set out in Appendix 1 of the report. The 2016/17 BCF Section 75 agreement will be amended to include a local risk share of £540k that revises the 2015/16

	agreement with the 2016/17 BCF technical guidance.
Statutory considerations and basis for proposal	This report responds to the national technical and planning guidance on the Better Care Fund published on 23rd February 2016. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.
Legal implications	The report details the steps needed to enable the Health and Wellbeing Board to demonstrate compliance with the conditions for accessing the BCF fund in 2016/17 and in particular the requirement to jointly agree plans for how that funding will be spent. The deadline for the submission of the BCF Plan with NHS England is 25 April 2016 and therefore delegated authority for final signoff is required to meet the deadline.
Consultation	Key contributors to this report are: • Director, Adult Care and Health Commissioning; • Strategic Business Partner – Joint Commissioning (Council & CCG); • Senior Commissioning Manager – Better Care; • Council Section 151 Officer; • CCG Chief Finance Officer. The local vision for integrated care and support and associated plans have been developed through engagement and consultation with our community and a broad range of partners, including representatives from: provider organisations; primary care; VCSE (Voluntary, Community and Social Enterprise) sector organisations; Healthwatch B&NES; the HWB; the CCG, the Council, including Public Health.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. Any arising financial risks have been recorded by both CCG and Council in line with Schedule 3 of the Better Care Fund Section 75 Agreement.

THE REPORT

1 2016/17 BETTER CARE FUND POLICY FRAMEWORK AND GUIDANCESUMMARY

1.1 In 2016-17, the Better Care Fund will increase to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The local flexibility to pool more than the mandatory amount will remain. From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund. In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services.

1.2 In developing the policy framework, NHS England "has taken on board.. the strong feedback from local areas of the need to reduce the burden and bureaucracy in the operation of the Better Care Fund… and streamlined and simplified the planning and assurance of the Better Care Fund in 2016-17, including removing the £1 billion payment for performance framework, which for B&NES was £540k in 2015/16**.**

1.3 In place of the performance fund are two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system, and to ensure continued investment in NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

1.4 **Conditions of Access to the Better Care Fund**

In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

1.5 NHS England will also require that Better Care Fund plans demonstrate how the area will meet the following national conditions:

- Plans to be jointly agreed. In agreeing the plan, CCGs and local authorities should engage with health and social care providers likely to be affected by use of the fund in order to achieve the best outcomes for local people;

- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services (utilising the local share of the payment for performance fund), which may include a wide range of services including social care. Local areas can choose to put an appropriate proportion of their share of the payment for performance fund into a local risk-sharing agreement as part of contingency planning in the event of excess activity;
- Agreement on local action plan to reduce delayed transfers of care, including a locally agreed target agreed between the CCG, LA and relevant acute and community trust.

1.6 Delayed Transfers of Care Reduction Action Plan

NHS England expects locally agreed DTOC Action Plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and LAs are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce – ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

1.7 The Assurance and Approval of the Local Better Care Fund Plan

The first stage of the overall assurance of plans will be local sign-off by the relevant Health and Wellbeing Board, local authority and Clinical Commissioning Group(s). In line with the NHS operational planning assurance process, plans will then be subject to regional moderation and assurance. The key aspects of the process for the planning, assurance and approval of Better Care Fund plans are:

- Brief narrative plans will be developed locally and submitted to regional teams through a short high level template, setting out the overall aims of the plan and how it will meet the national conditions. The document "BCF Planning 2016-17, Approach to regional assurance of Better Care Fund plans" was published on 7th March and includes the Key Lines of Enquiry (KLOEs) to be addressed in the narrative plans. The late publication of this guidance does increase the challenge of achieving the required submission deadlines.
- A reduced amount of finance and activity information relating to local Better Care Fund plans will be collected alongside CCG operational planning returns to submitted to NHS England, to ensure consistency and alignment
- There may be flexibility permitted for devolution sites to submit plans over a larger footprint if appropriate
- An assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Agency, Monitor and local government
- These judgements on 'plan quality' and 'risks to delivery' will contribute to the placing of plans into three categories – 'Approved', 'Approved with support', 'Not approved'.

1.8 Where plans are not initially approved, or are approved with support, NHS England will implement a programme of support to help areas to achieve approval (and / or meet relevant conditions) ahead of April 2016. NHS England has the ability to direct use of the fund where an area fails to meet one of the Better Care Fund conditions.

1.9 **National Performance Metrics**

Under the 2015/16 Better Care Fund policy framework local areas were asked to set targets against the following five key metrics:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient / service user experience
- A locally-proposed metric

In the interests of stability and consistency, areas will be expected to maintain the progress made in 2015/16.

1.10 **Planning Timetable and Submission Requirements**

2 March: Excel template submission, fairly high level covering finances and metrics.

21 March: First submission of full narrative plans for Better Care alongside a second submission of the BCF Planning Return template.

25 April: Final submission, once formally signed off by the Health and Wellbeing Board.

1.11 As part of the submission of the full narrative plan, local partners will need to agree the following:

- The local vision for health and social care services – showing how services will be transformed to implement the vision of the Five Year Forward View and moving towards integrated health and social care services by 2020, and the role the BCF plan in 2016/17 plays in that context;
- An evidence base supporting the case for change;
- A coordinated and integrated plan of action for delivering that change;
- A clear articulation of how they plan to meet each national condition; and
- An agreed approach to financial risk sharing and contingency.

These requirements can be evidenced through existing plans if agreements are already in place. In light of the very tight turnaround between issue of this guidance and deadline for submission, this is likely to be the approach taken in most areas

1.12 **Confirmation of Funding Contribution**

Submissions will need to confirm minimum contribution and any additional funding into BCF are used in accordance to BCF policy framework including supporting adult social care. This will need to include specific funding allocations as follows:

- Disabled Facilities Grant – encourage the use of home adaptions and technology to help support people in their own home. Requirement to involve local housing authority representatives in developing and agreeing plans.
- Care Act Funding – nationally £138m was earmarked for Care Act duties in 16/17 main focus is on having plans to support informal family carers. Further information to be sent direct to LA's from DoH.
- Carer's Break Funding – Need to identify how this existing funding stream is giving carer specific support.
- Reablement funding – nationally £300m earmarked to reablement in 15/16, this will continue in 16/17 to maintain reablement capacity.

2 B&NES BCF PLAN 2016/17

2.1 Context

B&NES BCF Plan 2016/17 reflects the vision and strategic priorities for integrated health and care set out in and evidenced by existing plans including the Better Care Plan 2014/15-2018/19, CCG 5-Year Strategic Plan 2014/15-2018/19, Health and Wellbeing Strategy and plans associated with the Council and CCG's joint review of Community Services **"*your care, your way*"** (see www.yourcareyourway.org).

