Bath & North East Somerset Council

Improving People's Lives

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Wednesday, 19th October, 2022
Time: 10.00 am
Venue: Council Chamber - Guildhall, Bath

Councillors: Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Andy Wait, Paul May, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.30am

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NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

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. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.

Further details of the scheme can be found at:

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942

5. Emergency Evacuation Procedure

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

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Wednesday, 19th October, 2022

at 10.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 5.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. 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. Members are asked to indicate:

   (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 4.4 Appendix 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.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

   One question has been received for the Panel from a member of the public.

7. 10.05AM RUH - AMBULANCE SERVICE / WINTER PLANNING / TREATMENT WAITING TIMES (Pages 7 - 20)

   The Panel will receive a presentation on this item from Simon Sethi, Chief Operating Officer, Royal United Hospitals, Bath.

8. 10.45AM SUICIDE PREVENTION (Pages 21 - 62)

   This update summarises the work overseen during 2020/2022 by the Bath and North East Somerset Strategic Suicide Prevention Group. It provides background and context to the subject, a brief overview of suicide prevention in B&NES and key achievements during this time.

9. 11.10AM B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE / PRESENTATION (Pages 63 - 78)

   The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. 11.30AM MINUTES: 5TH JULY 2022 (Pages 79 - 96)

11. 11.40AM CABINET MEMBER UPDATE

    The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

12. 12.00PM PANEL WORKPLAN (Pages 97 - 100)

    This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

Royal United Hospitals Bath
NHS Foundation Trust

Current Waiting Times and their Drivers at the RUH

05/09/22

Everyone Matters
Working Together
Making a Difference

Agenda - summary

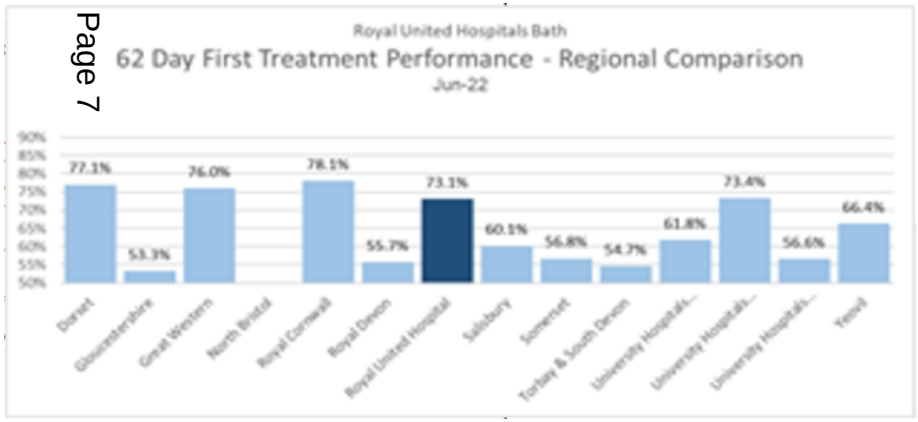
- How are we getting on – Mixed picture
  - One of the leading Trusts for elective recovery
  - One of the most challenged for Non Criteria to Reside, leading to significant challenges with Ambulance handover delays
- What are we planning for winter – challenging time ahead
  - Significant unknown going into Winter eg COVID, impact of cost of living crisis
  - Need for significant collective working to address demand and flow challenges – early adopters of successfully working together

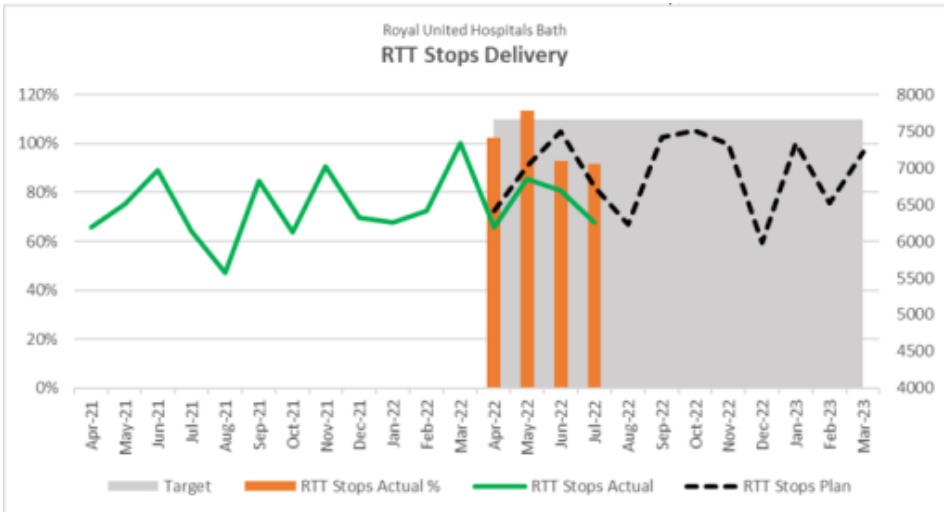
Elective waiting times – RUH within the region

Week Ending : 21 August 2022

		RTT		
		%>52 week	No over 78 weeks	No. of 104 weeks
BNSSG	N Bristol	6.90%	430	36
	UHB and Weston UHB	9.38%	814	125
	Weston			
BSW	Great Western	4.14%	30	0
	RUH	4.28%	115	0
	Salisbury	2.03%	50	0
Cornwall	Royal Cornwall	5.72%	330	9
Devon	Royal Devon	9.70%	1508	296
	Torbay & S Devon	11.60%	751	59
	Plymouth	6.47%	1063	332
Dorset	Dorset County	7.22%	276	23
	UH Dorset Poole	5.59%	494	101
	Bournemouth			
Glos	GHFT	2.06%	59	0
Somerset	Somerset	5.58%	337	21
	Yeovil	6.63%	88	0

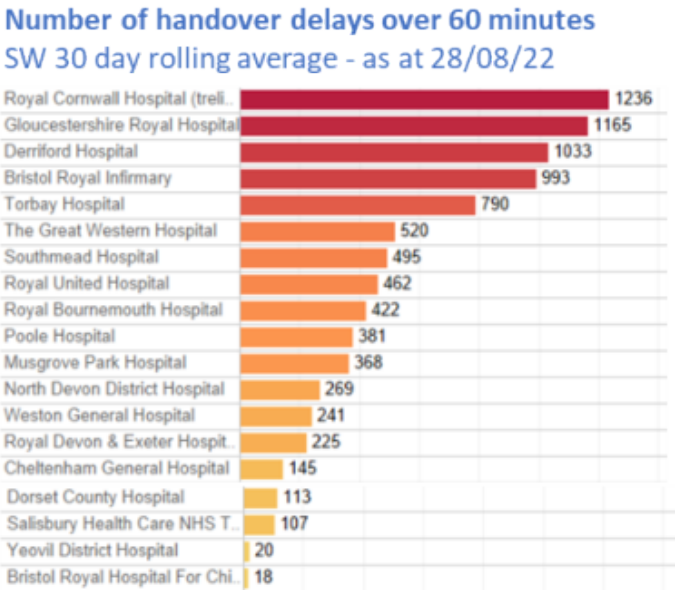
Provider	104+ day Backlog		
	WE 14-08-2022	WE 21-08-2022	Variance
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	19	24	5
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	60	56	-4
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	70	69	-1
NORTH BRISTOL NHS TRUST	158	152	-6
ROYAL CORNWALL HOSPITALS NHS TRUST	35	36	1
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	110	[illegible]	4
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	36	35	-1
SALISBURY NHS FOUNDATION TRUST	30	[illegible]	0
SOMERSET NHS FOUNDATION TRUST	21	22	1
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	64	47	-17
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	56	62	6
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	47	49	2
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	55	58	3
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	17	20	3
SOUTH WEST	778	774	-4

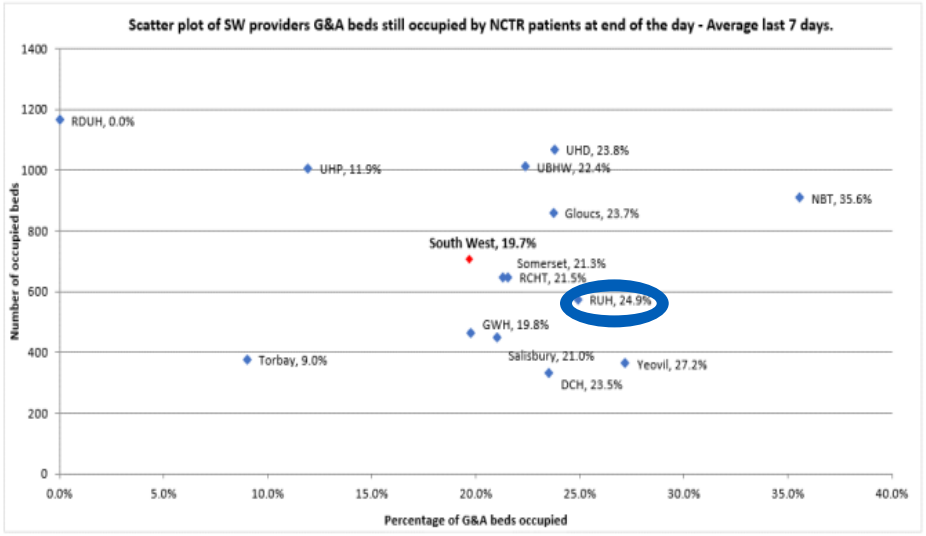


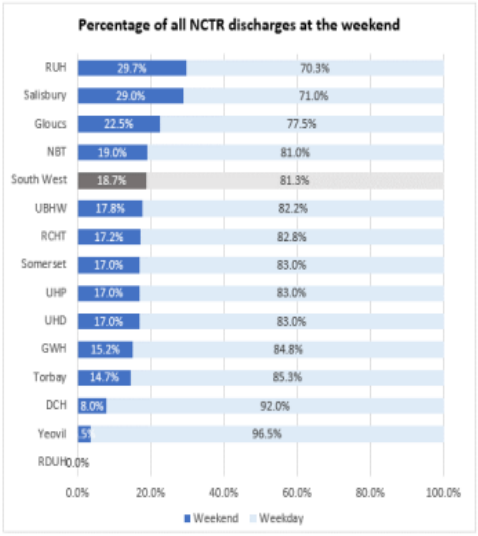


Current elective programme is running through 42 beds (7% of the total amount) at the RUH. This is at high risk due to winter pressures due to lack of alternative available beds to support increased demand.

Urgent Care – remains significantly challenged







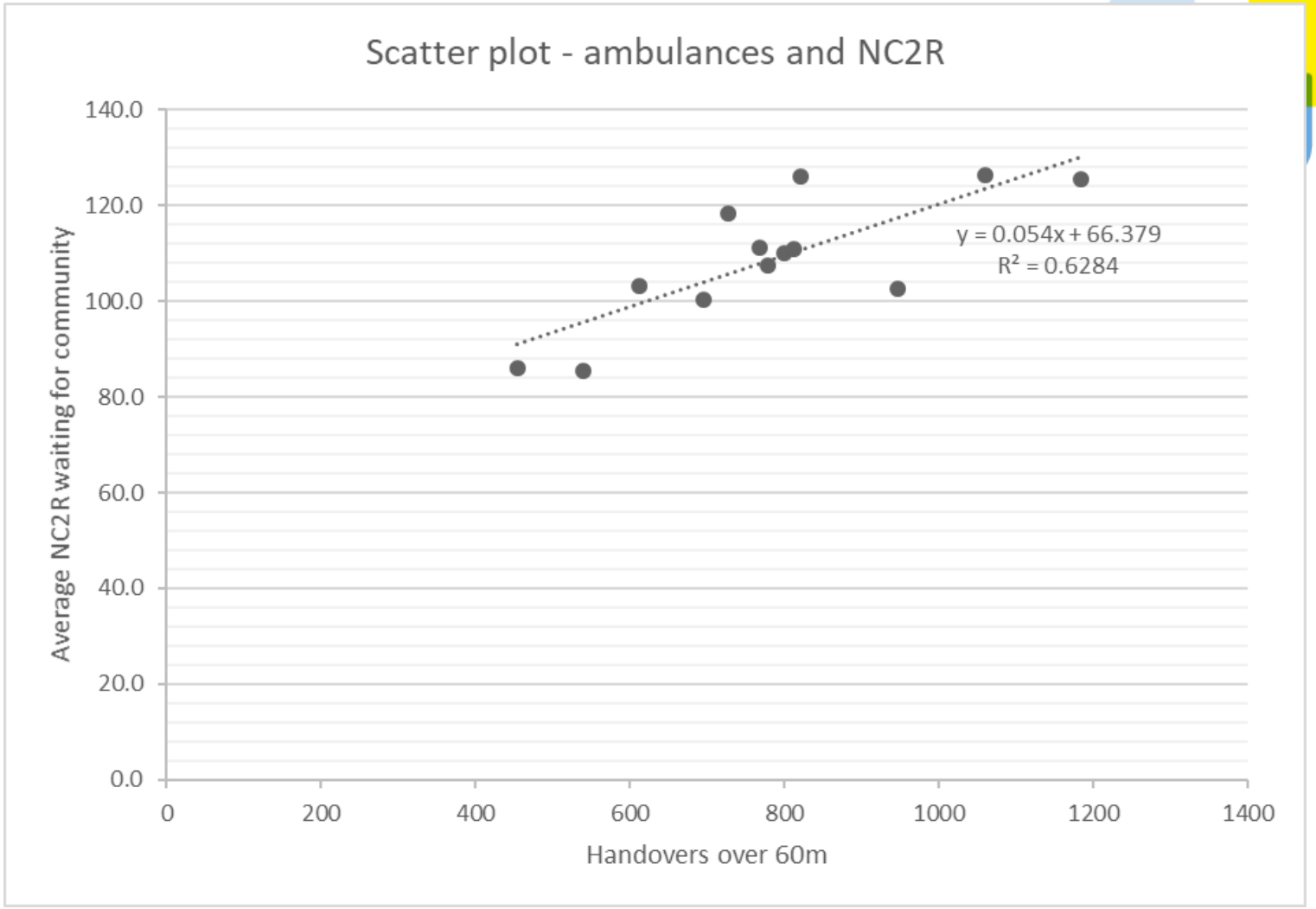
What these ambulances waits look like

What does this matter

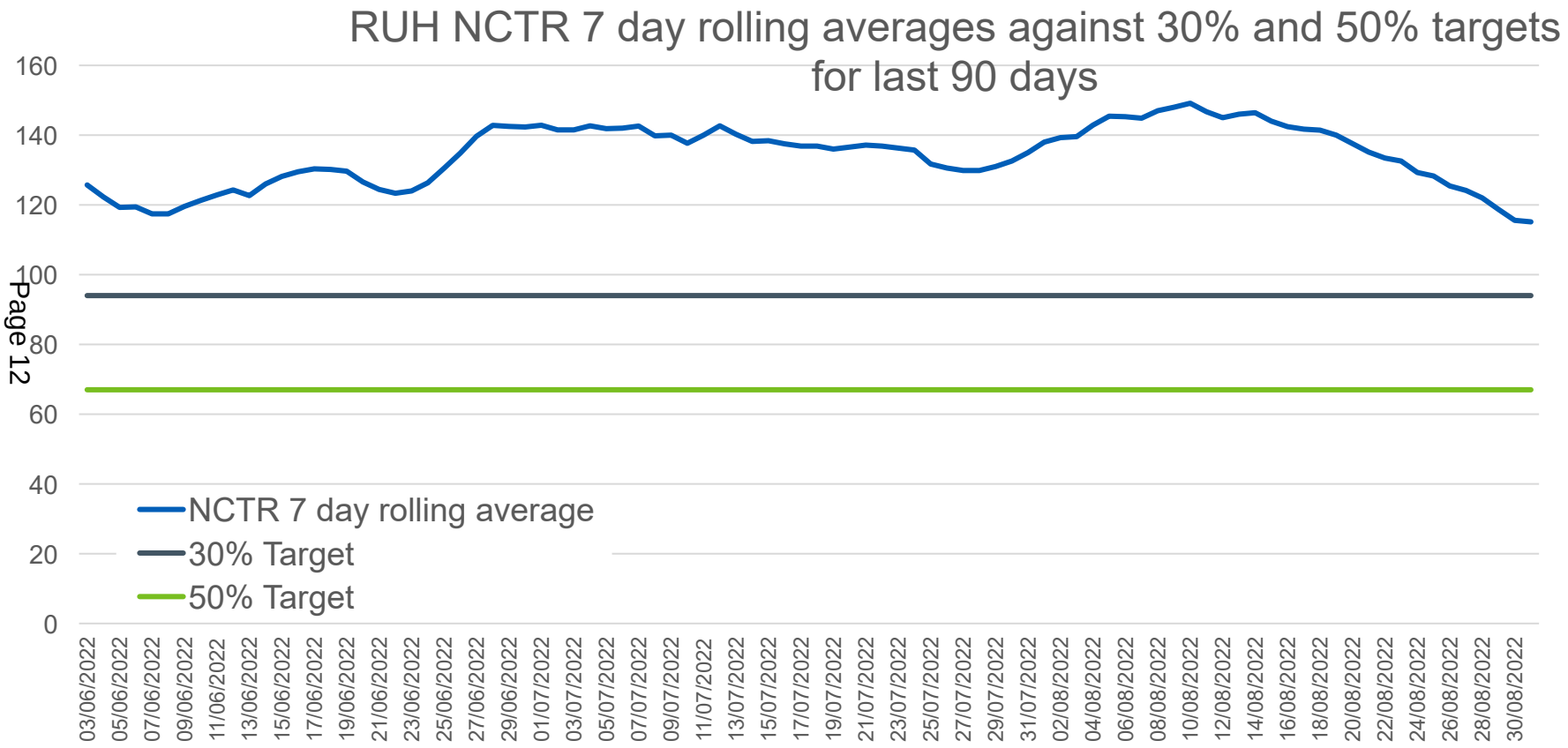
Reason for concern

- Patient with head injury on blood thinner requiring time critical CT not offloaded > 5 hrs due to overcrowding
- Patient with hip fracture not offloaded due to overcrowding laying in bedding covered in dirt and mud
- Patient with chest pain not offloaded > 2 hrs due to overcrowding and it was realised she had a heart attack
- Patient with overdose not offloaded due to overcrowding for > 1 hr and had a seizure in the ambulance
- Risk of patients dying at home whilst waiting for ambulance to arrive