2.2 Following extensive engagement and consultation with our community, our vision is:

- Bath and North East Somerset will be a connected area ready to create an extraordinary legacy for future generations - a place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big.
- We will have health and care services in the community that empower children, young people and adults to live happier and healthier lives.

- Our services will provide timely intervention and support to stem ill health, prevent social isolation and tackle inequalities. By placing people at the heart of services, they will receive the right support at the right time to meet their needs and conditions.

- Dedicated to supporting greater levels of prevention and to help people self-manage their conditions, community services will ensure that clear routes to good health and wellbeing are available.

- Supporting people to access services when they are needed in as seamless a way as possible, navigators will assist individuals to access pathways of care and support. Services will be easy to access and will connect and integrate across acute, primary care, mental health and community service boundaries.

- Services will reward excellence and innovation, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for people in ways which deliver best value for money.

2.3 In this wider context, our 2016/17 BCF plan focuses on the new conditions as set out in the Policy Frame and planning guidance. As summarised in paragraph 1.3, these are: investment in NHS commissioned out-of-hospital services; a DTOC Action Plan; and a locally agreed target for reducing DTOCs.

2.4 Investment in NHS Commissioned Out-of-Hospital Services

The Better Care Fund Plan for B&NES continues its investment in a range of integrated services, designed to enable people to remain independent and in control of their lives. However, there are also a number of changes to schemes this year, following a review of activity, outcomes and value for money. The labelling of schemes has also changed in 2016/17, to better reflect the approach of each scheme and what it aims to deliver. This is shown in the financial summary of schemes attached at Appendix 1.

2.5 The changes outlined below reflect the new expectations of the Better Care Fund in 2016/17 to reduce delayed transfers of care and to invest further in out of hospital services. They support the DTOC action plan which is outlined in paragraphs 2.12-2.14 below and attached as Appendix 2. The changes also reflect the further development of integration detailed in ***your care, your way*** our vision for community services in Bath and North East Somerset.

2.6 Within the Home from Hospital schemes heading, the Handyperson service which expedites minor adaptations in the home to support hospital discharge is to transfer from the current provider, Somerset Care and Repair to an alternative provider, West of England Care and Repair under an established framework contract to secure the level of service needed and achieve improved value for money. This change follows a review of the pilot service provided by Somerset Care and Repair. There will be no adverse impact on the service and, indeed, the change of provider may result in an improvement to the number of people accessing the service as a result of greater awareness of the service and a simplified referral pathway. Similarly, the support provided to the Royal United Hospital and hospital discharge process will not change.

2.7 An urgent domiciliary care response service, supporting people waiting to be discharged from hospital to home will be commissioned to further test an approach piloted on a small scale in 2015/16. The service will complement the reablement and Discharge to Assess schemes and the aim is to reduce the number of days that patients are delayed in hospital, waiting for their care package to begin. Building on the 2015/16 pilot, the intention is to further develop and test this approach during 2016/17 to evidence its impact and value.

2.8 A key element of the Better Care Fund in 2016/17 will be a greater focus on the use of technology and assistive technology in particular. This additional investment will enable teams to work alongside service users and carers and try different forms of assistive technology during assessment such as that undertaken, for example, as a core element of the reablement service, or as part of Discharge to Assess.

2.9 This will allow teams the time and space to test out equipment with people with the benefit and back up of care which will help assess whether equipment such as medicine dispensers, door alerts and movement sensors that can support people to remain at home, provide reassurance to carers and family members and can help highlight risks that can then be addressed. Equipment will also be introduced to enable practitioners to evidence the risk of people remaining at home and it is expected that this will be required before any proposal to move into permanent care is made. This proposed change in practice is one that would reflect the seriousness of a life-changing event such as moving into a care home and the importance of exploring alternative options and enabling individuals to make informed decisions.

2.10 The Integrated Enablement Service, which provides reablement to residents of care homes and extra-care housing, is being re-shaped to develop a falls prevention and response service. This change is being introduced as the prevalence of falls within the community and in care homes in particular is one of the major causes of admission to hospital. The aim is to support people who fall whilst living in a care home to enable their assessment to be carried out locally where clinically appropriate, rather than being admitted to hospital.

2.11 Delayed Transfers of Care Action Plan

The DTOC action plan, attached at Appendix 2 has been developed using feedback from a recent multi-agency review of managing hospital discharges over the Christmas and New Year period. Its title ***"Everyone's Issue"*** was coined at the event and describes the nature of the plan, which sees accountability and responsibility for improving the numbers of patients delayed in hospital shared across a range of agencies.

2.12 It sets out plans for: improving capacity within key services such as domiciliary care and reablement; supporting complex discharges; and agreeing escalation procedures so that when the answers are not straightforward, the issue can be escalated to senior managers to make a decision. It starts with a recommendation that patients delayed in all aspects of services are counted, rather than just in acute and community hospital beds. This will allow the true picture and capacity required to be clear to all partners and plans to be strengthened as a result.

2.13 Governance and oversight of the DTOC Action Plan have been agreed by the multi-agency Systems Resilience Group. This will be one of the most critical levers of the plan as ownership and visibility of actions are critical to its delivery.

2.14 In line with our plan for a whole system reduction in delayed transfers of care, our **local target** is to achieve an overall **reduction in delayed transfers of care of 8%** in 2016/17. However, this is subject to fully working through the impact of the recent implementation of the changes in definitions of DTOCs and quantifying the impacts of the DTOC Action Plan.

3 FINANCIAL IMPLICATIONS

3.1 2016/17 BCF Schemes

Appendix 1 gives a full summary of the BCF schemes, this shows the usage of the B&NES element of the £1bn fund for NHS commissioned out-of-hospital services which total £3.13m. The schemes that the Council is acting as lead commissioner for in partnership with the CCG total £10.37m giving a combined BCF of £13.5m.

3.2 Funding allocations

The funding allocations into the 2016/17 BCF are summarised below with 2015/16 allocations for reference

Funding Summary	2015/16 £000	2016/17 £000
CCG Minimum contribution	11,091	11,008
Disabled Facilities Grant Capital	552	991
Social Care Capital	406	
Total	**12,049**	**11,999**

This shows that there has been a £50k reduction in funding allocations in 2016/17, however the total value of the BCF in 2016/17 has increased to £13.5m, this due to the Council aligning its revenue funding for the Care Act implementation with the BCF.

3.3 Risk Share

The 2016/17 risk share agreement between the Council and CCG will be amended to reflect the requirements of the BCF 2016/17 Technical Guidance. The guidance states that a local risk share will need to be put in place where emergency admission reductions targets were consistently not met in 2015/16; this is to ensure that the same pound is not spent twice.

For B&NES the intention is to build the risk share around the approach used in 2015/16 which will create a maximum risk share fund which is equal to the value of non-elective admissions that original BCF plans aimed to avoid. Table 1 below summarises the target reductions in admissions and financial value.

Table 1

Non-Elective Admissions	
	Total
2014/15	15,249
2015/16 Target	14,976
Growth	109
QIPP	-382
Difference	**-273**
Percentage Reduction	-1.81%

BCF Risk Share Contingency	**£539,994**

This value will be withheld by BaNES CCG from the BCF allocation which is paid into the pooled budget from the beginning of the year. The rationale for holding this outside the fund is to ensure that BCF investment does not cause the CCG to over extend itself in financial terms and hence put the financial balance of the health economy at risk

It is proposed that in the where emergency admissions are reduced in line with the original BCF plan then funding will be released into the BCF pooled budget.

Please contact the report author if you need to access this report in an alternative format

This page is intentionally left blank

Appendix 1 – Better Care Fund 2016/17 Scheme Summary

Better Care Fund 2016/17 Schemes				Lead Commissioner		
Scheme Name	Scheme Type	Area of Spend	Source of Funding	BaNES CCG 2016/17 £	B&NES Council 2016/17 £	New or Existing Scheme
C.I.C. Integrated Delivery Infrastructure	Reablement services	Community Health	CCG Minimum Contribution		£500,000	Existing
C.I.C. Integrated Delivery Infrastructure	Intermediate care services	Community Health	CCG Minimum Contribution		£350,000	Existing
7 Day Working	7 day working	Community Health	CCG Minimum Contribution		£278,000	Existing
Integrated Reablement (Sirona)	Reablement services	Community Health	CCG Minimum Contribution		£1,172,351	Existing
Integrated Reablement (Sirona)	Reablement services	Community Health	CCG Minimum Contribution	£480,056		Existing
Integrated Reablement (Domicillary Care)	Reablement services	Community Health	CCG Minimum Contribution		£1,347,593	Existing
Falls Response Service	Reablement services	Social Care	CCG Minimum Contribution		£208,000	Existing
Home from Hospital Schemes	Intermediate care services	Community Health	CCG Minimum Contribution		£342,000	Existing
Integrated Care and Support	Integrated care teams	Community Health	CCG Minimum Contribution	£2,008,000		Existing
Protection of Social Care	Other	Social Care	CCG Minimum Contribution		£3,046,470	Existing
Social prescribing	Personalised support/ care at home	Mental Health	CCG Minimum Contribution	£100,000		Existing
Mental Health Reablement Beds	Reablement services	Mental Health	CCG Minimum Contribution		£100,000	Existing
Support for Carers	Support for carers	Other	CCG Minimum Contribution		£266,000	Existing
BCF Strategic Support	Other	Other	CCG Minimum Contribution		£269,530	New
Care Act Implementation	Other	Social Care	CCG Minimum Contribution		£420,000	Existing
Care Act Implementation	Other	Social Care	Local Authority Social Services		£1,080,000	New
Disabled Facilities Grant	Personalised support/ care at home	Social Care	Local Authority Social Services		£991,000	Existing
BCF Risk Share Contingency	Other	Other	CCG Minimum Contribution	£540,000		New
Total				**£3,128,056**	**£10,370,944**	
Total BCF				**£13,499,000**		

Funding Summary	Year	Amount £
Section 75 Transfer CCG To Council	2016/17	£8,299,944
CCG NHS Commissioned Out of Hospital Services	2016/17	£2,588,056
Payment for Performance	2016/17	£540,000
Care Act Council Revenue	2016/17	£1,080,000
Disabled Facilities Grant Capital	2016/17	£991,000
Total		**£13,499,000**

This page is intentionally left blank

B&NES Council and BaNES CCG Better Care Fund Delayed Transfers of Care Action Plan
"Everyone's Issue"
2016-2017

Introduction:

This plan has been developed using feedback from the Home for Christmas Review (29 January 2016) and also from the High Impact Change Model feedback from the RUH and Sirona in December 2015. The High Impact Change Model was developed by the LGA, TDA, ADASS, Monitor, NHSE and Department of Health and sets out a number of high impact changes that can reduce the likelihood of Delayed Transfers of Care (eg 7 days a week services, capacity modelling for example) . B&NES Council was asked to submit an assessment of status against each category in December. This took place with feedback from Sirona and the RUH.

The plan carries the title "Everyone's Issue" which reflects the view of colleagues across health, social care, providers and voluntary sector colleagues who attended the Home for Christmas Review event in