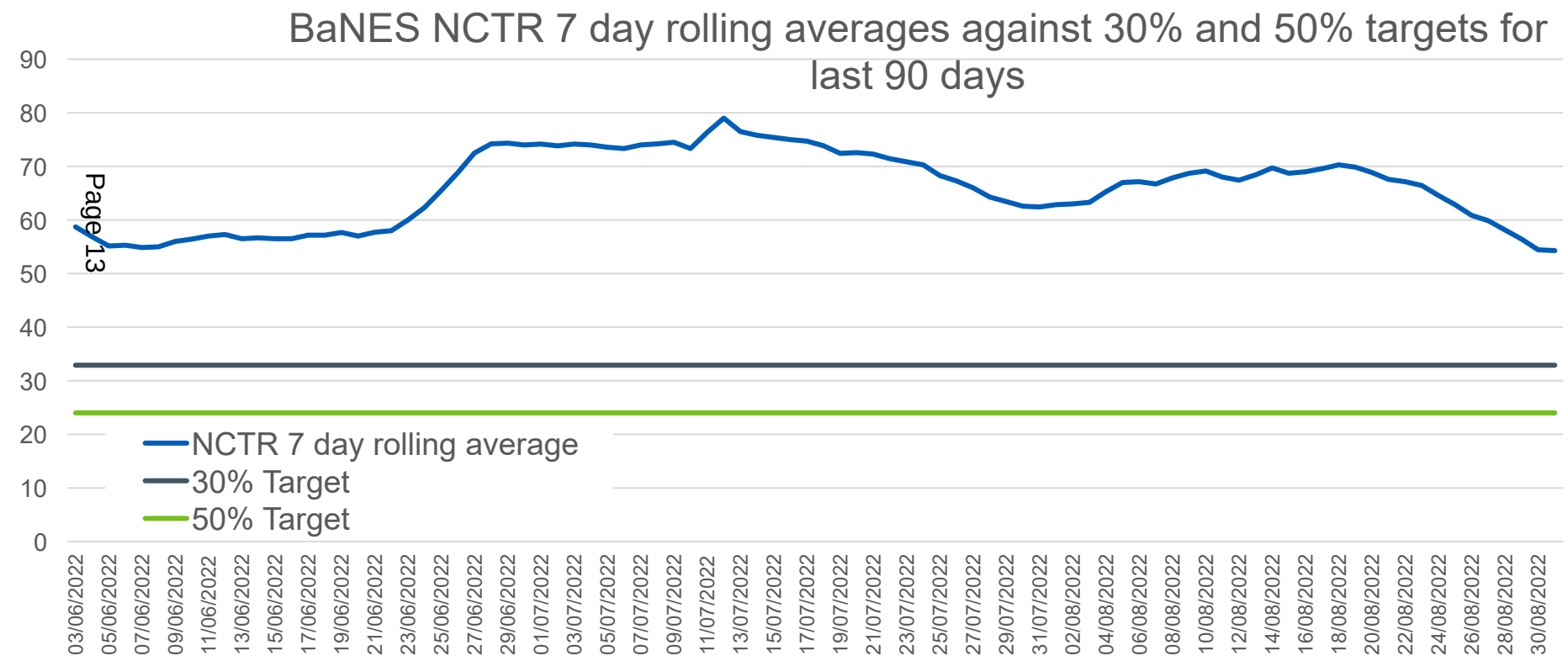
Strong correlation between NC2R and hospital inability to offload ambulances



Current position on NC2R for the RUH

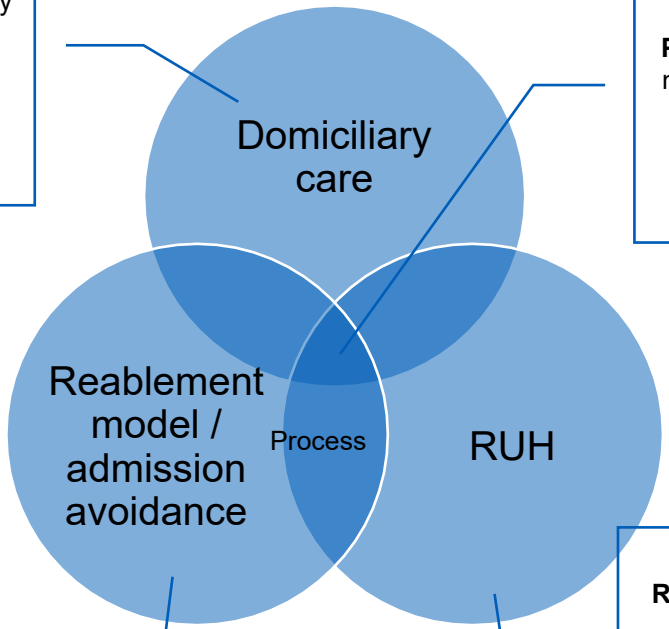


BANES specific waits



Causes of current NC2R challenges

care; BaNES are currently short 1,600 domiciliary care hours. This means there are 40 patients waiting for care so they can step down from HCRG Reablement services. The RUH have 40 pts waiting for Reablement.



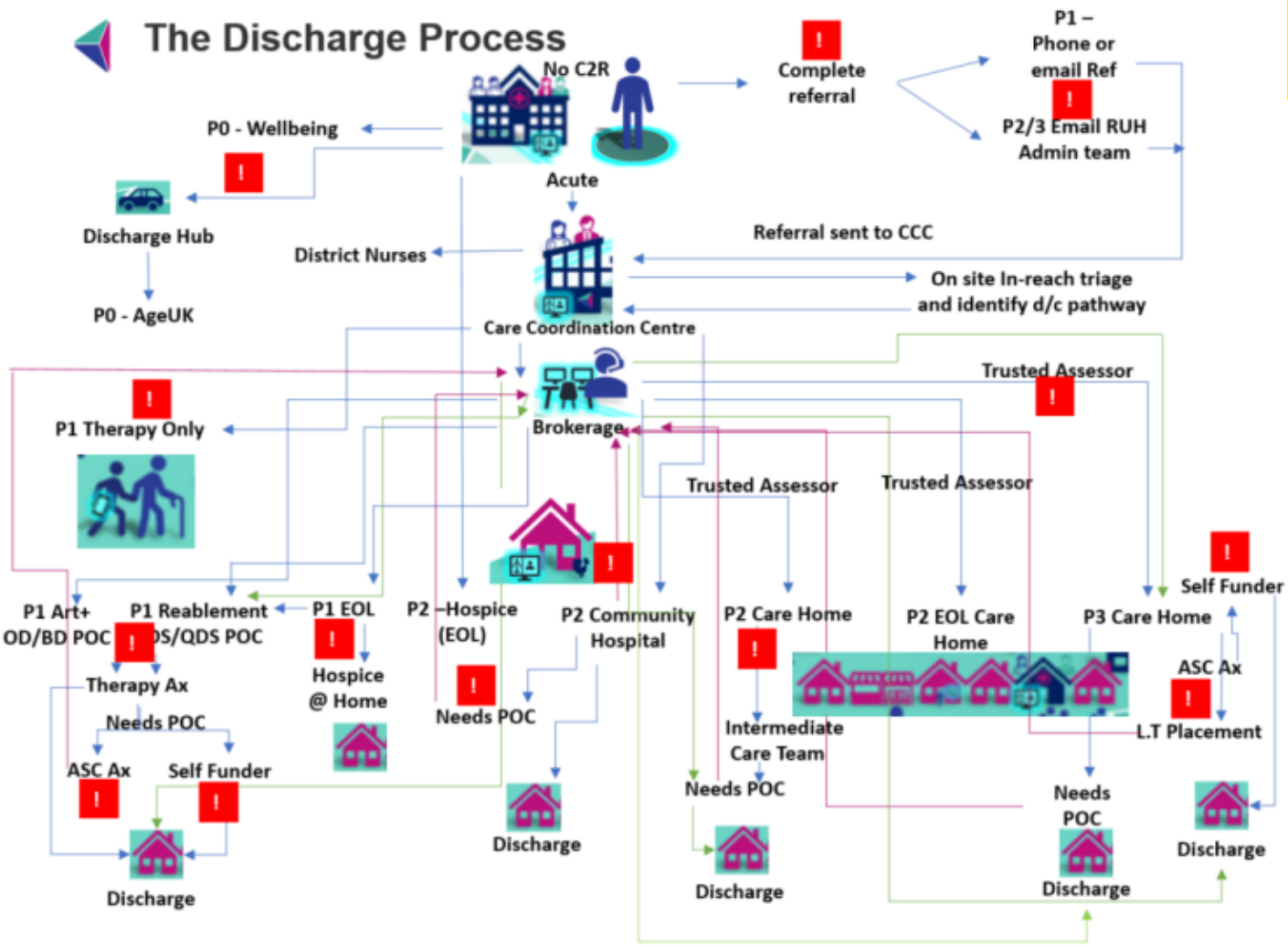
Process; The current model is very paper driven, non personal or flexible. The current processes is leading to delays in supporting patients to be discharged. Challenges within brokage, delays with social care assessments.

Reablement model; BSW model is very bed heavy. This limits patients ability to have supported Reablement in their own home and is driving patients towards more long term care. Also very expensive. Need to evolve and provide more reablement for patients in their own home. Also need to be further focus on how we increase admission avoidance.

RUH; data demonstrate that 25% of patients are being referred down a pathway 2, who would benefit and be eligible for a pathway 1. Additionally the RUH isn't providing enough mobilisation as required.

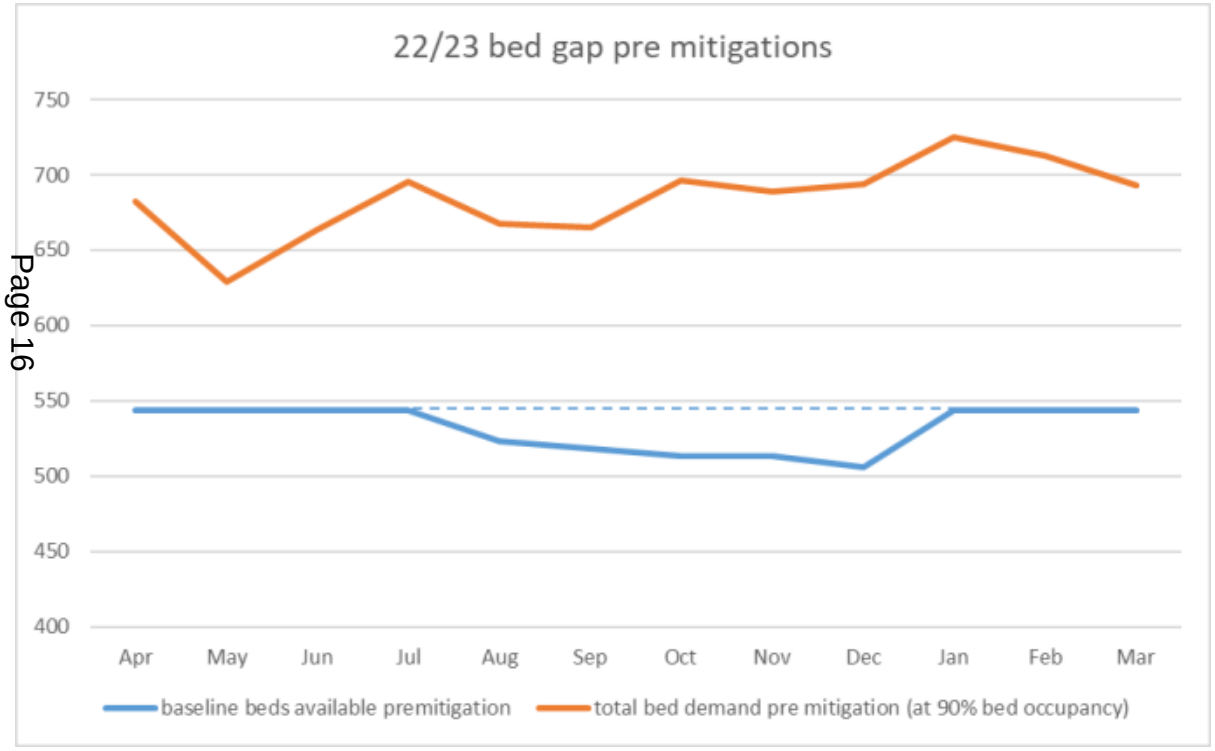
This is placing huge demand on community bed services and limiting patients opportunity for Reablement. Need to evolve how the RUH manages patient exceptions and how we support assessments

Example of our Current processes



A very good summary of the challenges within the RUH are demonstrated by the youtube video called [Mrs Andrews Story]

How is this winter likely to look



Previously managed through:

- Ambulances not offloading (10-20)
- Patients waiting in ED for beds (20-30)
- Using CCU/Vascular Lab/Oasis as escalation (
- Stopping surgery (24-48)

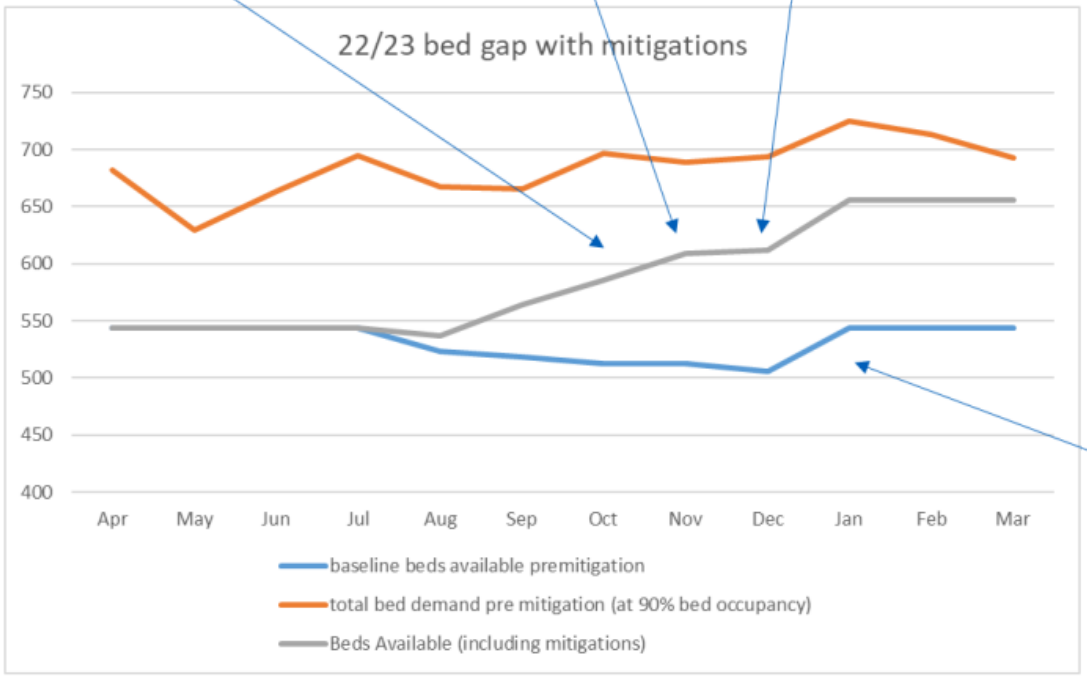
This winter with known mitigations

If schemes succeed, revised bed model

United Care BANES full capacity

Ward 4 opens

Access South Newton beds



IPC works finish, all escalation open

Currently working the BSW ICS and BaNES council to help close the bed gap for this winter

Ask for support

- We are starting to demonstrate that we can work well together – United Care BANES et al
- We have a shared common goal and can create team of teams
- Through continued focus and work we can further reduce the NC2R position to support delivery of flow and reduced requirements for long term bedded care.
- The RUH needs additional support for the next several months

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Panel	
MEETING/ DECISION DATE:	Wednesday 19th October 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	SUICIDE PREVENTION	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1: Suicide Prevention Strategy Appendix 2: Suicide Prevention Action Plan 2020/2023 Appendix 3: Equality Impact Assessment		

1 THE ISSUE

1.1 This update summarises the work overseen during 2020/2022 by the Bath and North East Somerset Strategic Suicide Prevention Group. It provides background and context to the subject, a brief overview of suicide prevention in B&NES and key achievements during this time.

2 RECOMMENDATION

The Panel is asked to;

2.1 **Proposal 1:** consider the contents of this report

3 THE REPORT

3.1 Background and context

Around 4,500 lives are lost to suicide every year in England (ONS 2018) and in 2020 there were 5,224 suicides registered in England and Wales (ONS 2020). On average 12 people a day in England get to the point where they feel they have no other choice but to take their own life. Suicide is complex and multifaceted issue which stems from an accumulation of adverse life experiences at childhood or during adulthood such as trauma, bereavement, financial loss, relationship breakdown.

National public health profiles show that between 2018 and 2020 there were 54 suicides in B&NES, an equivalent value of 11.1 deaths per 100,000 population. This local B&NES value for suicide is slightly higher than the England average of 10.4 deaths per 100,000, but lower than the South West average at 11.2 deaths per 100,000 people the 3rd highest suicide rate in England. A much wider group of people are also directly or indirectly affected by each death and due to the premature age at which most people die from suicide it accounts for a disproportionate amount of 'years of life lost' locally.

Male suicide rates during this period of time (2018 -2020) in B&NES is noticeably larger than females at 17.5 suicide deaths per 100,000 for males and 4.9 per 100,000 for females. This difference between genders isn't specific to B&NES and is reflected on a national scale where males continue to account for three-quarters of suicide deaths registered 2020. In England and Wales there were 15.4 deaths per 100,000 population compared to 4.9 per 100,000 population for females.

B&NES suicide rate (per 100,000) has remained at roughly this rate since 2011-2013 (**Figure** 1). However, it is noticeably higher than the rate in B&NES during the preceding decade between 2000 and 2009. This rising pattern is similar to the South West Region as a whole.

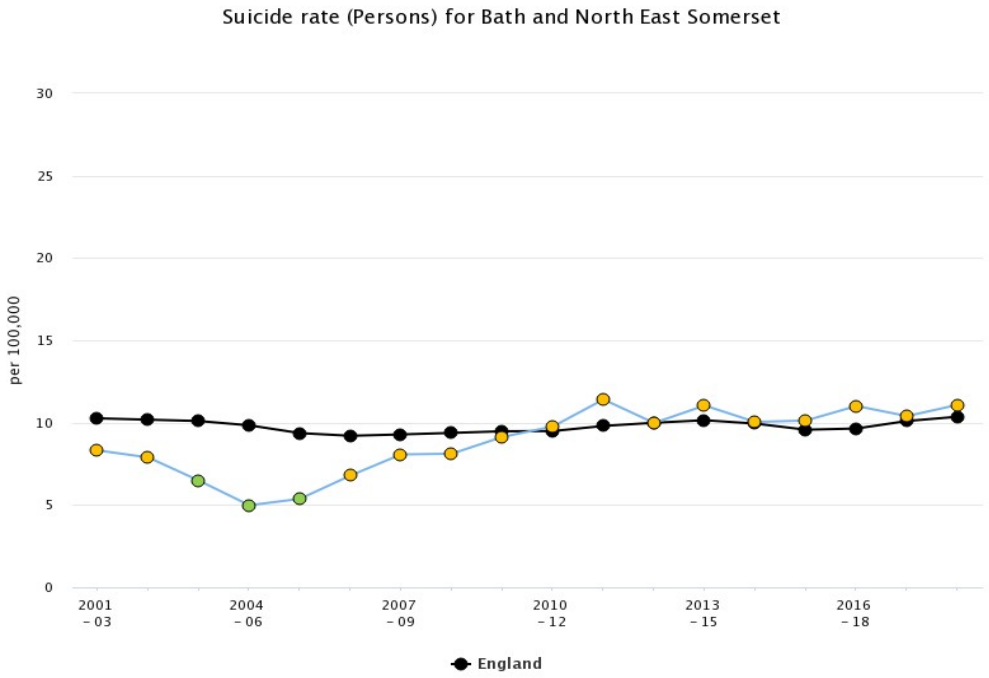


Figure 1 Suicide rate (persons per 100,000) for Bath and North East Somerset starting in 2001, compared with England rates, Image and data taken from Public health profiles

3.2 Current strategy work in B&NES

In 2020 we launched the Suicide Prevention Strategy 2020-2023 outlining the commitment from all partners to work together to reduce suicide in B&NES, aligning to the BSW Suicide Prevention Strategy. (Appendix one)

Working on the basis that every suicide is preventable, partners across B&NES are committed to:

- Reducing suicide and self-harm
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

The production of an action plan (Appendix two) to deliver co-ordinated suicide prevention action within B&NES was overseen by Public Health and its development was informed by the Public Health England guidance, a local stakeholder event held in February 2020 and virtual discussions during early 2021.