Reference	High Impact Change/Local Target	Issue Reported	Actions to take	By when	Lead organisation	Outcomes expected - how will we know it has been successful?	RAG status	Comments
	Ensure governance and monitoring in place for DTOC plan	BCF requires trajectory and governance in place	Set out governance arrangements and sign off with key partners.	Mar-16	BaNES CCG and B&NES Council	Clear governance in place		
			Set and sign off formal trajectory reported within BCF, plus local trajectories at acute and community level	Apr-16	BaNES CCG and B&NES Council	Visible trajectory with clear monitoring and reporting in place		
			Agree local forum which will lead delivery and monitoring of operational changes. Proposed to be System Flow subgroup of SRG.	Mar-16	BaNES CCG and B&NES Council	Clear monitoring of operational changes taking place		
	Recording and baseline data	Are DTOCS being fully recorded? Domiciliary care delays can be outside hospital settings	Ensure formal DTOC definitions are used across both RUH and Sirona with consistency.	Mar-16	RUH, Sirona and AWP	The health and social care economy will be clear on the numbers of DTOCs each week and where to focus efforts		
			Ensure NHSE 3 step ready for transfer used	Mar-16	RUH, Sirona and AWP	One definition of patients ready for discharge will be used across the system.		
			Develop sub-set of reports focusing on domiciliary care delays and care home delays (the 2 most common delays)	Mar-16	BaNES CCG	Better visibility each week of the scale of domiciliary care capacity available.		
			Confirm SRG support to collect and monitor data on patients who are "Ready for Transfer" for whom immediate transfer is not possible and where they have not yet been formally coded as a Delayed Transfer of Care	Mar-16 SRG				
	Capacity - modelling capacity required	Bottlenecks regularly occur and capacity is not always flexible - ie there is not always opportunity to increase capacity at peak times at short notice.	Undertake review of demand and capacity for key pathways and develop analysis of demand. To include audit of from when patients become ready for transfer to when they are discharged	May-16	BaNES CCG and B&NES Council, RUH, Sirona and AWP	There is better understanding across the system of the capacity required and how to address this as demand increases.		
	Domiciliary Care Capacity	Lack of domiciliary care capacity - up to 75-85 requests at any one time	Uplift fees for 4 strategic providers to ensure funding for National Living Wage	Jan-16	B&NES Council	Increased numbers of carers employed and capacity grows		Uplift implemented Jan 2015
			Hold joint B&NES/Somerset/CCG/NHSE domiciliary care summit	21-Apr-16	BaNES CCG	A set of tangible outcomes and actions will be in place to address the development of domiciliary care capacity and services provided.		Event in diary for 21 April 2016
			Develop rapid out of hospital domiciliary care offer to bridge capacity gaps and facilitate rapid discharge.	*Jun-16*	B&NES Council	Extra block capacity will be in place to facilitate hospital discharges and carry out assessments within the patients' own homes with an expected stabilisation and recovery taking place in the first 4 weeks before assessment of ongoing need is compled.		
			Agree plan to address "over prescribing" of care in hospital and community and capacity to reassess promptly to release care back into the system.	Sep-16	B&NES Council and Sirona	Risks will be managed appropriately and care will be in proportion to assessed risks. Care will then be reassessed promptly to ensure that it is made available again as soon as possible.		
			Plan and agree minimum levels of dom care capacity availability at times of high pressure	Jul-16	B&NES Council	A capacity model for domiciliary care during winter pressures is agreed and plans in place with providers to deliver this care.		
			Review opportunities for Extra Care Sheltered Housing to become hubs and outreach with care/response options	Oct-16	B&NES Council	All options for maximising care are explored.		
			Agree workforce development plan with domiciliary care providers	Sep-16	B&NES Council			
	Reablement Capacity	Reablement beds in place but strategic direction and impact unclear. Community reablement service under pressure and reviewed as part of the Adult Services Review and recommendations due end of March 2016	Implement recommendations within Adult Services Review	Dec-16	B&NES Council and Sirona	The pathway and offer will be clear. The definition of reablement will be clear, with the expected outcome that capacity will be directed at those most able to benefit from the reablement offer.		
			Consider option of including telecare as an assessment tool during reablement and discharge to assess pathway	Apr-16	B&NES Council	Technology will become a common feature of assessment, tested during this pathway so that ongoing needs can be accurately assessed and met.		
			Review the availability and nature of reablement care bed base to ensure the system can flex to meet the right type and level of demand and ensure open to all parts of the system including ambulance service	Sep-16	B&NES Council, BaNES CCG and Sirona	Expectations around the nature and type of bed availability are set out and beds commissioned as appropriate.		
	Offering multi disciplinary and multi-agency assessment within a hospital setting and facilitating discharge outside the hospital setting	The IDS service is becoming established within the RUH. There are several options, including Discharge to Assess, Facilitating Hospital Discharge (domiciliary care) and Home from Hospital (Age Uk). Despite these services, access to urgent domiciliary care upon discharge is still a gap.	Other service options for discharge pathways need to be explored alongside discharge to assess to ensure we maximise all opportunities. See also Facilitating Hospital Discharge scheme above.	Sep-16				
			Further develop metrics to show benefits of Discharge to Assess, Facilitating Hospital Discharge (eg set timeframe for patient discharge from referrral)	Jul-16				
		Further development of Integrated Discharge Service (IDS)	Co-location taking place in March. Operational processes to be developed from April 2016 IDS Project Group re-established	 May-16	 RUH and Sirona			

	7 days a week services	Care homes do not accept admissions at weekends and can take several days to assess patients.	Work in partnership with care homes to identify those willing to admit at weekends, identify issues from their perspective and develop a plan in response to these issues	Jul-16	B&NES Council	A list of care homes willing to admit at weekends is available and the views of care homes are understood with plans in place to meet their concerns		
			Work with care homes to establish reasonable time frames for assessment (eg within 48 hours)	Jul-16	B&NES Council	Care homes understand the need to assess promptly and this has been expressed formally by commissioners.		
		The CRC reablement beds do not accept admissions at weekends	Work with Sirona to identify how DLNs could support admissions to CRCs	Jun-16	Sirona	Weekend admissions from the RUH to the CRC reablement beds are possible.		
		Domiciliary care providers and reablement do not accept new cases at weekends	Clarify expectations with providers	Apr-16	B&NES Council	Weekend discharges to domiciliary care providers and reablement takes place.		
		There is a reluctance to take admissions by care providers due to concerns about key support at the weekend (eg meds, equipment delivery, medical cover etc)	Understand concerns from care providers about taking admissions at weekends and develop a plan to respond to these (eg medication, equipment delivery)	Jun-16	B&NES Council	Concerns are understood, a plan is in place and weekend discharges become more common.		
		The Trusted Assessor role is under development but could be used more effectively to support assessments and discharge planning	Single referral form now designed for RUH. Continue to develop Trusted Assessor role, identification of best pathway for patient and who should assess. To include social care assessments.	Sep-16	RUH and Sirona	A core assessment can be undertaken by a number of different professionals and colleagues accept and trust each other's assessment. Capacity over a 7 day period is maximised and flow continues.		
		The Trusted Assessor role is not accepted currently by external providers due to concerns about CQC requirements to ensure homes can fully meet needs.	Open dialogue with care providers about the trusted assessor role and whether this could be explored further with care home providers	Aug-16	B&NES Council			
	Escalation of Delays and use of Choice Protocol	Lack of clarity about where to escalate problems with discharge that cannot be solved at operational levels.	Amendment to Standard Operating Procedure for IDS so that issues are escalated to a Director in the first instance for pts at the RUH. Similar procedure required for both Community Hospital and community patients. Time frame for escalation needs to be agreed.	Mar-16	RUH, Sirona and AWP			
			Introduce NHSE recommended 7 day Stranded Patient Metric within RUH, Community Hospitals and community services	Aug-16	RUH Sirona and AWP	Stranded patients identified and escalation plans put in place to minimise further delays and ensure patients are supported to be discharged as soon as possible.		
			Agree trigger metrics for stranded patients	Aug-16	RUH,Sirona and AWP	all partners are clear when a patient is considered to be stranded and a clear escalation process is used.		
			Develop proposals to support self-funders with timely information and advice.	Jul-16	B& NES Council	There is clarity about the offer for self funders and who will manage this process.		
			Ensure cross CCG agreeements are in place to deal with complex over border discharges	Jul-16	BaNES CCG	A clear process is in place for complex over the border discharges so that the process for agreeing arrangements is smooth.		
		Consistency in usage of Choice directive - is implementation of the policy clearly in place and is it robustly followed?	Develop supporting difficult conversation with families pack and training for staff	Jun-16	System Flow SRG Sub-group?	Use of the policy is standard and staff feel supported to manage difficult conversations		
			Take up training offered by Wilts on Choice policy	May-16	RUH, Sirona and AWP	Training and implementation of Choice policy continues, even whilst waiting for national guidance.		
			Complete revision of Choice policies following publication of national guidance	TBC	RUH , Sirona and AWP	Policy is updated with national guidelines and good practice.		
	Enhancing Health in Care Homes	Develop plans for a falls response service	See left	May-16	Falls Strategy Group	A response service is in place which enables older people in care homes to have their fall assessed and treated where appropriate in their care home setting.		