More than 60 people representing various organisations and communities attended the first stakeholder event in February 2020 at the Bath Guildhall. The aim of the event was to inform the development of the strategy and action plan and understand how the system is working towards reducing the national target of reducing suicides by 10% by 2021 with an aspiration of having zero suicides in B&NES

The plan has been used as a framework to guide strategic direction and priorities for the period of 2020-2023. It is a living document and has been overseen and reviewed by the Suicide Prevention Group, a multiagency group led and supported by the Council's public health team. The group reports progress to the B&NES Community Safety and Safeguarding Partnership (BCSSP) through the Practice Review Group and is ultimately accountable to the Health and Wellbeing Board.

There are seven sections within the plan, each one include specific actions /pledges that have been put forward by key stakeholders. These are set out below (Figure 2).

Figure 2 Suicide prevention action plan pledges

3.3 Some highlights on progress from the action plan

- Recently, B&NES have worked with Samaritan's and the British Transport Police to identify higher risk locations in B&NES. Using data regarding the total number of incidents and attempts from the British Transport Police alongside, suicide data from the RTSS, B&NES have been able to work in partnership with Network Rail

and Samaritan's to support interventions which aim to reduce suicides at higher risk locations.

- Bath Mind have launched an Emergency Department Adult Intervention Service which provides 1:1 mental health support for individuals at the RUH who are experiencing mental health decline or crisis.

- Suicide Prevention has been integrated into the B&NES Council compassionate leave policy.

- B&NES has produced several Suicide Prevention newsletters which have been shared with the Suicide Prevention Strategic Group and wider networks. Each newsletter has focussed on a theme such as financial security, LGBTQI+ and loneliness. It also highlights recent Suicide Prevention news within B&NES, training recommendations, key dates and support tools for individuals who are suicidal or have been bereaved by suicide (for example, Boys in Mind and Bath Survivors of Suicide).

- B&NES Council public health team are organising an upcoming Suicide Prevention Stakeholder Workshop on Wednesday 12th October. The event will be an opportunity to discuss the current action plan and key developments from local organisations. We will hear from individuals with lived experience which along with group discussions will help inform the next Suicide Prevention action plan when the current strategy ends.

3.4 Local surveillance and monitoring

The four local authorities in Bristol, North Somerset, South Gloucestershire, and Bath & North East Somerset agreed to jointly establish and fund an Avon Wide Real Time Sudden Deaths Surveillance System (RTSS) initially for two years from 1st February 2022 until 31st January 2024. This is part of a national ambition for real time surveillance to be in place across every local authority.

The RTSS provides data and intelligence on sudden and unexpected deaths to prevent and reduce deaths by suspected suicide, drug related deaths and homelessness deaths.

The aim of the RTSS is to provide a single dataset of all sudden deaths across the Avon area that will enable the identification of trends and patterns leading to better proactive prevention across system wide partners; and to offer timely referrals into a suicide bereavement support service, called the Beside Project.

The Beside project service is run by Second Step and the provision of this service is a commitment from the NHS Long Term Plan funding was received from NHS England to commission it. The service is co-commissioned with BNSSG and working across Bristol, North Somerset, South Gloucestershire, and Bath and North East Somerset began running in July 2021.The service offers emotional and practical support after losing someone to suicide for people over 16years old, whether they are a family member, next of kin or a loved one.

Since Q3 2021/2022, there have been 16 suicides known to B&NES Council via the RTSS. There was a higher number of suicides during Q4 (2021/22) and Q1 (2022/23) which is in line with the national trend of higher suicides within the winter months. Data

submitted to the RTSS is reviewed and clustered into themes, for example, the method of suicide, deceased demographics including age and sex, and the location of the suicide. Through identifying themes, B&NES Council can work in partnership with local organisations such as, Samaritan's or Bath Mind to promote awareness (e.g., targeted campaigns to middle aged men) or improve the support offered to these groups.

3.5 Livewell page

The B&NES Suicide Prevention Livewell page is accessible to the public and provides a space where individuals can access Suicide Prevention resources and tools. This includes details of local organisations that can support individuals feeling suicidal or support for those bereaved by suicide. We actively raise awareness of suicide risk and signpost to services which can support B&NES residents through our social media channels and council pages.

Between May 2021 and June 2022 Adult mental health and suicide prevention were the most visited Livewell pages accessed through adult health and wellbeing. 29.4% of the total visits to adults' health and wellbeing sought information for adult mental health, whilst 9.7% sought information on suicide prevention. When we further review engagement with mental health and suicide prevention information on the Livewell pages there appears to be a higher use of the adult mental health webpages and suicide prevention webpages during January and April (Figure 3).

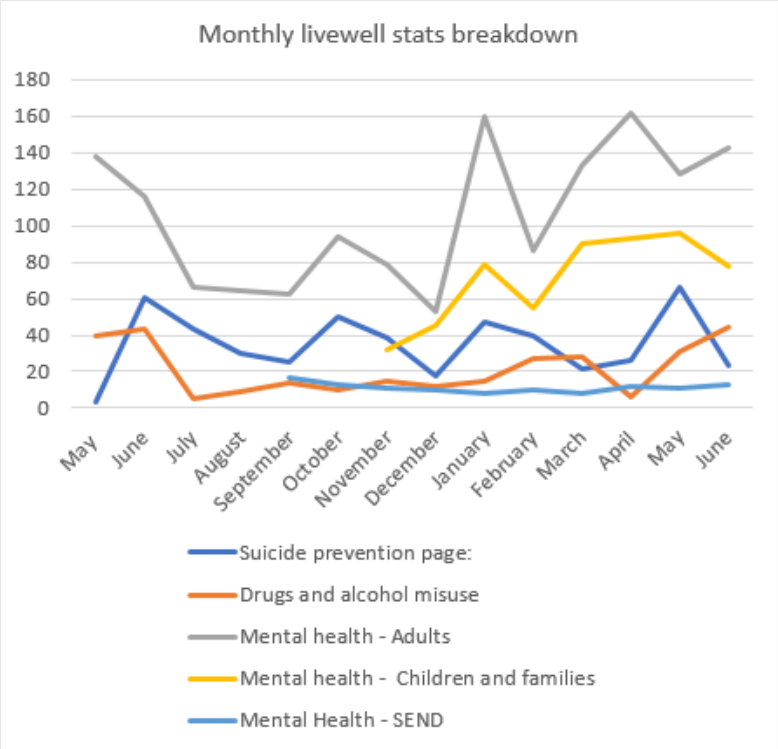


Figure 3 Monthly livewell page engagement breakdown

Through social our social media channels and with support of the B&NES communications team we generate and post monthly generic comms as well as comms related to specific events – like World Suicide Prevention Day (10/09/2022).

Our posts through these channels can have varying impact but have reached over 1000 people and links from these posts have been accessed up to 133 times (Figure 4)

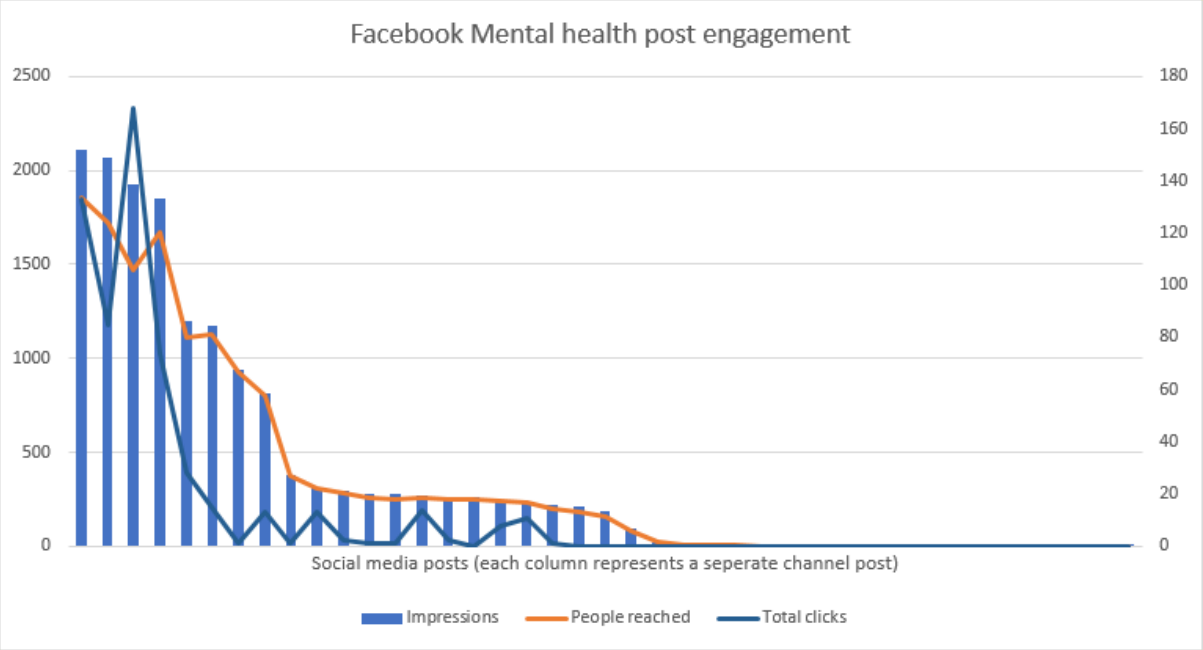


Figure 4 Social media engagement

3.6 Links to BSW work

The work described above is in partnership with wider work on suicide prevention across B&NES, Swindon and Wiltshire

The associate director of public health in B&NES chairs the B&NES, Swindon and Wiltshire (BSW) Suicide Prevention Group. This group has two main aims: to monitor trends in local deaths and contributory factors across BSW; and to coordinate delivery of local programmes funded by NHSE England from fixed term national suicide prevention funding of £181k per year between 2020-2023. To date, new work has been developed working in particular with Avon and Wiltshire Mental Health Partnership Trust, and Bath Mind in B&NES, focusing on:

- Assertive Signposting for people not eligible to access secondary services, or on discharge
- Personal Safety Planning, through third sector wellbeing practitioners (in B&NES working at the emergency department)
- Evaluation and learning for the BSW Place of Safety

Forthcoming programmes of work are planned, with NHSE funding agreed, for:

- Tailored support for adults who self-harm
- Focused support for at risk groups – particular middle aged males experiencing circumstantial change e.g., relationship breakdown, financial issues, debt, gambling problems, etc.
- Insight work with children and young people relating to the higher levels of self-harm in adolescents seen in the last two years
- Suicide Prevention Training across the local workforce.

4 STATUTORY CONSIDERATIONS

4.1 This work in B&NES delivers against the ambitions set out in: '*Preventing suicide in England, A cross-government outcomes strategy to save lives*' and is part of the public health responsibilities transferred to local government by the *Health and Social Care Act 2012*.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There is a very small budget allocated to Suicide Prevention, which contribute to the real time suicide surveillance work. Staff from the public health team involved in this work are funded from the substance misuse allocation, including approximately one day a week of a Development and Commissioning Manager, and 3 days a week up to March 2023 from a Health Improvement Officer. Oversight and leadership comes from the associate director of public health, alongside a range of other different work programmes.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 An Equality Impact Assessment was completed at the time of the creation of the strategy and development of the action plan (see appendix 3)

8 CLIMATE CHANGE

8.1 All meetings held by the Suicide Prevention strategic group are held via Teams to minimise the need for travelling. Stakeholder events have taken place both remotely and in person, we have found that having these events in person is more beneficial as allows for networking to be more effective and this year we are organising a face to face one following the remote event held last year. Every effort is made in minimising the impact of this work on the environment.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 This report has been reviewed and cleared by the S151 Officer and Monitoring Officer, and reviewed and approved by the Director of Public Health and Prevention ahead of submission to the Children, Adults, Health & Wellbeing Panel

Contact person	Celia Lasheras Development and Commissioning Manager, Public Health and

	Prevention Services Celia_lasheras@bathnes.gov.uk 01225 394447
Background papers	Included as attachments to this report as follows: Appendix 1: B&NES Suicide Prevention Strategy Appendix 2: B&NES Suicide Prevention Action Plan 2020/2023 Appendix 3: Equality Impact Assessment
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 B&NES 2020 - 2023

This document outlines the commitment of Bath & North East Somerset (B&NES) partners to work together to reduce suicide throughout the local authority area. The vision set out within this strategy is based on the most recent policy and guidance regarding suicide prevention and self- harm reduction (1). It aligns to the B&NES, Swindon and Wiltshire (BSW) area Suicide Prevention Strategy 2019 – 2023, which includes greater detail regarding definitions, causes and impact of suicide and self-harm, BSW comparative and national data and the content of our national policy drivers.

Introduction

Around 4,500 lives are lost to suicide every year in England (ONS 2018). Every one of these deaths leaves behind family, friends and communities shattered by the loss. It is unthinkable that on average 12 people a day in England get to the point where they feel they have no other choice but to take their own life (2) Local Suicide Prevention Planning in England: An Independent Progress report May 2019

Vision

The Zero Suicide Alliance states that potentially every suicide is preventable, and this sentiment underpins our vision for B&NES. This in no way reflects on those who have lost loved ones, patients and clients and those many individuals who strive on a daily basis to keep those who are feeling suicidal safe.

Partners across B&NES are committed to:

- Reducing suicide and self-harm.
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

This strategy contributes towards the national ambition to reduce the number of suicides in England by 10 per cent by 2020/21, which was set out in the Five Year Forward View for

Mental Health[3] in 2016. Figures for 2020/21 will only be published in 2021/22 and we expect the national ambition to be reset at that point.

Working in Partnership

Preventing suicides in B&NES demands collective commitments and contribution from key stakeholders and partners within statutory, third sector and corporate organisations. Suicide prevention is everybody's business.

Our priorities

In September 2012, the government published a strategy for the prevention of suicide in England, focusing on key areas for action. This was updated in January 2017. They key areas are:

1. **Reducing the risk of suicide in high risk groups**
2. **Tailoring approaches to improve mental health in specific groups**
3. **Reducing access to means of suicide**
4. **Providing better information and support to those bereaved or affected by suicide**
5. **Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour**
6. **Supporting research, data collection and monitoring**
7. **Reducing rates of self-harm as a key indicator of suicide risk**

The people considered to be at **higher risk of suicide** included the following, based on national data, but it doesn't exclude other people who may also be at risk:

- Young and middle-aged men
- People with a history of self-harm
- People in the care of mental health services
- People in contact with criminal justice system
- People in specific occupations (including males in construction roles, plasterers and painters; and also male and female carers, female nurses)

Groups who are suggested to be the focus of efforts to **improve mental health** included the following, and again, there may be other groups locally who we would wish to prioritise as well:

- Children and young people
- Users of drug and alcohol services
- Women around the time of child birth
- People in receipt of benefits

Local work with the Avon Coroner's Office also identified a number of **factors that could be associated with or thought to contribute to** deaths from suicide.

- A majority of people had some kind of mental health issue noted in their records (around 70%).

A smaller proportion of people (around 16%) also experienced:

- physical illness
- drug abuse / dependency (including prescribed medicines)

And roughly 1 in 10 people who died from suicide in Avon had the following wider contributory factors noted:

- Alcohol misuse
- Bereavement
- Family issues
- Relationship break down
- Work issues/loss of job

Governance arrangements

This strategy contributes to the overarching B&NES Joint Health and Wellbeing Strategy which is governed by the B&NES Health and Wellbeing Board. Progress will be reported to the B&NES Mental Health Collaborative.

Action Plan

This will be created after the stakeholder event on 6th February 2020.

How does B&NES compare to other areas?

The information in this section comes from:

- Public Health England (PHE)
- Work with the Avon Coroner's Office
- Hospital admissions data for self-harm
- B&NES Community Mental Health Services Review

Key points:

- B&NES has a slightly higher suicide rate than the England average
- For each death amongst women, there were 4 deaths amongst men
- 45-59 year olds had the highest rates
- 40% of people who died by suicide had a history of some form of self-harm. For females this was 47%.
- Self-harm hospital admissions rates are higher than the England average
- Females in B&NES have double the hospital admission rates for self-harm than males
- 10-24 year olds have more than double the rates compared to older adults
- About one in four people (25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time.
- Three quarters of people who died were not in touch with secondary NHS mental health services, but many were in touch with their GP or another kind of health and care service in the months before their death.

Each year in B&NES, about 17 people die from suicide. This is 11.0 deaths per 100,000 population and is **slightly higher than the England average** of 9.6 deaths per 100,000 population. B&NES has remained at roughly this rate over the last decade. However, it is noticeably higher than the rate in B&NES in the preceding decade between 2000 and 2009.

Death rates from suicide in B&NES are shown in the chart below.

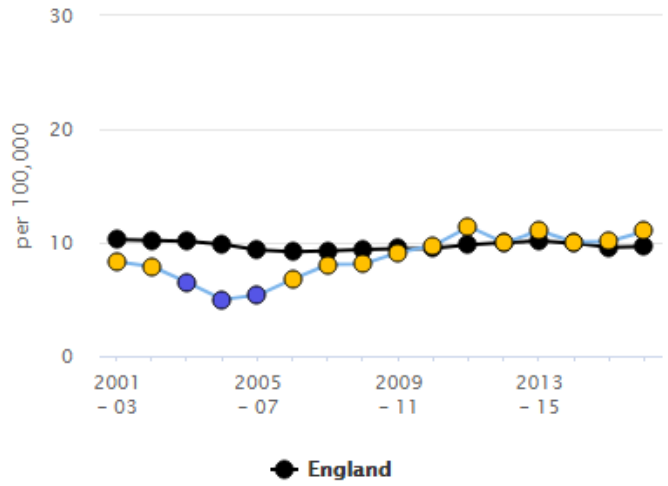


Figure 1 - *Age-standardised mortality rate from suicide and injury of undetermined intent in B&NES per 100,000 population. Yellow dots are B&NES. Black dots are England average. Data source: Office for National Statistics*

For each death amongst women, there were 4 deaths amongst men. This 4 to 1 ratio is slightly higher than the national average of 3 to 1 and appears to be due to a slightly rate of suicide amongst local men than the national rate.