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**23/03/2016**
TYPE	**An open public item**

Report summary table	
Report title	Suicide Prevention Strategy and Action Plan
Report author	Paul Scott (Public Health, B&NES Council) The attached strategy was written by Clare Laker (Public Health, B&NES Council)
List of attachments	Suicide Prevention Strategy For Bath and North East Somerset 2016 – 2019
Background papers	Public Health England: Guidance for developing a local suicide prevention action plan www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan More information about this issue in B&NES is available from the JSNA website www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/suicide-and-mortality
Summary	The attached report is the updated B&NES Suicide Prevention Strategy 2016-2019. It has been produced by the B&NES Suicide Prevention Strategic Partnership as part of the local authority's public health responsibilities. It is a key component of Priority 6 of the Health and Wellbeing Strategy, which is 'Promoting mental wellbeing and supporting recovery'.
Recommendations	The Board is asked to: • Note the strategy and it's key actions • Comment on any potential gaps or areas for further coordination between organisations • Continue to provide high level support for the suicide prevention activities outlined in the action plan
Rationale for recommendations	The development of a local suicide prevention plan is recommended by government and supports the 2012 strategy 'Preventing Suicide in England. A Cross Government Outcomes Strategy to save Lives'.

	Public Health England have also set out guidance for local authorities which has informed our local strategy, alongside local population data and the views of clinical and community organisations in B&NES.
Resource implications	Financial and staff resources committed to the development and implementation of this strategy are from within the existing agreed local authority budgets for public health and children and young people services as well as the B&NES Clinical Commissioning Group.
Statutory considerations and basis for proposal	The development of a local suicide prevention plan is recommended by government and supports the 2012 strategy 'Preventing Suicide in England. A Cross Government Outcomes Strategy to save Lives'.
Consultation	The following have been involved in the creation of the strategy or provided comments and views: • Adult Social Care, B&NES Council • Avon Wiltshire Mental Health Partnership NHS Trust • B&NES Clinical Commissioning Group • British Transport Police • Children and Young People Services, B&NES Council • Child & Adolescent Mental Health Services in B&NES • Drug and Alcohol Services Commissioner, B&NES Council • GP representative from B&NES Primary Care • RUH Emergency Department • Samaritans • Southside Family Centre • University of Bath • Public Health, Wiltshire Council
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1.1 See the attached Suicide Prevention Strategy and Action Plan 2016-19

Please contact the report author if you need to access this report in an alternative format

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Suicide Prevention Strategy
For Bath and North East Somerset 2016 - 2019

Key messages

Suicide is a devastating event. It is an individual tragedy, a life altering crisis 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

1.0 Purpose

This strategy provides a framework for action to prevent avoidable loss of life through suicide for all children, young people and adults living in Bath and North East Somerset (B&NES). It covers a three year period with the implementation driven by the Suicide Prevention Action Plan

The vison set out within this strategy is based on the most recent policy and guidance regarding mental health and specifically suicide prevention and self-harm reduction. It has been written and agreed by the B&NES Suicide Prevention Strategic Partnership Board.

2.0 Introduction

Suicide is a devastating event. It is an individual tragedy, a life altering crisis for those bereaved and a cause of trauma for involved communities and services. The consequences at all these levels is not only profoundly distressing in the immediate term but also extends to long term psychological trauma, ill health and reduced quality of life for those affected, and societal stresses in the communities concerned

Alongside the personal and social impact of suicide, the economic costs are also profound. The average cost of a completed suicide of a working age individual in England is £1.67 million This includes intangible costs such as the consequences of pain and suffering of those bereaved as well as loss of wages and outputs and the cost and time of public services.

Suicide is not inevitable. Whilst prevention is complex and challenging, evidence based solutions exist that cover most of the individual factors that contribute to the risk of suicide. This strategy incorporates many of these in response to the specific needs of the population of

B&NES. It recognises that to be effective there has to be equal commitment and responsibility to deliver on these from key organisations within B&NES

2.1. Local and national data on suicide and self-harm (See page 7 for full web links)

The World Health Organisation [1] defines suicide as the act of deliberately killing oneself. NICE Quality Standard 34 [2] defines self-harm as an 'expression of personal distress and where the person directly intends to injure him/herself'.

Suicide is the leading cause of death among men and women aged between 20 and 34 years of age in England and Wales. The B&NES Joint Strategic Needs Assessment (JSNA) provides a detailed source of national and local data on Suicide and Mortality of Undetermined Intent [3] and self- harm [4]. Some headline messages include:-

- In the UK as a whole and across all ages, males have a considerably higher rate of suicide than females (13.8 per 100,000 for males in 2011-13, compared to 4.0 for females). Preventing suicide in England: Two years On: Second annual report on the cross-government outcomes strategy to save lives (2015)

- 75% of people who die by suicide have not had recent contact with secondary mental; health services

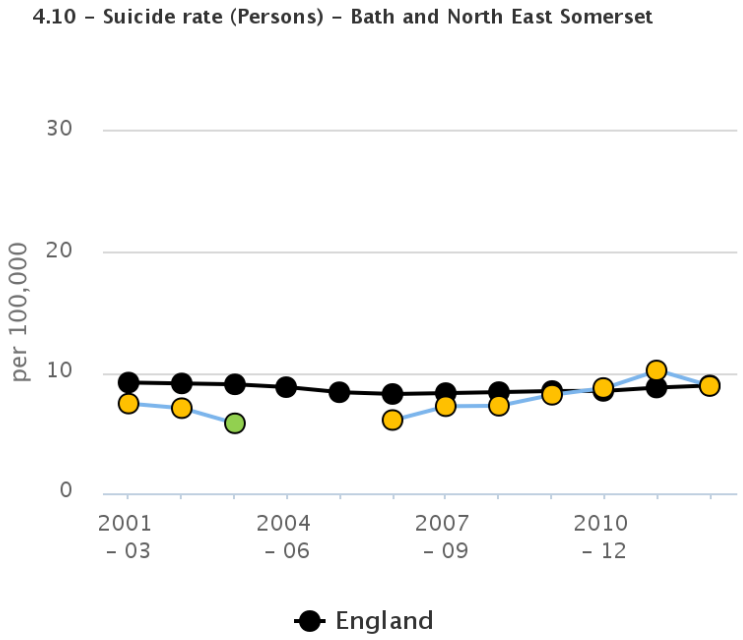
- As well as males generally, Public Health England [5] identifies a number of groups who are at higher risk of suicide than the general population. These are
  - Young and middle aged men (the highest rate aged 35-54)
  - Middle aged men in in lower socio economic groups
  - People with a history of self-harm
  - People in contact with the criminal justice system
  - Lesbian, gay, bisexual, transgender and questioning (LGBTQ)
  - People in the care of mental health services, including in-patients
  - Specific occupational groups such as doctors, nurse and veterinary workers, farmers and agricultural workers

- Since 2008, the suicide rates for people aged 15 years and over in BANES have been increasing. Consequently, though B&NES used to have a significantly lower rate of deaths from suicides or undetermined intent than the South West and England it now has a rate much the same them. It should be noted, however, that 2012 – 2014 data shows a fall in deaths See Figure 1

- Many cases of suicide in B&NES were males not in contact with mental health services but many of whom had depression and were out of work and some of whom had a history of self-harm.