The table below shows that **most deaths in B&NES were amongst 45-59 year olds** and the next highest group were people aged 60 and above. This contrasts with our more urban neighbours like Bristol who see more deaths in younger people.

Age group	Percentage of all B&NES suicides seen in this age range
10 - 29	16%
30 - 44	20%
45 - 59	34%
60+	30%

Our data from the wider Avon area shows that **40% of people who died by suicide had a history of some form of self-harm. For females this was 47%**.

The figure overleaf shows that **hospital admissions rates of B&NES residents for self-harm are higher than the England average**. This is true of all areas in the South West region and is a cause for concern.

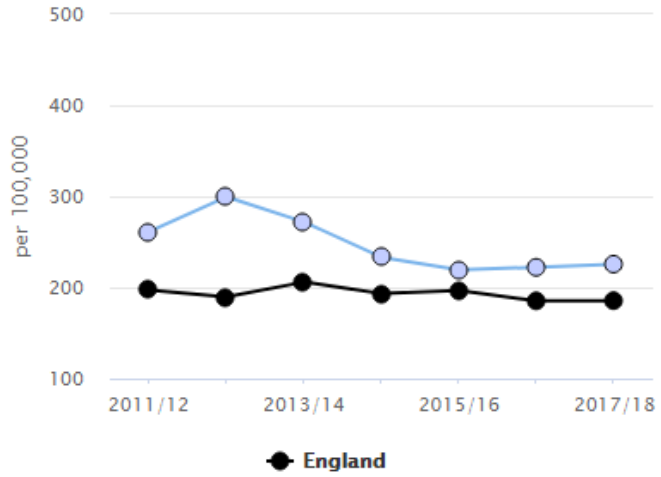


Figure 2 – *hospital admissions for self-harm by B&NES residents (blue spots) compared to England average rates (black spots) per 100,000 population. Data source: Office for National Statistics*

Females in B&NES have double the rates of hospital admission for self-harm than males. This is shown in figure 3 below. The majority of these admissions (between 70-80%) are due to self-poisoning.

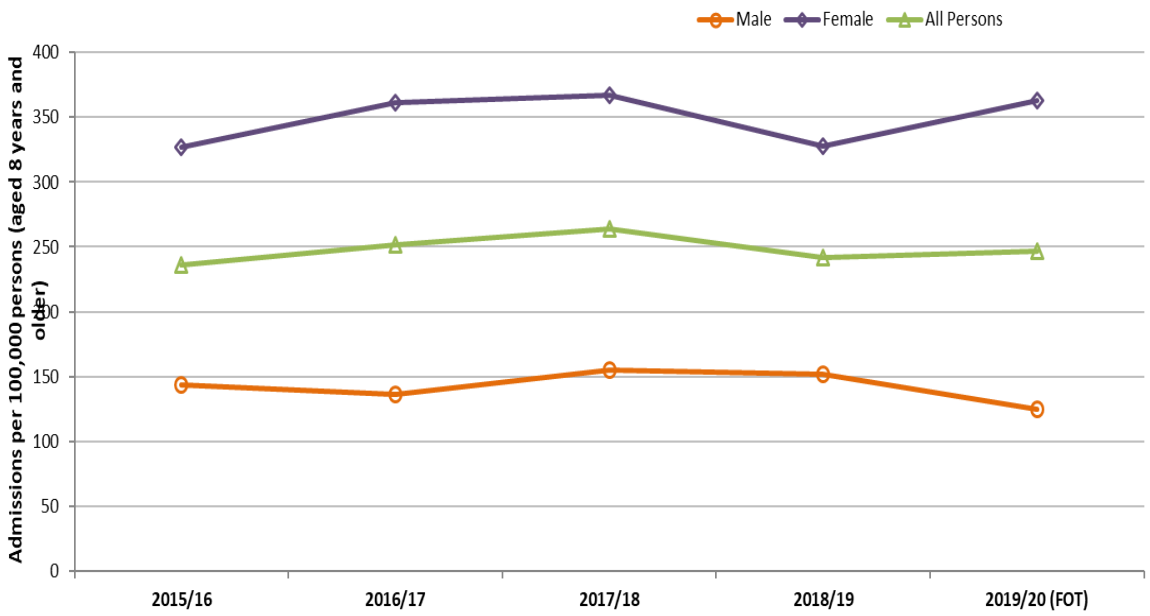


Figure 3 *- Admissions to hospital for self-harm amongst B&NES residents 2015/16 to 2019/20*

Rates of **admission amongst 10 -24 year olds are more than double the rates** for people aged 25 years and above. This is shown in figure 4 below.

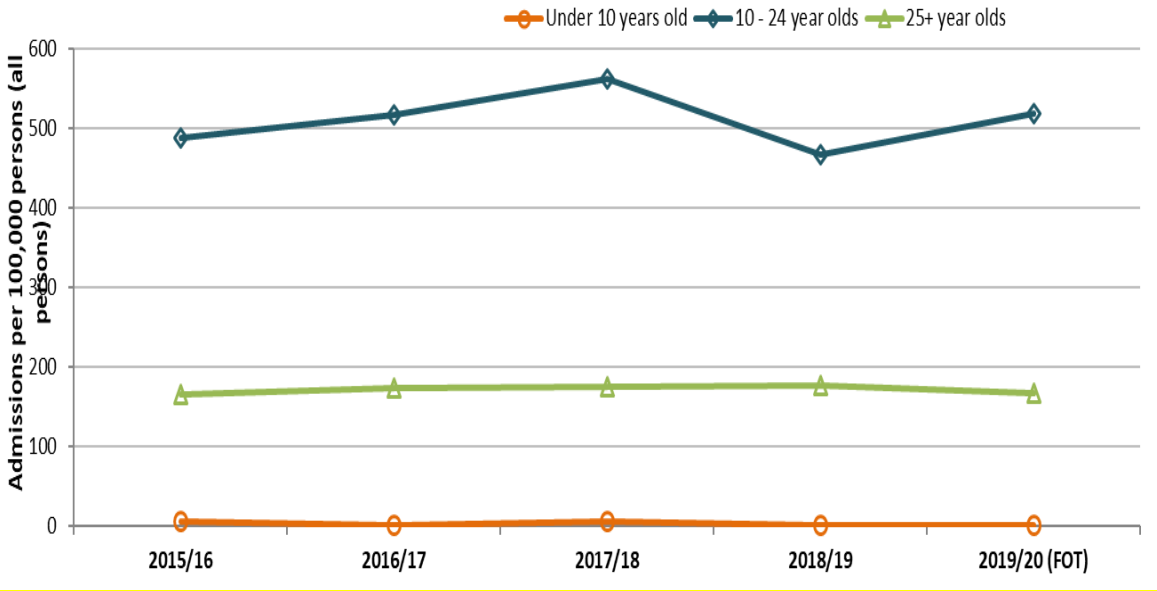


Figure 4 - *Age differences in self-harm admissions to hospital*

Across Avon, one in four people (25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time and so 25% of suicides arising from only 2% of our population shows how over-represented these residents are. A wider group of people had also been in contact with some sort of 'counselling' or other primary care-based psychological care service in the community. This suggests that people are seeking help.

Females were more likely to be in contact with all types of services than males, which is probably a reflection of willingness to seek support.

A quarter of people who took their own life had been in contact with a health professional, usually their GP, in the last week before they died. Many were in contact within a month before their death.

Nationally, we see a relationship between deprivation in a community and levels of suicide. The relationship in Avon is slightly less clear cut, but there were almost double the number of deaths in the most deprived fifth of the Avon population compared to the least deprived fifth. For females this contrast was closer to four times the number of deaths compared to the least deprived fifth of areas, though as the numbers become smaller these differences should be viewed with caution.

Views of local people

Over the last two years, B&NES Council and Clinical Commissioning Group (CCG) have been looking at the way community mental health services are delivered locally, in order to establish what improvements, need to be made. This built on the priorities that were identified in the '**your care, your way'** review of community health and care services in 2015-17. An in-depth review of mental health services took place between early 2018 and February 2019 via a series of engagement events with the B&NES community. The purpose was to hear what currently works well and aspects of services which create challenges for people accessing services, and ways to resolve these challenges.

The following issues or problems were identified which are pertinent to suicide prevention:

- Mental health services aren't joined up
- There is a lack of information on what support is available
- There are barriers to accessing support
- There is not enough long-term counselling available
- Improved community-based support is needed
- Young people need to be better supported with accessing support after they turn 18
- Professionals need more training and awareness
- We need to raise awareness and provide more education on mental health

Some broad solutions were also proposed by people and these are summarised below:

- Improve community-based support
- Improve the signposting of services
- Social support is just as important as medical interventions
- Focus on preventing escalation and admission
- Join up the services

References

1. *National-suicide-prevention-strategy-workplan* (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf
2. *Local Suicide Prevention Planning in England: An Independent Progress report* (2019) https://www.samaritans.org/about-samaritans/research-policy/national-local-suicide-prevention-strategies/
3. *Five year forward view for mental health* (2016) https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
4. *Preventing suicide in England. A cross-government outcomes strategy to save lives* (2012) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
5. National-suicide-prevention-strategy. 4th-progress report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf

Bath & North East Somerset Council

Improving People's Lives

Suicide Prevention Action Plan

For Bath and North East Somerset 2020 – 2023

Background

Around 4,500 lives are lost to suicide every year in England (ONS 2018). On average 12 people a day in England get to the point where they feel they have no other choice but to take their own life. Suicide is complex and multifaceted issue which stems from an accumulation of adverse life experiences at childhood or during adulthood such as trauma, bereavement, financial loss, relationship breakdown.

Vision

The Zero Suicide Alliance states that potentially every suicide is preventable, and this sentiment underpins our vision for B&NES. This in no way reflects on those who have lost loved ones, patients and clients and those many individuals who strive daily to keep those who are feeling suicidal safe.

Partners across B&NES are committed to:

- Reducing suicide and self-harm.
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

The full strategy can be found **here**.

Appendix 1 covers key points and trends of suicide data in B&NES.

Purpose

The purpose of the action plan is to deliver co-ordinated suicide prevention action within B&NES. The plan will be used as a framework to guide strategic direction and priorities for the period of 2020-2023. This is a living document and will be overseen and reviewed by the Suicide Prevention Group, a multiagency group chaired by Public Health B&NES. It will be accountable to the Health and Wellbeing Board and will report progress to the B&NES Community Safety and Safeguarding Partnership (BCSSP) through the Practice Review Group. A full list of the governance group membership can be found in **Appendix 2.**

Involving those with lived experience and supporting providers is critical when bringing about collective change in suicide prevention, highlighting key gaps and establishing new ways of working. Therefore, one of the key principles of this action plan is to collaborate and engage with people with lived experience over the duration of this action plan. Experts by experience are also members of the governance group.

Scope

The Suicide Prevention Action Plan for B&NES sits within the wider context of our Public Health Mental Health programme of work which includes longer term, upstream interventions. These are outside of the scope of this more targeted plan and so are not discussed here.

The scope of this action plan has been informed through consultation with stakeholders, local need, reviewing national and local evidence-based recommendations. The plan considers a life course approach and ensures communities of all ages and backgrounds are reflected in the actions.

Momentum

There is lots of good work carried out every day within public, private and third sectors and communities in B&NES to prevent the escalation and admission of suicide and address associated causes and risk factors. There are numerous local examples across the system such as those below, though please note this list is for example and not intended to be exhaustive.

Bluebell
Any parents at risk of harm or suicide flagged and joined up care provided by health visiting teams, midwives, GPs and specialist perinatal mental health teams.

School Nursing
School nurses work with children and young people to discuss emotional health and wellbeing difficulties including self – harming and suicidal thinking.

DHI
Drug and alcohol services have integrated suicide prevention through triage and assessment processes and promoting wellbeing options such as the Five Ways to Wellbeing.

Schools
Schools have been accessing the Coping with Suicide for educational settings 2018 resource.

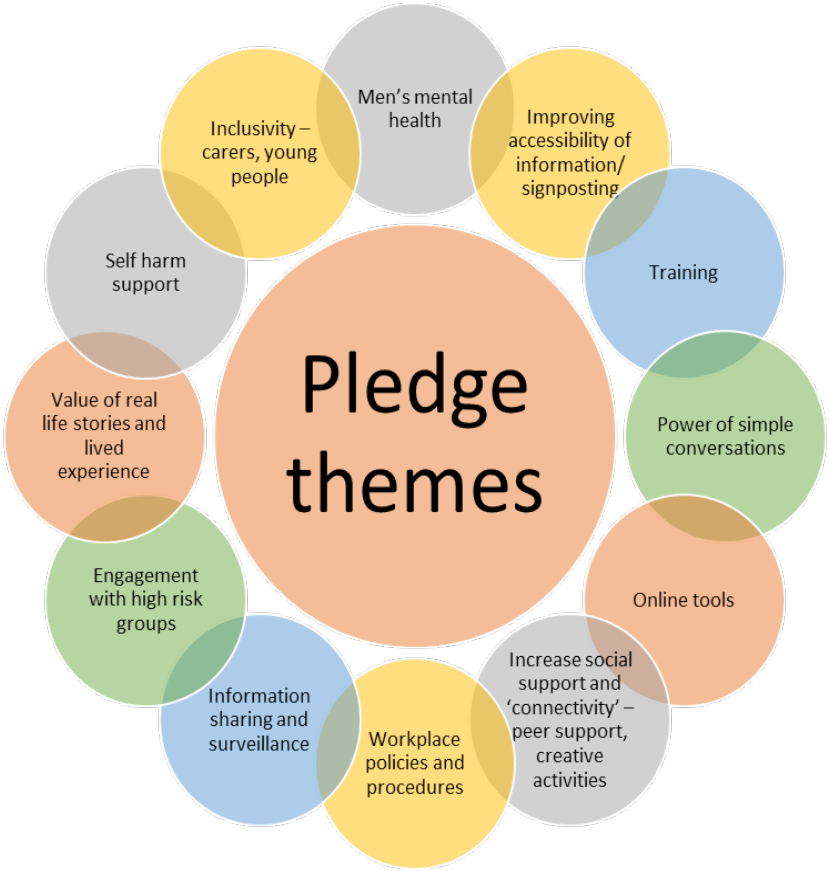
Adult support services
Homeless and domestic abuse services receive training and good practice sharing on suicide prevention.

Voluntary and community sector
Continues to deliver projects where people feel connected to their community including work that supports people in complex or crisis situations.

Together, we will be building on this momentum of existing work and seek to capitalise on these assets to strengthen suicide prevention efforts in the community, support joined – up approaches and maximise the best use of limited resources.

Action Plan Development
The production of this action plan has been overseen by Public Health. Its development has been informed by the Public Health England guidance, a stakeholder event held in February 2020 and virtual discussions during early 2021.

More than 60 people representing various organisations and communities attended a stakeholder event in February 2020 at the Bath Guildhall. The aim of the event was to inform the development of the strategy and action plan and understand how the system is working towards reducing the national target of reducing suicides by 10% by 2021 with an aspiration of having zero suicides in B&NES. The visual below was developed to demonstrate some of the key themes from the 27 organisation pledges made at the event. These themes have influenced the content and been key drivers of this action plan as well as reviewing national and local evidence.



Action Plan and the impact of COVID – 19

The impact of mental health and COVID -19 pandemic has been significant across the population and there is limited evidence currently to understand the true impact on suicides. Gunnell et al (2020) states "a wide-ranging interdisciplinary response that recognises how the pandemic might heighten risk and applies knowledge about effective suicide prevention approaches is key.[1]" National surveys have demonstrated worsening of mental health amongst some groups, particularly those affected by socioeconomic inequalities, and by the end of June 2020, one in ten people in the UK reported having had suicidal thoughts or feelings in the past two weeks[2]. Poor mental health has also been shown amongst staff in hospital intensive care units during 2020, with high rates of depression and PTSD and 13% of respondents (particularly nurses) reporting frequent thoughts of being better off dead, or of hurting themselves in the past 2 weeks[3]. When writing this action plan, we have been mindful to take this into consideration for proposals now and beyond the acute phase of the COVID – 19 pandemic.

[1] Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, RC., Pirkis, J and the COVID-19 Suicide Prevention Research Collaboration Unit (2020) Suicide risk and prevention during the COVID -19 pandemic. *Lancet Psychiatry* 7 (6): pp.468-471.
[2] Mental Health Foundation (2020) Coronavirus: The divergence of mental health experiences during the pandemic.
[3] Greenberg, N *et al*. (2021) Mental health of staff working in intensive care during COVID-19. Occupational Medicine, https://doi.org/10.1093/occmed/kqaa220

The Plan

There are seven sections within the plan, some of the areas include specific actions /pledges that have been put forward by key stakeholders.

1. Keep up to date with current guidance and research, local trends and intelligence				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**
1.1	Collect available intelligence and real time data to inform local need.	B&NES Council - Public Health		• Annual reports published and actions identified.
1.2	Review and update Council's JSNA facts and figures webpage - Suicide and Mortality of Undetermined Intent.	B&NES Council - Public Health		• JSNA page updated with most recent data.
1.3	Work in partnership with Bristol, North Somerset and South Gloucestershire Councils to commission a Real Time Surveillance function from the Avon Coroner's Office.	B&NES Council - Public Health	Celia/Paul	• Notification and surveillance data on suspected deaths from suicide shared with B&NES Council in a timely manner. • Participation in Avon-wide meetings to review trends arising from surveillance.
1.4	Hold quarterly meetings with stakeholders to review recent deaths from suicide and implement learning.	B&NES Council - Public Health	All partners as appropriate	• Quarterly meetings held and data fed into action plan.
1.5	Establish and implement a mechanism for sharing information, research and local action with stakeholders through a quarterly newsletter. The following areas will be covered in the newsletter: • Frontline health/social care staff working during COVIDCOVID-19 pandemic • Loneliness in the community (e.g. students and older people) • Children and Young people • Families/individuals experiencing financial hardship	B&NES Council - Public Health	All partners as appropriate	• Reach and engagement with quarterly newsletter including number of visits to webpage.
1.6	Hold an annual event to share good practice from partners, hear from people with lived experience etc.	B&NES Council - Public Health	All partners as appropriate	• Number of attendees at annual event. • Breadth of stakeholder attendance. • Number of attendees that valued the event. • Comparison to feedback from

				2020 annual event.
1.7	Work in partnership with police and other stakeholders to audit B&NES suicide higher risk locations.	RTS Post/ Public Health/ Coroner		• Fewer deaths in higher risk locations. • Ensure partners are kept informed of higher risk locations. • Proactive leadership in responding to suicides.