- There were 5 undetermined deaths in U18 year olds between 2011 and March 2013 compared to none in the previous 5 years.

Figure 1: Suicide rate per 100,000 – Bath and North East Somerset



- Between 2011 – 2013, there were 54 deaths from suicide in B&NES. During this same time period, there were 1,563 B&NES residents admitted to hospital by the emergency department after self-harming
- In this same period in B&NES there has been a significant increase in the rate of male hospital admissions for self-harm
- There is a clear and significant relationship between socio-economic deprivation and admissions for self-harm. This is shown by using hospital admissions data from each local area in B&NES and comparing against their level of deprivation.

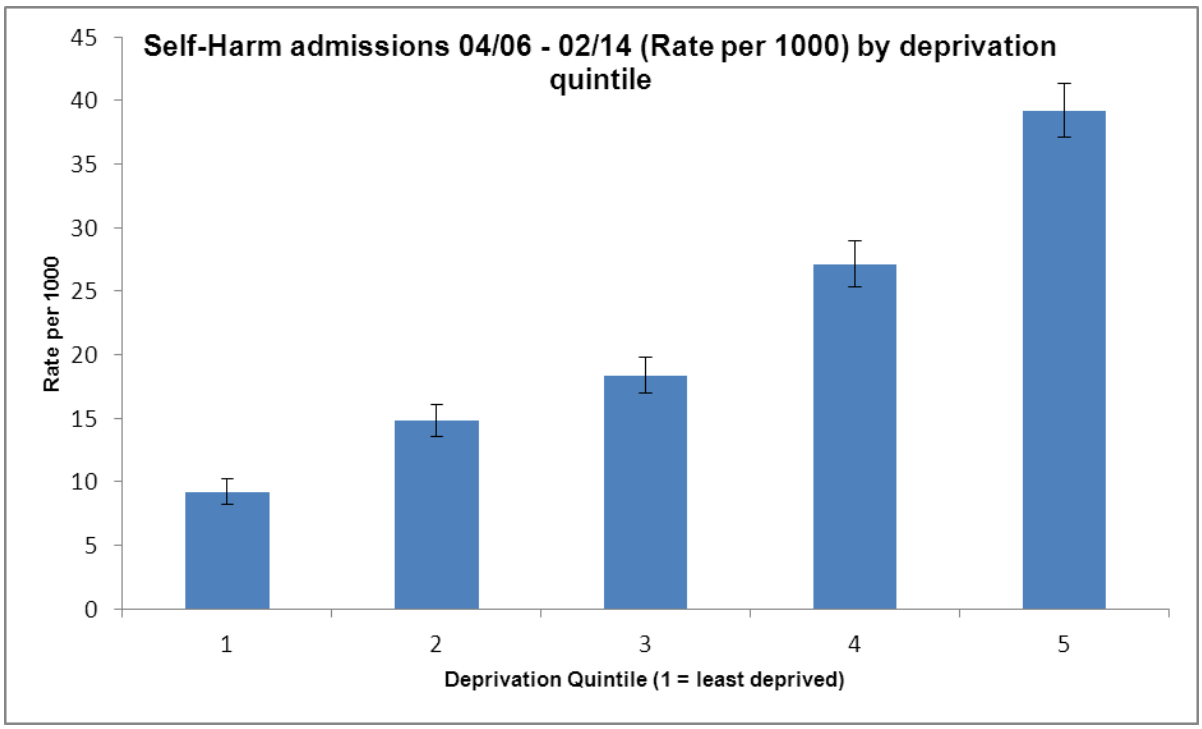


Figure 2: Rate of hospital admissions for self-harm April 2006 to February 2014 by income deprivation (2010)

- ❖ Hospital admissions for self-harm among 10-24 year olds during 2013/14 in B&NES were significantly higher than national
- ❖ During 2013/14 there were 72 emergency self-harm hospital admissions of under -18 year old B&NES residents, an average of between 1 and 2 admissions a week
- ❖ In B&NES a small proportion of people that self-harm have a very high number of repeat admissions

3.0 Strategic principles

3.1 Partnership working: key stakeholders

Preventing suicides in B&NES demands collective commitment and contribution, from key stakeholders and partners. Department of Health Guidance on Preventing Suicide [6] recommends that a broad range of agencies have a key role to play in reducing suicide. These include:-

▪ Public Health ▪ Mental Health Services ▪ Emergency Departments ▪ Clinical Commissioning Group ▪ Primary Care	▪ Children and young people's services ▪ Education ▪ Employment ▪ Police

▪ Drug and Alcohol Services ▪ Emergency services ▪ Justice System	▪ Voluntary and private sector including those representing those affected by suicide

The unique contribution of partners is highlighted in the B&NES Suicide Prevention Action Plan. B&NES Suicide Prevention Strategic Partnership Board includes representatives from these organisations and those who commission them and oversees local strategic work.

3.2 Implementation and Governance

The B&NES Suicide Prevention Strategic Partnership Board has developed this multi-agency strategy as part of the local authority's public health responsibilities. It directly contributes to the overarching B&NES Joint Health and Well-being Strategy which is governed by the Health and Wellbeing Board.

The strategy is linked to and supports B&NES'

- Joint Health and Wellbeing Strategy [7]
- Corporate Plan [8]
- Children and Young People's Plan [9]
- Children and Young People's Emotional Health and Wellbeing Commissioning and Delivery Strategy [10]
- Alcohol Harm Reduction Strategy [11]
- Children and Young People's Substance Misuse Action Plan
- B&NES Mental Health Commissioning Strategy 2015- 2020

3.3 Evidence based

This strategy takes an evidence based approach to suicide prevention. This means:-

- Being informed by national and local intelligence
- Drawing on existing evidence of best practice
- Keeping up to date with new evidence as it evolves
- Developing local initiatives that are properly evaluated

4.0 Review of existing strategy

A review on the progress made against the 2011-2015 action plan, that accompanied the last strategy, was undertaken in July 2015. Key outcomes of this review included success in the following areas:-

- Development and implementation of the Wellbeing College
- Inclusion of mental wellbeing within the Carers Strategy
- Strengthened partnership links between children and young people's services and public health with regard to support for schools around suicide
- Shared training for partner organisations led by AWP and Samaritans
- Establishment of the self-harm prevention working group
- Dissemination of self-harm guidance to staff working in children's services across organisations
- Development of the self-harm register
- Development and implementation of the self-harm postcard scheme

Outstanding actions were also identified and where these remain a priority have been incorporated into the 2016-2019. These include:-