2. Integrate suicide prevention into a broader framework for promoting population mental health and wellbeing				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**
2.1	Promote annual campaigns to raise awareness of mental health issues, to reduce the stigma and aid people navigate the support system available.	B&NES Council - Public Health and 3SG		• Social media analytics. • Increase awareness and understanding of population wellbeing. • Promotion of annual campaigns such as Every Mind Matters, Mental Health Awareness Week, World Mental Health Day, Suicide Prevention Day and Time to Change.
2.2	Identify suicide prevention measures when reviewing Council's policies and strategies such as planning applications and transport.	B&NES Council Directorates		• Identification of opportunities to raise awareness of suicide prevention. • Close working with colleagues to ensure suicide prevention content reflects key messages.
2.3	Mapping existing training provision for organisations and communities on suicide prevention and mental health (including but not limited to self- harm) and produce evidence-based recommendations.	B&NES Council - Public Health		• Creation of a shared dashboard to support workplaces and communities to access suicide prevention training. • Launch and distribution of dashboard to wider partners. • Engagement with dashboard. • Training available for all staff supporting individuals with mental

				health issues. •
2.4	Ensure B&NES partners are aware of financial wellbeing as a risk factor for suicide and facilitate appropriate linkages between partners.	B&NES Council - Public Health	Social prescribing Citizens advice Council tax team Job Centre Plus Economic Development Team	• Use and distribution of local and national resources. • Newsletter.
2.5.	*Children & Young People* Provide a range of resources that support the delivery of a whole school or setting approach to mental health & wellbeing through the Public Health in Schools & Early Years Programmes including links to partners and early help services. To include COVID-19 recovery support through Wellbeing Education Return programme in schools.	B&NES Council - Public Health	School Improvement Education Psychology Service EYFS	• Public Health in Schools and Early Years Programmes used extensively by settings as source of best practice guidance.
2.6	Continue to implement recommendations for workplace settings as set out by the Thrive at Work West of England Initiative.	Workplace settings Economic development team	Thrive at West of England Partnership Economic Development Team	• Number of B&NES employers that have accessed the initiative.
2.7	All employers in B&NEs encouraged to access the Thrive at Work West of England Growth Hub which includes accessing mental health and suicide bereavement resources, signing up to the Mental Health at Work Commitment pledge and participating in the Zero Suicide Alliance – eLearning.	Workplace settings Economic development team	Thrive at West of England Partnership	• Number of employers that access the hub.
2.8	Strengthening suicide prevention within the Community Mental Health Framework	Paul Scott Lucy Kitchener		•
2.9	Raise awareness of advice available on issues including debt, benefits, employment, housing, family & relationships, discrimination, immigration, and consumer rights with a focus on financial advice for those with financial issues due to COVID-19 in all population including minority groups.	Citizens Advice		• Awareness in the B&NES population including minority groups of the advice they can seek.

2.10	Individuals at point of/in crisis to be referred to Breathing Space – the in-person service open seven evenings per week and/or the evening phone support.	Bath Mind Breathing Space		• Increase awareness in BaNES population and in statutory and third sector organisations of Breathing Space services.
2.11	Increase promotion and referrals to wellbeing social prescription services as part of early intervention.	Third Sector providers		• Review and enhance the directory of services • Promotion via on-line and hard copies
2.12	Referral to non-clinical talking therapies and counselling services	Bath Mind Focus Counselling		• Increase promotion/awareness
2.13	Promote and improve the visibility and accessibility of our Mental Health & Wellbeing service & Wellbeing College to the public, health professionals & other professionals who can benefit from these services.	Virgin Care (Justin Wride)		• Awareness in the B&NEs population. • Promoting and offering robust services that are flexible, adaptable and responsive to people's needs as we have done during the COVID-19 pandemic.
2.14	Promotion and awareness raising through tailored training packages for organisations, businesses, volunteers	Bath Mind St Mungo's		•

3. Tailor approaches to improve mental health in specific groups / reduce risk of suicide in key high-risk groups				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**
3.1	Explore working collaboratively to integrate suicide prevention into: • Gambling • Criminal justice system • Veterans	B&NES Council - Public Health	Other organisations as required	• Ensure good links between public health and all key partners, and that key actions have been taken.
3.2.1	Conduct a quality audit on the support offer available for those experiencing self – harm.	Bath Mind Expert by experience Lucy Kitchener	Other organisations as required	
3.2.2	Continue to work with organisations who support those with a history of self-harm	B&NES Council - Public Health Oxford Health (CAMHS)	Other organisations as required	• Ensure good links between public health and self-harm support services. • Ensure clients are referred into

		AWP RUH ED School nursing		the care pathways and responsive to people who self – harm. • Use and distribution of local and national resources.
3.3	*Perinatal* Provide perinatal support services and resources for pregnant and post-natal mothers and their partners to support anxiety, trauma and isolation including home visits, support care package for those at risk of harm or suicide.	Bluebell AWP	Health visiting teams, midwives, GPs and specialist perinatal mental health teams/champions	• Support promoted to all expectant and new parents and encouragement to ask for help early. • Any parents at risk of harm or suicide flagged and joined up care provided by health visiting teams, midwives, GPs and specialist perinatal mental health teams.
3.4	*Children and young people* Develop a CAMHS protocol that will strengthen joint working with CAMHS and Project 28.	Project 28 CAMHS		
3.5.1	*Male* Increase awareness of Boys in Mind resources by working with schools and other organisations to promote positive mental health, challenge stigma and prevent suicide with a focus on boys and young men.	Boys in Mind		• Resources promoted to all B&NES schools.
3.5.2	*Male* Target mental health and suicide prevention messaging through social media and physical venues that are used and attractive to middle aged men.	Jess Brodrick		
3.7.1	*Adults with complex needs* Ensure assessments for homelessness and drug and alcohol services, and step down from hospital (intensive outreach) nclude questions on suicide ideation and suicide safety plans are in place.	Ann Robbins Celia Lasheras Virgin Care DHI Julian House Bath Mind Options For Living		
3.7.2	*Adults with complex needs* Explore dual diagnosis provision to meet the needs of the population with substance misuse and mental	Virgin Care Lucy Kitchener Public Health		

	health issues and develop a plan of action with the Mental Health Collaborative group.			
3.8	*Care staff most directly affected by COVID-19* Work with the BSW CCG and local health and care providers to share good practice in supporting staff wellbeing and ensuring targeted support available to those with highest needs.	Public Health BSW CCG		• Staff in local health and care organisations aware of sources of universal wellbeing support • Staff know how to access additional specialist support

4. Reduce access to means of suicide				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**
4.1	Audit suicide high risker locations in B&NES.	RTS Post/ Public Health/ Coroner		• Reduction in the number of higher risk locations through proactive response to audit. • Fewer deaths in higher risk locations areas.
4.2	Reduce risk of suicide on the railway.	British Transport Police	Network Rail Samaritans	• Ensure all railway staff and police are trained in suicide prevention. • Ensure local higher risk locations are reviewed and any actions to reduce risk are implemented.
4.3	Reduce risk of suicide on the road network through Samaritans 24-hour crisis signage, suicide intervention training for staff and construction workers in the South West.	Highways England	Samaritans	• Samaritans 24-hour crisis signage installed on high risk structures across the South West region. • Suicide prevention intervention training offered to all staff and construction workers in the South West.

5. Support those bereaved by suicide				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**
5.1	Co-produce a B&NES postvention pathway and tools for those that have been affected by suicide.	B&NES Council - Public Health	Bath SOBS Partners, police and communications.	• Postintervention support is in the place across organisations and communities in B&NES. • Ensure materials available in a variety of accessible formats.
5.1.1	*Children & Young People*	Children & Young		• Resources promoted to all

	Review and update *Coping with Suicide* *A summary of support for educational settings 2018*	People's Emotional Health & Wellbeing Strategy Group		B&NES schools and young people settings
5.1.2	*Children & Young People* Produce a guide (including review of relevant resources) for use by schools and early years settings to support them when a child is bereaved including by suicide.	B&NES Council - Public Health		• Resources promoted to all B&NES schools and young people settings
5.2	Promote existing suicide bereavement support currently available within B&NES (Bath Survivors of Suicide (SOBS), Cruse) and continue to support virtually during COVID-19 pandemic	Bath Survivors of Bereavement by Suicide (SOBS)		• Ensure those who are bereaved by suicide/concerned about someone who is have access to support and know who to contact
5.3	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		Police	• Appropriate and accessible support material is being used by the police when responding to a suicide
5.4	Integrate suicide prevention into the existing B&NEs Council compassionate leave policy.	B&NES Council-HR	Public Health	• Policy has been updated.

6. Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**
6.1	To continue to promote responsive and sensitive reporting on all media platforms of suicide and suicidal behaviour, using the Samaritans Guidance for Reporting Suicide.	Communications	Public Health	• Media campaign delivered. • Evidence of sensitive reporting of suicides in the media by staff who use media guidelines. • Auditing content on suicides in B&NES.
6.2	Work with local and regional media outlets to ensure sources of support and signposting information is provided when reporting suicide and suicidal behaviour.	Communications		• Appropriate resources shared. • Sensitive reporting locally and use of Samaritans Guidance for Reporting.

7. Reduce rates of self-harm as a key indicator of suicide risk				
	Action	**Lead organisation**	**Contributing partners**	**Measures of success**

7.1	Support colleagues working with children and young people and vulnerable adults to understand issues relating to self-harm through the delivery of training.	CYP and Adults Workforce Development Strategy Group		• Number of colleagues receiving training.
7.2	Upskill frontline staff on how to best to support those who self – harm with an emphasis on those in high risk communities.	Public Health		

Monitoring and evaluation

The action plan and its impact will be monitored by the Suicide Prevention Group on a quarterly basis. Organisations and working groups who have provided actions will be encouraged to consider how they monitor and evaluate their own progress. An annual event will be held each year to showcase learning, provide an update on the progress of the action plan implementation and evolve further thinking. The terms of reference of the Suicide Prevention Group will be reviewed annually to reflect the current work of the action plan.

Plan on a page

Vision

In B&NES we are all committed to reduce suicide and self-harm, ensure that no resident will think that suicide is their only option, tackle the stigma associated with suicide by developing community conversations about suicide, building community resilience and supporting those affected by suicide.

In order to achieve this, we will:

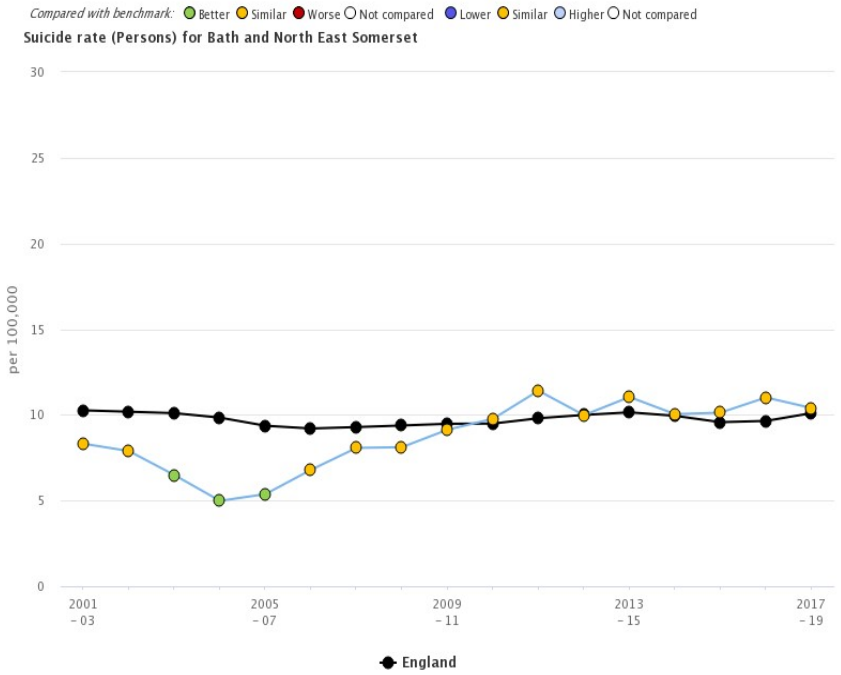
- Build capacity and capability within organisations and communities to talk openly and routinely about suicide.
- Support those who have been affected or impacted by suicide and aim to remove shame and blame from the process.
- Work in partnership recognising each suicide is different.
- Collaborate with those from lived experience to inspire others to drive change in the suicide prevention agenda.

Objectives

Appendix 1 – Summary of findings presented

at the stakeholder event in 2020

- B&NES has a slightly higher suicide rate than the England average
- For each death amongst women, there were 4 deaths amongst men.
- 45-59-year olds had the highest rates.
- 40% of people who died by suicide had a history of some form of self-harm. For females this was 47%.
- Self-harm hospital admissions rates are higher than the England average.
- Females in B&NES have double the hospital admission rates for self-harm than males
- 10-24-year olds have more than double the rates compared to older adults
- About one in four people (25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time.
- Three quarters of people who died were not in touch with secondary NHS mental health services, but many were in touch with their GP or another kind of health and care service in the months before their death



References:

1. Public Health England Outcomes Framework
2. Royal College of Psychiatrists. Self-harm.
3. McManus et al 2019 Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population
4. ONS (2019) Suicides in the UK: 2018 registrations
5. Public Health England (PHE) • Work with the Avon Coroner's Office • Hospital admissions data for self-harm • B&NES Community Mental Health Services Review

Appendix 2 – Governance Group Membership

The membership comprises of identified individuals across key agencies within the city. Membership will include the following:

- Chair: Public Health
- Mental Health Services Commissioner
- Experts by experience
- Bath and North East Somerset, Swindon and Wiltshire CCG
- CAMHS
- Virgin Care Mental Health Services
- Avon Wiltshire Partnership Trust
- 3SG
- Bath Mind
- Bath Spa University
- University of Bath
- Suicide Bereavement Services
- Public Health England

Other members / partners shall be co-opted as required including

- Primary Care
- Safeguarding
- Police and BTP
- Network Rail
- South West Ambulance Service
- Avon Fire and Rescue
- DWP. Employment / workplace representatives
- Housing services
- Criminal justice services

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Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Equality Impact Assessment / Equality Analysis

(updated May 2020)

Title of service or policy	Suicide Prevention Strategy and Action Plan
Name of directorate and service	People and Communities
Name and role of officers completing the EIA	Hannah Elliott – Health Improvement Officer
Date of assessment	23.3.2021

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable**. It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website.

1.	**Identify the aims of the policy or service and how it is implemented.**	
	Key questions	**Answers / Notes**
1.1	Briefly describe purpose of the service/policy e.g. • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	These strategy and action plan will be overseen and reviewed by the Suicide Prevention Group; a multiagency group chaired by Public Health B&NES. This strategy contributes towards the national target of reducing suicide by 10% by 2021, with the aspiration of having zero suicides in our area. The purpose of the action plan is to deliver co-ordinated suicide prevention action within B&NES.
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	The strategy is a refresh of an existing one. The previous strategy and action plan ran out in 2019. National requirement: Yes, it is requirement that has been identified in several national strategic reports including the government's cross- sector strategy for England (Preventing suicide in England), the Mental Health Taskforce's report to NHS England (The five year forward view for mental health) and NHS Long Term Plan. The action plan is a living document and will be reviewed on an annual basis by the Suicide Prevention Governance Group.
1.3	Do the aims of this policy link to or conflict with	This strategy links with key principle of focusing on prevention and addressing

	any other policies of the Council?	inequalities in life experiences. There are marked differences in suicide rates according to people's social and economic circumstances with those in poorer communities more likely to be affected. This strategy also aligns well with the core principle of giving residents a bigger say. To support this, we have engaged with community members to develop this strategy and will continue as its action plan is implemented.

2. Consideration of available data, research, and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, sex, disability, religion/belief, sexual orientation, and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	**Data, research, and information that you can refer to**
2.1	What equalities training have staff received to enable them to understand the needs of our diverse community?	All members of staff have attended equalities training as appropriate for their role.
2.2	What is the equalities profile of service users?	There is no direct service provision to service users. The strategy is applicable to the whole population of B&NES. For a summary of the population based upon the last Census figures visit the Council's Research and Statistics pages'

2.4	Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Our annual event will aim to collate insights views and experiences from equality groups on suicide.
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Organisations who have featured actions in the action plan will have their own equality policies.
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	There are no plans currently to carry - out any consultation activity.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups.

		Examples of what the service has done to promote equality	**Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this**
3.1	**Sex** – identify the impact/potential impact of the policy on women and men.	Suicide rates are higher in men that women for each death amongst women, there were 4 deaths amongst men in Bath and North East Somerset (2020). Females in B&NES have double the hospital admission rates for self-harm than males. The Suicide Prevention Action Plan third priority area focuses on tailored approaches to improve mental health in specific groups / reduce risks of suicide of risk in key high – risk groups. Within this section there are three external	

		stakeholder actions that are specifically targeted at boys, young men and expectant fathers. Additionally, there is a myriad of actions within the scope of the plan that will also have a positive impact on both sexes.	
3.2	**Pregnancy and maternity**	National evidence shows that one in five women risk having a mental health condition during pregnancy and in the 12 months after childbirth. Suicide is the second most common cause of death among women during pregnancy and in the post-natal period. The B&NES Suicide Prevention Action Plan third priority area focuses on tailored approaches to improve mental health in specific groups / reduce risks of suicide of risk in key high – risk groups. Within this section there is one external stakeholder actions linking to the provision of perinatal support and resources for pregnant and post-natal mothers and their partners who might be at risk or harm of suicide.	
3.3	**Gender reassignment** – identify the impact/potential impact of the policy on transgender people	There are indications that transgender people may have higher rates of mental health problems and higher rates of self-harm. The Plan is aimed at the whole population of the B&NES. By building capacity and capability within organisations and communities to talk openly and routinely about suicide we hope to improve knowledge, skills, and attitudes around seeking support earlier. In addition to this, the priority area of the plan aims to review local trends and intelligence of suicides and will take this cohort into consideration.	
3.4	**Disability** - identify the impact/potential impact of the policy on disabled people (ensure consideration both	People who experience mental illness are at increased risk of suicide. According to the Avon Coroner, about one in four people	

	physical, sensory, and mental impairments and mental health)	(25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time. National evidence shows that at least half of people who die by suicide have a history of self- harm, and one in four have been treated in hospital for self-harm in the preceding year. Evidence that receiving a diagnosis of cancer, coronary heart disease and chronic obstructive airways disease is associated with higher suicide risk. The plan is aimed at the whole population of B&NES including people with long – term conditions and people with disabilities. There are several actions within the plan associated with supporting those who have a history of self – harm. The plan aims to improve the availability and accessibility of resources and tools on suicide prevention for people with various needs and this will be achieved through a mapping exercise and communication strategy.	
3.5	**Age –** identify the impact/potential impact of the policy on different age groups	Highest number of deaths in B&NES were among 45-59-year olds. 10-24-year olds have more than double the rates compared to older adults The B&NES Suicide Prevention Action Plan second priority area aims to improve population mental health and wellbeing. Within the plan there are four actions directly targeting children and young people. In addition, there are actions relating to key groups where the suicide risk is greater for example mental health users of any age, adults with complex needs.	