- Identify and disseminate support available to children and young people at a universal level to promote emotional health and wellbeing
- Provision of specialist training for organisations working with high risk groups
- Development and implementation of a self-harm information pack for children and young people admitted for a SH episode
- Mapping of suicide hot spot areas within the authority
- Provision of a support group for people bereaved by suicide
- Work with the media

5.0 Aims and Objectives for 2016- 2019

The aim of the Bath and North East Somerset Suicide Prevention Strategy is to r**eview and coordinate local strategic work to reduce the risk of death from suicide and undetermined injury**

Objectives/ areas of action

- Keep up to date with current guidance and research, local trends and intelligence
- Integrate suicide prevention work within a broader framework for promoting mental health and wellbeing
- Tailor approaches to improve mental health in specific groups and reduce risk in high risk groups
- Reduce access to means of suicide
- Support those affected or bereaved by suicide
- Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour

Appendix 1: Web site links for above hyperlinks

1	The World Health Organisation – definition of suicide	http://www.who.int/topics/suicide/en/
2	NICE Quality Standard 34. Self-harm	https://www.nice.org.uk/guidance/qs34
3	Local data on suicide and mortality of undetermined intent	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/suicide-and-mortality
4	Local data on self-harm	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/self-harm
5	Public Health England: Guidance for developing a local suicide prevention action plan	www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf
6	Preventing Suicide in England: Two years on. Department of Health	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf
7	BANES Joint Health and Wellbeing Strategy	http://www.bathnes.gov.uk/sites/default/files/joint_health_wellbeing_strategy_0.pdf
8	BANES Corporate Strategy	http://www.bathnes.gov.uk/services/your-council-and-democracy/policies-and-plans/corporate-plan
9	BANES Children and Young People's Plan 2014 - 2017	http://www.bathnes.gov.uk/services/children-young-people-and-families/strategies-policies-planning/children-and-young-peoples
10	BANES Children and Young People Health and Wellbeing Commissioning and Delivery Plan	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/emotional-health-and
11	BANES Alcohol Harm Reduction Strategy	http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/emotional-health-and

Suicide Prevention Strategy
For Bath and North East Somerset 2016 - 2019

Suicide Prevention Action Plan covering 18 month period January 2016 – June 2017

1. Keep up to date with current guidance and research, local trends and intelligence				
	Action	**Lead organisation and** contributing partners	Commissioner / lead	Measures of success
1.1	Extend the self-harm register to include data for **children** who present to ED following self-harm.	AWP / Oxford Health (From April 2016 data collection to form part of core mental health quality/performance monitoring)	BANES Public Health / CCG Wiltshire Public Health	Arrangement for collecting data agreed Data for children included in annual report and 6 monthly briefing
1.2	Explore findings of SHEU survey on young people who self-harm and develop a programme of action	Public Health / Schools Improvement and Achievement Service	Public Health	Key partners met and action plan developed
1.3	Undertake audit of LSCB self-harm Guidelines to ascertain that services are aware of the document	Public Health / LCSB		Audit completed and reported on
1.4	Carry out regular 'Suicide Audits' and disseminate learning from these	Public Health / - AWP	Public Health	AWP have process in place for data collection Coroner Audit report produced Publication of annual reports from 2016 onward.
1.5	Monitor suicide data and trends, identify hotspots, identify inequalities and share learning from this in an annual report	Public Health / AWP	Public Health	Production of a local suicide hotspot map Production of annual suicide data report
2. Integrate suicide prevention work within a broader framework for promoting mental health and wellbeing				

2.1	*Children & Young People Emotional Health and Wellbeing Strategy Action* Develop school based Emotional Health and Wellbeing Hubs within BANES secondary schools and evaluate pilot	Oxford Health – CAMHS Relate	School's Forum / Children's Health Commissioning Service	Evaluation report written and service embedded in schools by July 2016
2.2	*Children & Young People Emotional Health and Wellbeing Strategy Action* Development and dissemination key stage 4 resource 'Positive Mental Health' (including material for working with young people to prevent self-harm and reducing stigma around mental illness)	Schools Improvement and Achievement Service	Public Health	Resource pack completed and printed. Training offered to all PSHE leads. All secondary schools to deliver 'Positive Mental Health' self-harm prevention sessions at KS 4
2.3	*Children & Young People Emotional Health and Wellbeing Strategy Action* Development and delivery of schools Mindfulness for Schools training across key stages 1-4		Public Health	32 secondary staff trained 16 primary staff trained 5 secondary staff .b trained 6 secondary and 16 primary schools with at least one trained member of staff
2.4	Evaluate outcomes and learning from the B&NES Wellbeing College	Sirona	Adult Social Care Public Health CCG	Evaluation process agreed Evaluation completed and learning disseminated Future commissioning plans agreed
2.5	Develop a programme of work to reduce stigma around mental illness based on 'Time to Change'	Public Health	Public Health	Time to Change Action Plan developed and implementation milestones met
3. **Tailor approaches to improve mental health in specific groups / reduce risk of suicide in key high risk groups** Children and young people, survivors of abuse and violence, veterans, people with long term physical conditions, people with untreated depression, vulnerable people especially due to social and economic deprivation, people who misuse alcohol or drugs, LGBT people, BME groups and asylum seekers High risk groups: young and middle aged men; people in the care of mental health services; people with a history of self-harm; people in contact with the criminal justice system; specific occupational groups				
3.1	All staff working in children's	Local Authority	LSCB	Papyrus led CYP ASIST training

	services to be offered partnership based suicide prevention training	LCSB Training team / Children's Services workforce		provided to staff working in children services
3.2	Delivery of ASIST training across partner organisations working with adults	Public Health	Public Health	2 trainers identified and completed train the trainers 5 day training. 6 ASIST courses run in BANES per year for any BANES staff. Approx 180 staff trained over two years
3.4	*Children & Young People Emotional Health and Wellbeing Strategy Action* Promote the emotional wellbeing of LGBT young people through Stonewall initiatives The Space group	Schools Improvement and Achievement Service	Lottery funded	All secondary school pastoral / PSHE staff aware of and promoting SPACE 10 secondary and 20 primary school staff attended Stonewall training and their schools become Stonewall School Champions All schools to receive information about E Teams and how to support their development 15 more E teams in schools
3.5	Deliver, evaluate and further develop the self-harm post card follow up project	AWP	Public Health	Evaluation completed and next steps planned. Where appropriate text messaging follow up to be used instead of postcard
3.6	*Children & Young People Emotional Health and Wellbeing Strategy Action* Develop and provide information packs for children and young people discharged from the RUH following a SH episode	Oxford Health	Public Health / Children's Health Commissioning	Swindon information packs adapted for use in RUH. Packs made available to RUH staff Packs made available on line to all relevant partners
3.7	Work with partners to establish a support group for people who self-harm (for example SISH)	Public Health		Support available and publicised to BANES residents who self-harm
3.8	Develop and provide information packs for support/use in university	University of Bath		Packs developed and disseminated

	settings			
3.9	Explore the use of interventions that meet the needs of men who are not accessing mental health services but who are a suicide risk and make recommendations based on this	Public Health	Public Health	Report written and recommendations presented
3.10	Promote the Samaritans in male orientated settings	Samaritans and Public Health	Public Health	Samaritans' signage and resources placed in key settings
3.11	*Children & Young People Emotional Health and Wellbeing Strategy Action* Publicise support services and resources for children and young people who do not meet the CAMHS thresholds but who present at GP surgeries	BANES Children and Young People Emotional Health and Wellbeing strategy group	BANES Children's Health Commissioning Service	Services and resources identified and primary care provided with sign posting information in appropriate format
4. Reduce access to means of suicide				
4.1	Ensure all GPs follow safer prescribing advice	Primary care / Public Health	CCG	Scoping exercise on prescribing practices completed. Good practice for safer practice disseminated
4.2	Reduce risk of suicide on the railway	Network Rail / British Transport Police / Samaritans	British Transport Police	BTP to report on local data Samaritans to review signage Findings from BTP data reviewed and responded to
4.3	Reduce risk of suicide in public places	Public Health, Samaritans		Development of written guidance for staff Training offered to all staff Introduction of signage in upper level of key carparks
5. **Support those bereaved by suicide** Ensure support is timely and effective, have local responses in place, have information available for those who are concerned about someone else				
5.1	Support and monitor the	CRUSE	Public Health	SOBS group set up, advertised and

	establishment and delivery of a B&NES SOBS (Support for Survivors of Bereavement by Suicide) group	SOBS		supporting those bereaved by suicide by April 2016
5.2	Explore the use of available support materials (for example Help is at Hand) by the police and emergency teams / departments and make recommendations for action	Public Health	Police	Appropriate support material is being used by the police when responding to a suicide
5.3	*Children & Young People Emotional Health and Wellbeing Strategy Action* Review and recommend support resources for use by schools in response to a sudden death or suicide.	Public Health	Public Health / Children's Health Commissioning	Resources promoted to all BANES schools and young people settings
6. **Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour** Promote responsible reporting, use the media to provide access to prevention services and support,				
6.1	Develop a local media campaign for 2016 Suicide Prevention Day	Public Health	Public Health	Media campaign delivered.

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**23/03/2016**
TYPE	**An open public item**

Report summary table	
Report title	Health inequalities inquiry day
Report author	Paul Scott and Becky Reynolds (Public Health, B&NES Council)
List of attachments	Programme for the summit
Background papers	
Summary	The Board's Joint Health and Wellbeing Strategy has a specific aim to reduce health inequality in Bath and North East Somerset. Much of the underlying work that flows from the strategy has a focus on those groups currently experiencing the worst health outcomes. However, the Board has expressed an intention to strengthen their approach to health inequalities and therefore plans to hold an inquiry day. A programme for this summit is attached, which will be held on 11th May 2016. The key themes of the workshops will be drawn largely from the 2010 review of effective action to tackle health inequalities in England led by Professor Sir Michael Marmot. There will also be a chance to hear from local people, a local GP and a local authority from another region that has taken significant steps to tackle health inequalities. The output of the day will be written up and presented to the Board at its July meeting with recommendations on next steps for local organisations and partnerships.
Recommendations	The Board is asked to: • Note the programme for the day • Agree to receive a report at the July Health and Wellbeing Board on the output of the day
Rationale for recommendations	This event will provide a clear picture of local inequalities, effective actions that could be taken, current actions from local

	organisations, identification of gaps or areas for improved coordination and a summary of possible next steps for the board. This should enable the Board and its constituent members to strengthen its approach to tackling health inequalities. This will also help inform the CCG's Sustainability and Transformation Plan which has specific ambitions relating to health inequalities.
Resource implications	The context for the event and future planning is one of better coordination and focus rather than additional resource, due to the financial pressures facing local organisations. The organisation of the event has been done by council, NHS and community sector staff working within their existing responsibilities.
Statutory considerations and basis for proposal	The Health and Social Care Act 2012 gave councils responsibility for improving public health and reducing health inequalities in their local population. Clinical Commissioning Groups also have a duty to reduce inequalities between patients in access to, and outcomes from healthcare services.
Consultation	The event has been organised by a steering group comprising council, NHS and community sector staff.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1. See attached programme for the event.

Please contact the report author if you need to access this report in an alternative format

Health inequalities inquiry day

11th May 2016, Banqueting Room, Guildhall, Bath

9.30	Registration. Coffee and networking.	
10.00	**Welcome**	Dr Ian Orpen and Cllr Vic Pritchard
10.05	**A local person's experience**	
10.15	**What is health inequality and what can we do about it?**	Dr Bruce Laurence
10.35	**What does inequality mean for a surgery caring for people facing difficult health challenges**	Dr Helen Pauli
10.55	Refreshment break	
11.15	**Quiz answers and introduction to workshop 1**	Dr Ian Orpen
11.25	**Workshop 1 – Mapping current work against health inequalities framework and identify gaps** Six themes explored	Facilitators on each table
12.20	Lunch (provided)	
13.00	**A local person's experience**	
13.10	**Tackling health inequalities through the core functions of each organisation**	Coventry City Council (TBC)
13.35	**Introduction to workshop 2**	Cllr Vic Pritchard
13.40	**Workshop 2 – What can be done to address gaps identified?**	Facilitators on each table
14.10	**Headline feedback – one point from each table**	
14.25	**Next steps for this work**	Dr Ian Orpen and Cllr Vic Pritchard
14.30	**Close**	

Aims and objectives for the day

Aim

- To help local organisations better understand health and social inequalities in B&NES, set out current progress and identify actions to improve these

Objectives

- Learn more about the key health and social inequalities in B&NES
- Hear some everyday experiences of people affected by these issues
- Learn about evidence and best practice on its causes and potential solutions
- Map actions that organisations are currently taking to address these issues
- Develop a draft list of actions to strengthen this work
- Consider the strategic role of the Health and Wellbeing Board in leading this work

Attendance

The target audience for this inquiry day are organisations in B&NES who have a contribution to make in relation to health inequalities and the wider determinants of health. To confirm your attendance, please contact HWB@BATHNES.GOV.UK

Speakers

Dr Ian Orpen – GP, Clinical Chair of B&NES CCG and Co-chair of the B&NES Health and Wellbeing Board

Cllr Vic Pritchard – Cabinet Member for Adult Social Care and Health and Co-chair of the B&NES Health and Wellbeing Board

Dr Bruce Laurence – Director of Public Health, B&NES Council

Dr Helen Pauli – GP, St Michael's and The Beehive Surgeries, Bath