		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.6	**Race** – identify the impact/potential impact on across different ethnic groups	There is little evidence on suicide risks in Black, Asian and other minority ethnic groups, as information on ethnicity is currently not collected through the death registration and inquest processes. It is nationally recognised that more and better information about prevention and risk factors among different ethnic groups is needed. The Suicide Prevention Action Plan is aimed at the whole population including ethnic communities. The second priority area in the plan aims to improve population health and wellbeing and to remove the stigma attached with seeking support for mental health problems. The plan aims to improve the availability and accessibility of resources and tools on suicide prevention for people with various needs including where English might be a second language. This will be achieved through a mapping exercise and communication strategy.	
3.7	**Sexual orientation -** identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people	Research suggests lesbian, gay, bisexual people are at a higher risk of suicide behaviour their heterosexual counterparts. Gay and bisexual men have a particularly high prevalence of self-harm. One in ten gay and bisexual men aged 16 to 19 have attempted to take their own life in the last year. There are indications that transgender people may have higher rates of mental health problems and higher rates of self-harm. The B&NES Suicide Prevention Action Plan is aimed at the whole population regardless of sexual orientation. Through general awareness and skills-based training we aim to promote knowledge, skills and attitudes of suicide and ensure we can improve the capabilities of the system to	

		intervene earlier and offer support.	
3.8	**Marriage and civil partnership –** does the policy/strategy treat married and civil partnered people equally?	Marital status, especially divorce, has strong net effect on mortality from suicide, but only among men. The greatest risk is among divorced men, who in 2015 were almost three times more likely to end their lives than men who were married or in a civil partnership. The B&NES Suicide Prevention Action Plan is aimed at the whole population regardless of martial status. Where the risk is greater among men, the action plan has specific actions to promote positive mental health and wellbeing among this cohort and ensure early support can be accessed.	
3.9	**Religion/belief** – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	Having a religion / belief has been recognised as a protective factor when it comes to suicide prevention. There is a complexity whether people who have a religious affiliation or attend religious services have a different risk of suicide than people who do not have a religious affiliation. Deaths may be less likely to be reported as suicide where there is stigma or taboo attached to suicide due to the socio-cultural or religious norms of the individual, their family or community. The B&NES Suicide Prevention Action Plan is aimed at the whole population. Through proactive communications and training we hope people who have religion belief or non-religion/belief feel empowered to access support and speak about suicide and mental health openly without feeling judged or stigmatised.	
3.10	**Socio-economically disadvantaged*** – identify the impact on people who are disadvantaged due to factors like family background,	Research indicates that suicide rates to be two to three times higher in the most deprived neighbourhoods compared to the most affluent. Economic hardship amongst some communities has been	

	educational attainment, neighbourhood, employment status can influence life chances **(this is not a legal requirement, but is a local priority).**	exacerbated due to the Covid – 19 pandemics. One of the key actions of the Suicide Prevention Action Plan is to ensure partners are aware that finance wellbeing is a risk factor for suicide and appropriate linkages are made.	
3.11	**Rural communities*** – identify the impact / potential impact on people living in rural communities	It is difficult to get statistics differentiating those at risk from suicide living in rural areas compared to that of urban areas. Evidence shows there is a rise in mental health problems among rural and farming communities. The B&NES Suicide Prevention Action Plan is aimed at the whole population including those in rural and urban communities. Through proactive communications and training peer networks we hope rural communities feel empowered to speak about mental health and suicide openly and seek support earlier if needed.	

There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and haver therefore been included here.

4. Bath and North East Somerset Council & NHS B&NES
Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when

Ensuring training on suicide prevention and mental health is available to all equality groups and in accessible formats.	Mapping exercise and produce evidence-based actions.	March 2021		March 2022
Cascading appropriate communications to the equality groups.	Newsletter development	March 2021		April 2021
Collect available intelligence and real time data to inform local need.	Commission a Real Time Surveillance function	March 2021		2023

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Becky Reynolds (Director of Public Health)

Date: 9/4/21

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Children, Adults, Health & Wellbeing Panel - 13th September 2022

Integrated Care Board Update

9th October 2022

Content

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Purpose of an Integrated Care System
- Integrated Care Strategy

Links to short videos with additional information

BSW ICS Explainer video

https://www.youtube.com/watch?v=PjRzwwL9vvk

NHS England video: Development of health and care System:

About BSW Together (icb.nhs.uk)

Kings Fund video: How the NHS in England is changing:

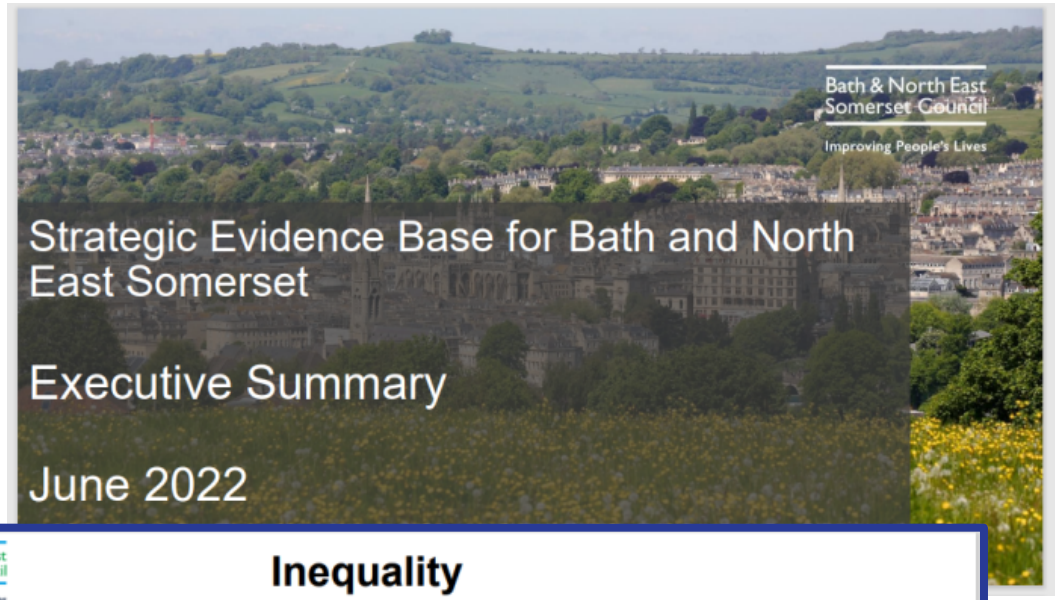
How does the NHS in England work and how is it changing? - YouTube

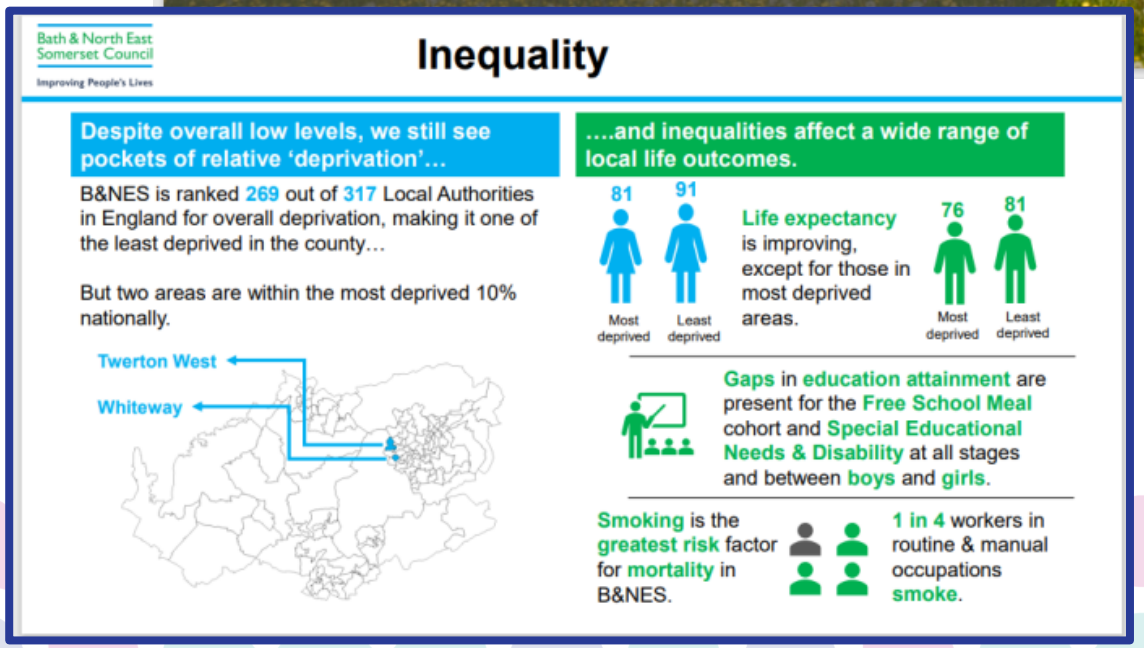
Purpose

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development.





BSW Integrated care system

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

Statutory ICS

BSW Integrated Care Board (ICB)

Membership: Chair, Non-Executive Directors, Partner Members nominated by NHS trusts, local authorities and primary care, Partner Members from VCSE and community care

Role: Allocate NHS budget and commission services, produce a five-year system plan for health and care services

influence and alignment

BSW Integrated Care Partnership (ICP)

Membership: wide range of partners incl. local authorities, ICB, VCSE organisations and other partners

Role: Develop an Integrated Care Strategy that addresses the assessed health and care needs of the people in BSW

Influence

Influence

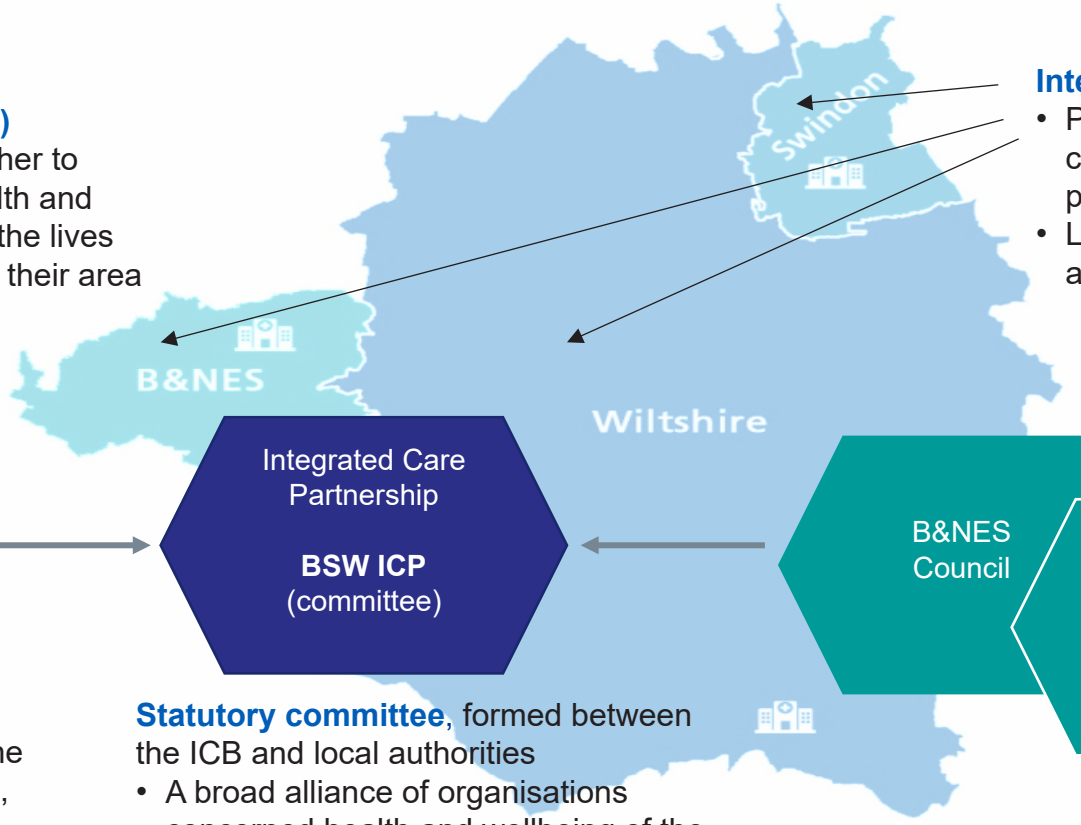
Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Populations of 1-2m	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health), VCSE sector and the independent sector. Can also operate at place level
Place Populations of 250,000 – 500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities and wider membership as appropriate. Can also operate at system level
	Place-based partnership	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services) , Healthwatch and primary care
Neighbourhood Populations of 30-50,000	**Primary care networks**	GPs, community pharmacists, dentistry, opticians

How the BSW ICS is made up

Integrated Care System (ICS)
Organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated Care Alliances (ICA)
- Place-based partnerships of NHS, councils, community and voluntary organisations, local people, carers
- Lead the design and delivery of integrated services at place



Integrated Care Board

BSW ICB
(organisation)

Integrated Care Partnership

BSW ICP
(committee)

B&NES Council

Swindon Council

Wiltshire Council

Statutory NHS organisation
- Develops a plan for meeting the health needs of the population,
- Manages NHS budget
- Arranges for the provision of health services in BSW

Statutory committee, formed between the ICB and local authorities
- A broad alliance of organisations concerned health and wellbeing of the population
- Author of the Integrated Care Strategy
- Advocate for innovation, new approaches and improvement

Local Authorities
- Responsible for social care and public health functions and other services for local people and businesses

Role of the Integrated Care Partnership (ICP)

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

What is an Integrated Care Partnership?

- A broad alliance of organisations concerned with health and wellbeing of the population
- The author of the Integrated Care Strategy, and other system-level integration strategies
- An advocate for innovation, new approaches and improvement

Department of Health & Social Care

Cllr Richard Clewer (Wiltshire) will be the first Chair of the ICP.

Our expectations for Integrated Care Partnerships

We have five expectations for Integrated Care Partnerships, that they will…

be a core part of Integrated Care System, driving their direction and priorities.	be rooted in the needs of people, communities and places.	create a space to develop and oversee population health strategies to improve health outcomes and experiences.	support integrated approaches and subsidiarity.	Be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.

Department of Health & Social Care

The Integrated Care Partnership will be responsible for overseeing the development of the Integrated Care Strategy. A Steering Group is being established to coordinate the production of the Integrated Care Strategy on behalf of the ICP. Membership will be drawn from local organisations, Healthwatch, the Voluntary and Community Sector and will include strong representation from Public Health.

Integrated Care Strategy

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

'should set the direction of the system' …., 'setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life'.

People and communities strategy
Inequalities strategy
Social care strategy
Transport Strategy
Active Lifestyles
Education Strategy
Mental health strategy
Prevention & wellbeing strategy
Primary Care Strategy
Economic strategy
Integrated Care Transformation
Acute Clinical Strategy
Maternity strategy
Children & Young People strategy
Financial sustainability
Workforce Plans
Digital strategy
Estates strategy
Green Plan
Quality, Safety and Safeguarding Strategy
? strategy

Link to the Guidance

https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies

Board members of BSW Integrated Care Board

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Sue Harriman
Chief Executive Officer

Stephanie Elsy
Chair

Gary Heneage
Chief Finance Officer

Gill May
Chief Nurse

Dr Amanda Webb
Chief Medical Officer

Dr Claire Feehily
Non-Executive Director for Audit

Paul Miller
Non-Executive Director for Finance

Suzannah Power
Non-Executive Director for Remuneration and People

Julian Kirby
Non-Executive Director for Public and Community Engagement

Board members of BSW Integrated Care Board, continued

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Professor Rory Shaw
Non-Executive Director for Quality and Performance

Stacey Hunter
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector

Dominic Hardisty
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector

Douglas Blair
Community Provider Partner Member

Will Godfrey
Local Authority Partner Member – Bath and North East Somerset

Susie Kemp
Local Authority Partner Member - Swindon

Terence Herbert
Local Authority Partner Member - Wiltshire

Pam Webb
Partner Member - Voluntary Community and Social Enterprise

Dr Francis Campbell
Partner Member - Primary Care

BSW Care Model

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

We are focussing on a range of initiatives that will improve the health and wellbeing and experience of care including:

- Population health, Prevention and Wellbeing focussed programmes
- Integrated Neighbourhood Teams
- Care Coordination
- 2 Hour community response
- Mental Health and wellbeing
- Learning Disabilities and Autism
- Virtual wards
- Maternity
- Recovery of elective care services
- Urgent care services

From April 2023 the ICS will also take on delegated commissioning responsibility for dental services, general ophthalmic services and pharmaceutical services

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Questions and discussion

Appendix

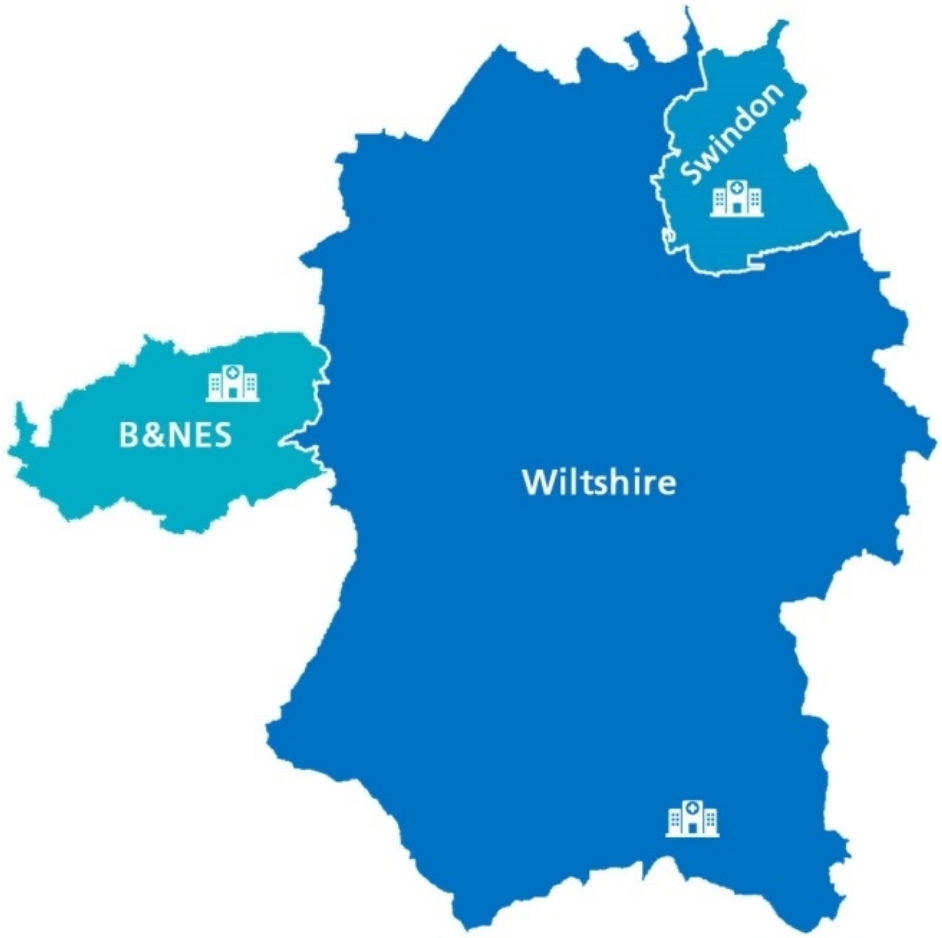
NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

1. Who we are
2. Key population demographics and issues in BSW
3. Our vision and partner organisations
4. BSW Design Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

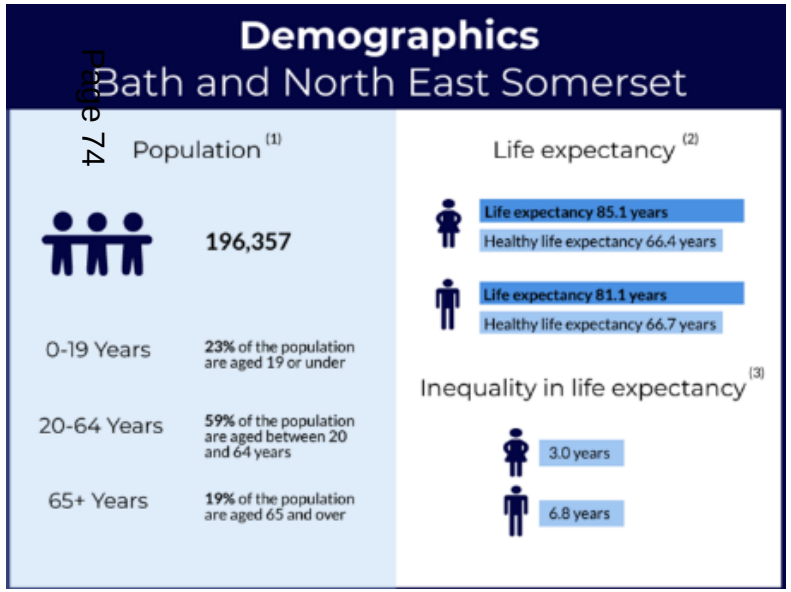
Who we are

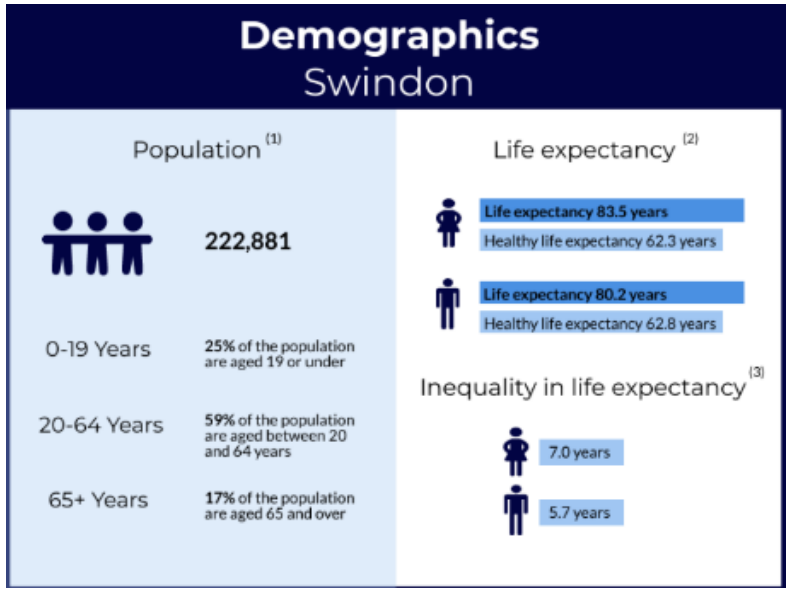
- We serve a combined population of 940,000
- We directly employ 37,600 colleagues and benefit from the contribution of many more carers and volunteers
- We are made up of 88 GP practices, 26 Primary Care Networks, two community providers, three acute hospital trusts, two mental health trusts, an ambulance trust, an Integrated Care Board (ICB), three Local Authorities, 2,800 Voluntary, Community and Social Enterprises

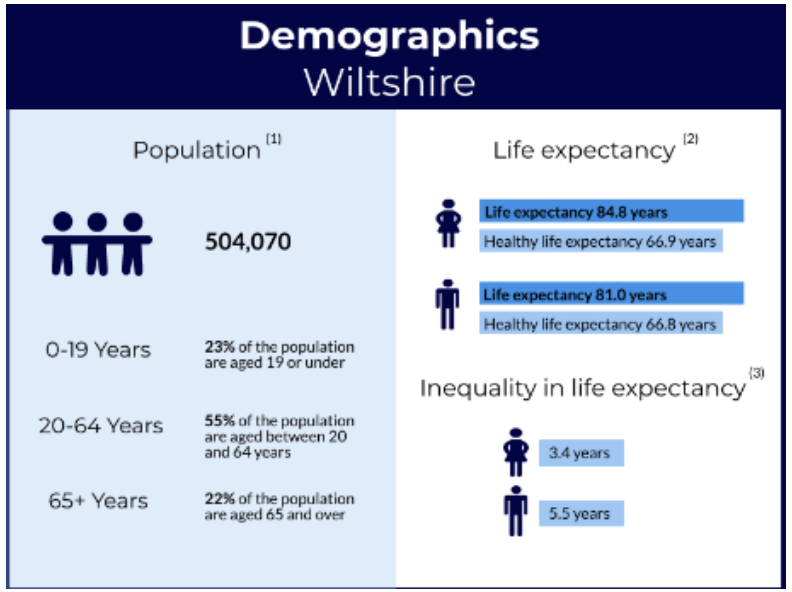


Key population demographics and issues in BSW

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board







Our vision and partner organisations

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Working together to empower people to lead their best life

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS Great Western Hospitals NHS Foundation Trust

NHS Salisbury NHS Foundation Trust

NHS Royal United Hospitals Bath NHS Foundation Trust

NHS Avon and Wiltshire Mental Health Partnership NHS Trust

NHS South Western Ambulance Service NHS Foundation Trust

NHS Oxford Health NHS Foundation Trust

Swindon Borough Council

Wiltshire Council

Bath & North East Somerset Council

hcrg Care Group

Wiltshire Health and Care

medvivo integrating health and care

Wessex Local Medical Committees Incorporating Wessex LEaD

West of England Academic Health Science Network

healthwatch Wiltshire

healthwatch Swindon

healthwatch Bath and North East Somerset

Plus, a wide range of voluntary and community sector organisations that help provide invaluable support to our populations and our health and care services

Appendix 4: BSW design principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

1. We will improve the health of our population through prevention of illness, early intervention and promoting wellbeing and independence through all stages of life.
2. We take responsibility for addressing the wider determinants of health and will reduce health inequalities in our communities.
3. We work as one system without boundaries with parity of esteem between services.
4. We make the best use of our combined available resources to deliver the highest quality care.
5. We use shared evidence, listening, learning and co-designing care around the individuals we serve.
6. We treat and support people at home or as close to home as possible.
7. We nurture a flexible and ambitious workforce.
8. We innovate and maximise the use of digital technology to improve care and access to care while supporting those with limited access to technology.
9. We make decisions as close as possible to those people they affect.
10. We are a learning system in everything we do.

BATH AND NORTH EAST SOMERSET

MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL MEETING

Tuesday, 5th July, 2022

Present:- **Councillors** Michelle O'Doherty, Ruth Malloy, Andy Wait, Paul May, Liz Hardman and Gerry Curran

Co-opted Non-Voting Member: Chris Batten

Cabinet Member for Children & Young People, Communities: Councillor Dine Romero

Also in attendance: Mary Kearney-Knowles (Director of Children's Services & Education), Rosemary Collard (Head of Education Inclusion Service) and Jane Rowland (BSW ICS)

26 WELCOME AND INTRODUCTIONS

In the absence of the Chair, the Vice Chair, Councillor Michelle O'Doherty welcomed everyone to the meeting and acted as Chair for the duration of it.

27 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

28 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Vic Pritchard, Joanna Wright and Rob Appleyard had all sent their apologies to the Panel.

Kevin Burnett, Co-opted Member had also sent his apologies to the Panel.

29 DECLARATIONS OF INTEREST

Councillor Gerry Curran declared an other interest with regard to agenda item 8 'Cabinet Member Update' as he is an employee of HCRG Care Group.

30 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

31 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

There were none.

32 MINUTES: 7TH JUNE 2022

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

33 CABINET MEMBER UPDATE

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities addressed the Panel, a copy of the update will be attached as an online appendix to these minutes.

Councillor Liz Hardman asked that with the 25% increase in SEND cases nationally and with the scarcity of places in our special needs schools as reported in the media, what are we doing to increase our capacity to provide for these children and should our Special Needs schools only admit children from B&NES.

The Head of Education Inclusion Service replied that this is a recognised issue in B&NES and as such she is leading on increasing the sufficiency of places in B&NES. She said that there are 2 main strands to this, to increase the number of Resource Bases attached to mainstream schools and to submit a bid to the DfE to open a new free special school.

- Currently B&NES has 5 Resource Bases and the plan is to increase this by an additional 5-7 bases in the next 2 years using the grant money allocated by the DfE. The places in a Resource Base vary from 10 - 20 places.

- The DfE have opened the wave to enable LA's to bid for new free special schools. In the SEND Green Paper they have committed to opening 60 new schools. B&NES has submitted the first part - an expression of interest to open 120 place all through generic special school on the Keynsham/Chew side of the authority.

She stated that under the legalities of the SEND system (Children & Families Act 2014) it is not possible for our special schools statutorily to admit only pupils from B&NES. However, the 3 schools in B&NES have a very high percentage of B&NES pupils in comparison to other LA children. B&NES also places in other LA schools.

- In Aspire in June 2022 – 92% of the pupils are B&NES pupils
- In Three Ways in 2020/21 – 84% of the pupils are B&NES pupils
- In Fosse Way in 2020/21 – 88% of the pupils are B&NES pupils

She said that work will take place with MATs and individual schools to embed SEN support.

Councillor Gerry Curran said that news of a potential new special school was good to hear and asked if any sites had yet been identified and was Keynsham an option.

The Head of Education Inclusion Service replied that no sites had yet been identified and that discussions were ongoing with the Planning department.

Councillor Andy Wait asked what the St John's Foundation Primary Empowerment Programme look like in practice.

The Director of Children's Services & Education replied that St. John's are engaged with the 7 primary schools that have 40% of the most disadvantaged primary school children in Bath and North East Somerset to provide pupils with additional support with foundational reading, writing, oracy, and mathematics, as well as emotional support. She added that there was a particular focus on speech and language and narrowing the attainment gap.

Councillor Wait asked if an explanation could be given for what was meant by 'A safe place outside of school'.

Councillor Gerry Curran replied that he believed that this was provision provided by the voluntary sector, facilitated by St. John's, within community centres or outside at local parks.

Chris Batten suggested that St. John's be invited to attend a future meeting of the Panel. He also asked if any update could be given on the former Culverhay site.

Councillor Dine Romero replied that several projects were currently on the site including Secondary Alternative Provision. She said that one possibility could be to consolidate this by bringing the Primary Alternative Provision from Broadlands to this site.

She added that the main site is used by Bath College for some of its vocational courses for pupils aged 14+.

Councillor Paul May asked if an interim report on exam results could be given rather than waiting until March 2023.

The Director of Children's Services & Education replied that information would be available prior to March 2023, but that the results would not be validated.

Councillor May said that this would be welcome.

The Director of Children's Services & Education said that an update report could be submitted from the School's Standards Board in November 2022.

The Chair thanked Councillor Romero for her update on behalf of the Panel.

34 BSW CCG / INTEGRATED CARE BOARD UPDATE

The Chair introduced the report to the Panel and explained that a representative of the Board was unable to attend and therefore any questions would be responded to in writing. A copy of the update will be attached as an online appendix to these minutes.

The Panel had no questions regarding the update.

35 CHILDREN'S TRANSFORMATION PLAN & MENTAL HEALTH UPDATE

The Chair invited Jane Rowland, Associate Director of Mental Health Transformation (BSW ICS) to address the Panel.

Jane Rowland gave a presentation to the Panel entitled 'B&NES Child and Adolescent Mental Health Update', a copy of which will be attached as an online appendix to these minutes and a summary is set out below.

She said that colleagues from Oxford Health would like to attend a future meeting of the Panel to provide a further update.

Aligning priorities – MH and BSW Model of Care

- Working together to empower people to lead their best life
    - Starting well
    - Living well
    - Ageing well
- Personalised care – We want health and care to be right for every individual – not 'one size fits all'
- Healthier communities – We want people to live in communities that help them to live healthier lives
- Joined-up local teams – People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area
- Local specialist services – We will provide more access to routine appointments, tests and treatments closer to where you live
- Specialist centres – Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

Context – Population

NHS England benchmark data for us every year in relation to Child and Adolescent Mental Health Services.

B&NES has a lower percentage of the population aged 0 – 18 that receive these services. Swindon has the highest across the BSW footprint.

Context – Needs

B&NES is higher than the national median and mean for the percentage of school pupils with social, emotional and mental health needs.

Important to consider this when we structure the services required within our local communities.

National context

Covid has had an effect on the mental health of children and young people – this cannot be underestimated.

Referrals to CAMHS increased significantly during the pandemic.

Regional context

The number of referrals accepted by Oxford Health (BSW) is high in comparison to other South West areas and that should be seen as a positive. This shows that the right number of children and young people are being referred to receive the services they need.

Waiting times

Oxford Health (BSW) performs really well in terms of waiting times and is low in comparison to neighbouring areas.

There is a need to try to provide access to local services whilst waiting for actual CAMHS treatment to lessen the impact of waiting times.

Key findings (BSW)

Overall our children and young people are less affected by income deprivation and their mental health needs are slightly lower than the national average.

The number of children and young people in need due to abuse / neglect is also lower than the national average.

We are however higher than the national average for the number of school pupils that have with social, emotional and mental health needs and the number of 16 – 24 year olds who are not in education, employment or training.

Meeting the challenge of CYP MH and Wellbeing in 2022

Local and National Plan:

- Improve access rates to our services for children and young people
- Creating the right service models with a particular focus on the needs of 16 – 25 year olds
- Think carefully about how to provide Eating Disorder services as this can often be a co-presenting condition alongside their mental health status.

Response:

- Work closely with colleagues in Education and Social Care and the community to provide a more joined up wrap around response for our children, young people and their families.

Recovery:

- Workforce has been particularly impacted by Covid and we need to learn how we can move forward and continue to implement the plans we have.

Vision of a CYP offer

- Place children, young people and families at the heart.
- Locally tailored version of the nationally recognized 'i-Thrive Model'
- Evidence based support and treatment available close to home in community settings.
- Accessible integrated and flexible targeted and specialist community mental health service.
- No wrong door – Access to good advice and support through one place, a single, simple point of access for our children and young people.

Future model of provision

i-Thrive Model

- Getting Advice – Those who need advice and signposting
- Getting Help – Those who need focused goals-based input
- Getting More Help – Those who need more extensive and specialised goals-based help
- Getting Risk Support – Those who have not benefitted or are unable to use help, but are of such a risk that they are still in contact with services.

There are principles that underpin all these elements:

Common language reflecting the framework – moving away from use of 'Tiers'.

Needs-Led – making sure that care and treatment is personalised to the individual and their family and is not based on disease or severity.

Shared decision-making – in partnership with children, families and carers.

Proactive prevention and promotion – with a focus on whole community response and strengths based approaches.

Outcome informed – continuous review, goal based.

Reducing stigma – mental health and wellbeing is everyone's business.

Accessibility – timely intervention for the child and family, where they are in their community.

Where are we now ……

Community based support and one off contacts: Local support offers in place (eg Off the Record), alongside Kooth – digital activity has dropped post Covid.

Mental Health Support Teams (MHSTs) in place across BSW. B&NES: 2 Teams, referral rates at c. 60% for one team, 5.9% for other.

Community CAMHS: Demand and complexity increasing, with associated impact on access rates.

CAMHS Crisis: Local CAMHS Liaison team in place at RUH, operating well but demand rising.

CAMHS Inpatient: National shortage of inpatient CAMHS provision, new approaches being taken to keep more children at home in the community.

Ambitions for the coming year

- Embedding i-Thrive across our whole system – mapping community assets, linking with education and social care, supporting children and young people in their communities.

- Investment and improvement in access times for children and young people – meeting the NHS England Long Term Plan target.

- Addressing the needs of children and young people with Eating Disorders – implementing:
    - FREED – First Episode Rapid Intervention for Eating Disorders
    - ARFID – Avoidant Restrictive Food Intake Disorder
    - ALPINE – Assessment and Liaison for Paediatric Inpatients with Eating Disorders

If you can positively intervene within the first three years of presentation this is more likely to recover that child and prevent the disorder continuing into later life.

Developing our 16-25 pathways, ensuring that we provide the right support that meets the specific needs of young people entering early adulthood.

Links being built with our Universities in Bath to support young people that come here that may already have mental health needs.

Working with our Provider Collaborative (which oversees inpatient services across our geography) to implement a Hospital at Home service, keeping more children and young people at home but with the right support from CAMHS.

Working across providers to support children and young people who may have co-presenting neurodevelopmental and mental health needs.

Councillor Paul May commented that it was good to hear that a joined up approach to the transition between child and adult mental health services is being looked at.

Jane Rowland replied that Oxford Health and AWP jointly lead the work involving 16 – 25 year olds and are absolutely working together to think about the pathways for that cohort of young people and how their needs can best be met. She added that Family Therapy was a good example of how work can be extended to 17 / 18 years of age.

She stated that Primary Care and our Third Sector partners are also involved in this element of work as children, young people or their families often present to their GP in the first instance.

Councillor May said that he felt that i-Thrive was a brilliant model and asked if that was in use within Adult Mental Health Services as well.

Jane Rowland replied that Adult MH Services do not have the same standards that wrap around it, although it very much was looking to provide services on a needs led approach.

Councillor Liz Hardman asked what the threshold was for receiving a referral in respect of a child / young person with an eating disorder. She also wanted to know how much FREED was currently being used locally.

Jane Rowland replied that money had been invested in FREED this year to support its rollout across our communities and said that it does come with a challenge to have enough workforce in place. She acknowledged the need to get children and young people into the system sooner and support them.

She said that she would speak to colleagues to seek further information in relation to threshold figures. She added that Third Sector partners are also supporting this work in an effort to make it clear that there are places to go if they have concerns.

Councillor Hardman asked how much involvement with schools do the Mental Health teams have.

Jane Rowland replied that the Mental Health Support Teams are a nationally mandated model, of which there are two in B&NES. She added that they had recently had a successful meeting with Olwyn Donnelly, Head of Education Commissioning in B&NES about whether it would be possible to provide some specific low level support for Mental Health & Wellbeing for schools and in particular those pupils who are on the verge of being referred to the Home Education Referral Service.

Councillor Gerry Curran asked if a connection was required between the Disabled Schools Team and Social Workers with regard to those children with neurodevelopmental and mental health needs.

Jane Rowland replied that as this work is progressed it will more than likely seek to involve Social Workers at some stage. She added that it will also be important to link the work back to schools through the pupil’s EHCP.

Councillor Curran asked if any stats were available on the numbers of children and young people who receive therapy treatments and those in receipt of medication as a result of their diagnosis.

Jane Rowland replied that she would need to check on those figures and reply to the Panel in due course.

Councillor Andy Wait asked if B&NES was an area where mental health services are in greater demand than the rest of the country.

Jane Rowland replied that the need was still high across B&NES, but offered a note of caution as this statistic covered social, emotional and mental health needs. She added that further analysis might be required to understand whether local children and young people are more aware of services that can be provided or more informed about these types of needs.

She added that that the information was gathered by Public Health England as part of their Fingertips data.

Councillor Wait asked how the evidence for the 'Evidence based support and treatment available close to home in community settings' is collected and whether it was qualitative or quantative.

Jane Rowland replied that FREED, ARFID and ALPINE are all evidence based models and will have been developed nationally and will be both qualitative and quantative in terms of how those models are derived. She said that it was a blend of evidence that was gathered and some would be based on the National Institute for Clinical Excellence, a national standard that we have to meet.

She added that they are trying to learn from other organisations both nationally and locally about what works well for children and young people, then to ask those in receipt their view and to then replicate that or extend it.

Councillor Wait asked if the national data was usually quantative.

Jane Rowland replied that it was and gathered from a range of sources.

Councillor Paul May commented that it would be helpful for the Panel to see statistics for Bristol at some stage as we have some residents that live on the border and might be directed to services in that area. He asked if she and colleagues would be involved in discussions on the new Local Plan for B&NES in terms of housing and the provision of services that might be needed as a result of any developments.

Jane Rowland replied that they do by contributing to and supporting the work of the Joint Strategic Needs Assessment (JSNA) where there is a specific chapter that focuses on the needs of children and young people. She added that they are also involved with the Community Infrastructure Levy (CIL) and discussions in support of Council driven initiatives.

She added that they were just about to start to refresh the B&NES, Swindon & Wiltshire Mental Health Strategy and that the children and young people's element

will be a feature of the strategy. She stated that they will look to set out priorities for the area, put in place support for early access points and initiatives that involve communities as much as possible.

The Director for Children's Services & Education commented that children and young people's mental health has been a feature of the recent JSNA work and that the Children & Young People's Health & Wellbeing Survey was ongoing and the results of this were likely to be available in September and will feed into the work of the BSW Mental Health Strategy refresh.

The Chair thanked Jane Rowland for her presentation and attendance on behalf of the Panel.

36 CHILDREN AND YOUNG PEOPLE'S PARTICIPATION UPDATE

The Director of Children's Services & Education introduced this report to the Panel. She said that it outlined the rationale and next steps that will be taken to ensure a wider engagement plan for children and young people.

She said that an event was due to take place on July 20th with young people to discuss local decision making.

She stated that the current contract with Off The Record (OTR) 2021-2024 will be delivered within the current financial envelope.

She added that the proposal has the support of the Cabinet Member for Children and Young People, Communities.

Councillor Liz Hardman said that she agreed with the recommendations from Off The Record to be more inclusive in the delivery of children and young people's participation by focusing more on the Youth Forum. She added though that the Youth Member elections were always an excellent opportunity for young people to participate in an electoral process.

She asked if OTR could still support the UKMP elections in BANES by promoting them through other networks.

The Director of Children's Services & Education replied that OTR would still support anyone who wants to stand in this election.

Councillor Hardman commented that the newly formed Bath Student Parliament sounds a very exciting project and said she had noticed that we are supporting the development and expansion of it. She asked if there is anything in place yet to include schools in North East Somerset.

The Director of Children's Services & Education replied that the Strategic Commissioning Officer will follow up directly with OTR about participation of North East Somerset young people. She added that they would welcome any updates on local youth groups from across the Council and would support their interaction with the Youth Forum.

Councillor Hardman asked how local groups will be informed of events held by the Youth Forum as they are normally informed by Youth Connect South West.

The Director of Children's Services & Education replied that Youth Connect South West works alongside the Youth Forum and that OTR will seek to promote future network events as widely as possible.

Councillor Paul May commented that he has a long-term connection with OTR and asked if there will be a recommissioning process in the future and an assessment made of what has worked / not worked.

The Director of Children's Services & Education replied that the participation contract would be reprocured at some point in the future and it would be hoped that the best provider would be successful. She added that within the contract it would be specified for the need to work with and support the Youth Forum on the wider participation of children and young people in BANES.

Councillor Andy Wait explained that he was a lead mentor for Keynsham Now, a similar organisation to OTR, and had noticed a change in emphasis from OTR and the Youth Parliament. He said that recently contact with OTR had increased and had included their attendance at a meeting in Keynsham and that Keynsham Now had chosen OTR as their charity to raise money for at the Keynsham Music Festival at the weekend.

He stated that he was pleased also that Keynsham Now representatives have been invited to the event mentioned on July 20th.

He said that he welcomed the proposed changes and that it made sense to spread involvement across the Council. He added that it had been a long-term campaign of his to get more young people involved in politics and representing their local communities.

Councillor Ruth Malloy commented that the type of voting system used for the Youth Parliament elections may have an effect on the involvement of young people and that their voices are likely to be heard more through proportional representation.

The Chair suggested that a group of young people could address a future meeting of the Panel or the Council to illustrate their work and the support required.

The Director of Children's Services & Education said that she would pass that message on and felt sure that the invitation would be accepted.

Councillor Paul May queried whether the Panel should have a standing invitation on its agenda for a member of the Youth Forum or similar group to be able to attend.

Councillor Andy Wait said that Keynsham Now has a standing item on the agenda for each Keynsham Town Council meeting and he could enquire if a representative would like to address the Panel. He added though that the problem could be in the timing of the meeting and their attendance at school.

The Panel **RESOLVED** to note and approve the changed approach proposed by Off The Record to the restructure of the B&NES Youth Forum.

37 YOUTH JUSTICE PLAN 2022-23

The Director of Children's Services & Education introduced this report to the Panel. She explained that the Local Authority has a statutory duty, in partnership with Health, Police and Probation, to produce an annual Youth Justice Plan and that the Plan sets out how services are to be organised and funded and what functions they will carry out to prevent youth offending and re-offending across Bath and North East Somerset.

She stated that the Plan is also due to be presented to Cabinet, then Council for approval and then submitted to the national Youth Justice Board (YJB).

She also gave the Panel a presentation on the matter, a copy of which will be available as an online appendix to these minutes and a summary is set out below.

Crime and Disorder Act 1998

- Establishment of multi-agency Youth Offending Teams (YOT)
- Council as lead partner, with Health, Probation and Police Services having a duty to co-operate and help resource
- Statutory purpose to prevent children offending
- Requirement to produce an annual Youth Justice Plan
- Receipt of national grant dependent on submission of the Plan

Child First Principles

1. See children as children – Prioritise best interests of children, recognising their particular needs, capacities, rights and potential. All work is child-focused and developmentally informed

2. Develop pro-social identity for positive child outcomes – Promote children's individual strengths and capacities as a means of developing their pro-social identity for sustainable desistance…. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society

3. Collaboration with children – Encourage children's active participation, engagement and wider social inclusion. All work is meaningful collaboration with children and their carers

4. Promote diversion – Promote a childhood removed from the justice system, using pre-emptive prevention, diversion, and minimal intervention. All work minimises criminogenic stigma from contact with the system.

Prevention and Diversion

- Rate of children coming into justice system is lowest it has been since 2000

- More children go to Out of Court Disposal Panel or are diverted by Police

Re-Offending after 12 months

- Latest comparative data is for July 2019 - June 2020 cohort
- 32% children re-offended, lower than all comparators apart from 'family' group (31.5%)
- Of those who did re-offend, the average number of new offences was 2.88, much better than all comparators (range from 3.61 – 3.9)

Custodial sentencing

- Number very low – none in the last 12 months. Also, no custodial remands in the last 12 months
- Strong community proposals have enabled Court to sentence in the community
- Wider context of considerably reducing child custodial population

Strategic Priorities

1. Strengthen participation – Children's, parents'/carers' and victims'. YOT Management Board meetings to begin with either a case study or an item that highlights the 'Voice of the Child'.

2. Address disproportionality – Black and dual heritage children, girls and those with SEND

3. Extend practice models – Trauma informed, systemic and restorative practice

4. Tackle exploitation – Contextual safeguarding audit, serious violence duty and drugs and alcohol legislation

5. Support workforce – Including health and wellbeing, return to Keynsham Civic Centre training and development and Inspection readiness.

Councillor Liz Hardman said that she had submitted three questions regarding this report and was aware that responses had been given in writing by the Head of Young People's Prevention Services. These are set out below.

It was good to see that that there have been reductions in first-time entrants into the Youth Justice system and numbers reoffending. However there still is the concern about children from BAME backgrounds being over represented in the criminal justice system.

It's very interesting to note that a correlation has now been made between fixed term and permanent exclusions and effect these have on making children vulnerable to antisocial behaviour and offending. I believe we do not have any figures on the numbers being excluded who are of BAME backgrounds. The Lammy report due in July should give us more information about this.

Q1: In your work plan you do say a strategic priority is addressing disproportionality. How you will do that is to address the recommendations in the Avon and Somerset criminal justice board identifying disproportionality. Can you explain how you will achieve this?

The Youth Justice Plan that was circulated was a draft version and further work has been done on it since, in response to feedback received. I apologise that the draft was muddled in how it described the Lammy Report which was actually launched on 29 April 2022.

Reply: There are 83 recommendations across the criminal justice system, many arising from insufficient data (as David Lammy found in his original review published in 2017). It has been agreed that all those relating to the work of the YOS and Inclusion Services in B&NES will be overseen by the YOS Management Board, but there may also be an Avon and Somerset-wide group looking at the links between lack of engagement in education and youth offending across the 5 Local Authorities. I have started some work with our HR department, looking at disproportionality in our staff group and how we can encourage a more representative field of applications when we advertise vacancies; this will feed into wider work in the Council, and of course, our statutory partners are also asked to look at these issues regarding the staff they employ for the Youth Offending Service. At a more operational level, a multi-agency group recently convened by Jason Pegg from Black Families Education Project, will be working to address exclusions and the Violence Reduction Unit is looking for ways to continue its Education Inclusion offer of one-to-one support for children at high risk of permanent exclusion, coupled with strategic support for schools. Across Avon and Somerset, Chief Constable Sarah Crew will be chairing a group to oversee all the responses to this report and I imagine the work flowing from it will remain high profile and be receiving attention for some time. I will be drafting an action plan specifically for the YOS, drawing on the Identifying Disproportionality recommendations and those made in the recent thematic Inspection on Black and Mixed Heritage Boys in the youth justice system.

Q2: For post 16 children, the numbers who are NEET working with the YOS have been much higher than the national NEET percentages for this age group. I see that a lot of support has been put in place for these young people.
With this support have the numbers been reducing from 32% to more like the national average between two and 3% or it it too early to say?

Reply: NEET children – whilst the number we see in the youth justice system is unacceptably high, given the correlation between lack of engagement in education, training and employment and involvement in offending, we have to accept it will always be higher than the national average. The recently published thematic Inspection of ETE in YOSs found that 39% of the case sample reviewed who were over school age were not in education, training or employment, an even higher proportion than in B&NES. The YOS now works with a smaller cohort of children and is able to provide very hands-on support where needed, including supporting attendance at College and for interviews etc. A multi-agency group chaired by Leigh Zywek has just been established to look at the NEET issue and the YOS will be getting involved with this work.

Q3: It is worrying to see that more than half of those known to the YOS have some special educational needs or disability, with numbers increasing.
Is there any special needs support in place for these children? Is Compass the only team that is supporting these children?

Reply: The YOS has a very proactive Education Officer who contributes to meeting needs and improving outcomes for all YOS children with SEND, as do practitioners across the team. They are pleased to work well with the local SEND team who were recognised as 'good' in their last inspection.

Councillor Paul May commented that it was important that the system works so well and it was a credit to all involved that it does.

Councillor Andy Wait asked how more substantial academy attendance data could be provided to the Avon & Somerset Police Scrutiny Panel and whether the Council had the same problem.

The Head of Education Inclusion Service replied that the Council does also have some difficulty in receiving this information. She added that it is provided by most of the academies, but it can depend on how the Liquid Logic system interpretates it. She added that it was possible that the Children Missing Education team could help provide the data.

She said that the Council retains attendance information until the young people are 16 and then it is retained by Youth Connect.

Councillor Paul May said that he would like the Panel to be sent the report of the HMI Probation inspection of B&NES Youth Offending Service when it has been carried out.

The Director of Children's Services & Education replied that they were preparing for an inspection in the near future and had carried out a Self-Assessment at the recent YOT Development Day. She added that this could be shared with the Panel.

Councillor May said that he would welcome that.

The Chair read out two questions that had been submitted by Kevin Burnett. The Head of Young People's Prevention Services had provided a written response and these are set out below.

Q1: Please could it be explained where in the workplan is the preventative work with schools and the Youth Forum to address and support vulnerable pupils in terms of attendance, exclusions, SEND and NEET, and what does this work involve?

Reply: The Youth Offending Service has a dedicated Education Officer who works with all children known to the Service who experience difficulties with engagement in education, training and employment. The Work Plan includes an action to address the high proportion of children with SEND known to the youth justice system ('convene a working group with key local authority managers to consider and investigate disproportionality issues for children with SEND in the youth justice system and formulate a response and action plan in light of the Thematic HMIP

Thematic Inspection of Education, Training and Employment Services in Youth Offending Services in England and Wales'). Since this version of the Youth Justice Plan was drafted, in response to other feedback, there is now a second, broader action in relation to other aspects of this same thematic inspection report ('develop and deliver local responses to recommendations in HMI Probation's thematic inspection').

In addition, in the last 6 months, one of the YOS's Compass workers has taken on temporary additional hours to provide one-to-one support for children at high risk of exclusion. This has been funded by the Violence Reduction Unit through an additional in-year grant, and the work to take this initiative forward sits within the Serious Violence Work Plan. Through the Education Inclusion Project, a full-time officer based within the Education Inclusion Service has worked closely with schools to help them work on constructive responses to children's behaviour and has also worked at a strategic level to review policies and produce a schools' toolkit. The Compass Worker offered short, focused interventions with children and their parents/carers, typically across just 6 weeks, building on a model established in Bristol. Both strands of this work have received positive feedback from schools and it is believed they have helped support a reduction in permanent exclusions this year.

Q2: Please could someone explain more about the Ofsted recommendation re: 'return home interviews'?

Reply: This is what Ofsted said:

- When children return after having been missing from home or care, the learning from conversations held with them is not consistently well used to reduce the likelihood of them going missing again or to identify any wider patterns or trends.

- There is an inconsistent approach to how return home interviews (RHI) are conducted and recorded. Many RHI forms are blank or not easily accessed on the child's record once they return safely, meaning that social workers cannot easily analyse why children went missing, whether risks are escalating and how to help reduce these risks. This also undermines the ability to draw together themes arising from episodes of children going missing and wider intelligence.

- What needs to improve? How effectively children are supported to take up return home interviews, and how well the learning from interviews is used to reduce the likelihood of them going missing again and to identify any wider patterns or trends.

Compass hold dedicated return home interview meetings as the children they see are mostly not known to Social Care, and they record them on a standard template. Children who take up the offer of a return home interview sometimes choose to have this with their allocated Social Worker who may talk with them about the missing episode as part of their next contact and record this in a file note rather than on the standard template. We are addressing this but our priority is to increase the number of children accepting the offer of return home interviews. SC is now chairing a multi-agency task and finish group including one of the Youth Ambassadors, to review

processes and practice and update the Missing Protocol. In turn, this will enable us to run more accurate reports and understand this cohort of children better and be able to plan how better to support them not to go missing again.

The Panel **RESOLVED** to note and approve the plans for the delivery of youth justice services in the year ahead.

38 PANEL WORKPLAN

The Chair introduced this item to the Panel. She said that during the course of the meeting she had noted that they wish to propose the following items to be added to the workplan.

- Invite St. John's Foundation to talk about their work within schools
- Exam Results
- School Standards Board update

Councillor Dine Romero also offered to bring an update report on 'Addressing Inequalities' to the Panel.

The Panel **RESOLVED** to approve these proposals.

The meeting ended at 11.50am

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Bath & North East Somerset Council

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
19TH OCTOBER 2022				
19 Oct 2022	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Suicide Prevention**	Paul Scott, Celia Lasheras Tel: 01225 394060,	Director of Public Health and Prevention
19 Oct 2022	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**RUH - Ambulance Service / Winter Planning / Treatment Waiting Times**	Simon Sethi, RUH	Director of Adult Social Care
8TH NOVEMBER 2022				
8 Nov 2022	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Education Landscape (inc: Exam Results / Regional Schools Commissioner update)**	Christopher Wilford Tel: 01225 477109	Director of Children and Education
8 Nov 2022	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Director of Children's Services & Education - 6 month update**	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
8 Nov 2022	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Independent Reviewing Officer Annual Report**	Sarah Hogan Tel: 01225 39 6810	Director of Children and Education
17TH JANUARY 2023				
17 Jan 2023	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Prevent Duty**	Samantha Jones Tel: 01225 396364	Director of People and Policy
17 Jan 2023	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Serious Violence Duty**	Sally Churchyard Tel: 01225 395442	Director of Children and Education
14TH MARCH 2023				

The Forward Plan is administered by **DEMOCRATIC SERVICES**: Democratic_Services@bathnes.gov.uk

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