

CABINET MEMBER FOR HEALTH AND WELLBEING

**Venue: Town Hall, Moorgate
Street, Rotherham. S60
2TH**

Date: Monday, 9th December, 2013

Time: 3.30 p.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Declarations of Interest
4. Minutes of previous meeting (Pages 1 - 4)
5. Health and Wellbeing Board (Pages 5 - 12)
- minutes of meeting held on 16th October, 2013
6. Pharmaceutical Needs Assessment
7. South Yorkshire Forest Partnership Members' Steering Committee
8. End of Life Care (Pages 13 - 14)
9. Suicide Prevention and Self Harm Working Group (Pages 15 - 17)
10. Date and time of the next meeting
 - Monday, 20th January, 2014, at 11.30 a.m.

**CABINET MEMBER FOR HEALTH AND WELLBEING/FINANCE
11th November, 2013**

Present:- Councillor Wyatt (in the Chair) and Councillor Buckley.

An apology for absence was received from Councillor Dalton.

K35. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING
URGENT MATTERS IN ORDER TO DEAL WITH THE MATTERS AT HAND)**

K36. SEMINARS/MEETINGS

The Chairman referred to a number of events that required attendance. These included:-

- Rotherham's first conference on Diabetes - Saturday, 16th November, 2013 – Carlton Park Hotel – Cabinet Member to attend.
- Rotherham Town Hall – 22nd November, 2013 - Seminar on Radioactive Contaminants in the Metal Trade – Councillor Buckley to attend.
- 111 Centre, Manvers – Yorkshire Ambulance Service – Date to be confirmed – Cabinet Member and Councillor Hoddinott, plus three other Members to attend meeting.
- House of Commons – Wednesday, 11th December, 2013 – Local Government Declaration on Tobacco Control – In the absence of a Member an Officer should be given the opportunity to attend.

Resolved:- That the attendances identified above be approved.

K37. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 14th October, 2013.

With regards to Minute No. K34(3) (Conferences/Meetings) it was requested that Councillor Tweed provide some feedback or attend the next meeting of the Rotherham Heart Town Steering Group as they were particular interested in Atrial Fibrillation.

Resolved:- That the minutes of the meeting held on 14th October, 2013, be approved as a correct record.

K38. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 16th October, 2013, were noted.

K39. POLICE ASSISTANCE AND CONVEYANCE TO HOSPITAL FOR THOSE DETAINED UNDER THE MENTAL HEALTH ACT 1983

In accordance with Minute No. 36 Cabinet Member for Adult Social Care meeting held on 21st October, 2013, consideration was given to a report on the 2008 Mental Health Act Code of Practice, requiring local Social Services authorities, defined in Section 145(1) of the Mental Health Act 1983, the National Health Service and the Local Police Authority, to establish a clear policy for the use of the power to convey a person to hospital under Section 6(1) of the Mental Health Act.

The draft Policy and procedures outlined the roles and responsibilities of the Approved Mental Health professionals, the Ambulance Service, medical and/or other healthcare practitioners and Police who may be called upon to facilitate the conveyance of an individual to hospital, or in the case of Guardianship, an appropriate placement. The Policy was to support good joint working and minimise the distress that Service users, their family and friends could experience when admission was necessary.

The overall aim was to ensure that the person detained under the Mental Health Act 1983 was conveyed to hospital or alternative placement in an appropriate vehicle and in the most human way possible following an assessment of their mental health needs by 2 doctors and an Approved Mental Health professional (AMHP).

The Code of Practice also specified that the Policy should clearly identify what arrangements had been agreed with the Police should they be asked to provide assistance to the AMHPs and the Doctors and how that assistance would apply to minimise the risk of the patient causing harm to themselves and maximise the safety of everyone involved in the assessment.

Discussion ensued on the age range which the Policy covered and whether or not an adolescent could be detained under Section 6.

Resolved:- (1) That the contents of the Policy be noted.

(2) That clarification be sought on the details under Section 6.

K40. ENVIRONMENT CLIMATE CHANGE WORKING GROUP

The minutes of the Environment and Climate Change Group held on 14th October, 2013, along with the report that Rotherham was the first

Council in South Yorkshire who had signed up to the LGA Scheme Climate Local, be noted.

K41. PROCUREMENT STRATEGY

Simon Bradley, Corporate Procurement Team, gave a verbal update on the implementation of the Yortender software, which was part of the Government's initiative to implement e-procurement, which allowed contractors to register free to an electronic system which would allow them to tender for public sector contracts of more than £50,000.

Emma Fairclough, Customer Excellence Manager, gave a short presentation, drawing specific attention to:-

- YORtender – what it was.
- Software Procontract – used widely across the U.K.
- Procurement as part of the Yorkshire and Humber Region involving 22 Local Authorities.
- Rotherham's involvement in the development of the software through a regional sub-group.
- Financial compliance.
- Rotherham's host of the training for the 22 Local Authorities – attended by 180 officers.
- Procurement Services had also training more than 100 officers internally.
- Benefits of using YORtender.
- The increased opportunities to collaborate with other Local Authorities.
- Display – what the system looked like and the simplified and structured approach.
- Future planned workshops.

Discussion ensued on the operating manual for the system and the need for a piece of work to separate out areas, such as financial regulations and user instructions, which was to commence shortly.

It was also noted that procurement would continue to offer some efficiency savings and the performance monitoring would continue.

Resolved:- That the presentation and supporting information be noted.

K42. ICT ISSUES

Richard Copley, Corporate I.C.T. Manager, gave a verbal update on:-

- The current staffing levels, which were 25% less than they had been previously with savings over £1 million per annum.

- New ICT initiatives and several emerging challenges such as sourcing a new data network and achieving Public Service Network Accreditation (certifying that the Council's ICT security is of the requisite standard). ICT and Procurement are also reviewing the use of BlackBerrys and Mobile phones throughout the Council with a view to saving significant sums.
- The ICT Strategy 2011-2015 was also discussed with the priority projects being:-
 - Customer Access and Self Service.
 - Mobile Working.
 - Cloud Computing.

Discussion ensued on the benefits of Cloud computing, the location and status of the data centre in Bailey House and the work taking place around the resilience of the corporate network.

Resolved:- That the information be noted.

K43. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next meeting of the Cabinet Member take place on Monday, 9th December, 2013 at 11.30 a.m. at the Town Hall and not 9.30 a.m. as noted on the agenda.

HEALTH AND WELLBEING BOARD
16th October, 2013

Present:-

Councillor John Doyle	Cabinet Member, Adult Social Care (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Operating Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	Rotherham CCG
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham
Councillor Ken Wyatt	Cabinet Member Health and Wellbeing/Finance

Also Present:-

Dr. Trisha Bain	Rotherham Foundation Trust
Chris Bland	Rotherham Local Pharmaceutical Committee
Dominic Blaydon	
Claire Burton	Commissioning, RMBC
Kate Green	Policy Officer, RMBC
Dr. Nagpal Hoysal	Public Health
Ian Jerams	RDaSH
Laura Sherburn	NHS England
Dorothy Smith	Children, Young People and Families services
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted by Karl Battersby, Brian Hughes, Chris Bain, Gordon Laidlaw, Tracy Holmes, Martin Kimber, Shona McFarlane, Michael Morgan and Joyce Thacker.

S39. SOUTH YORKSHIRE POLICE

The Board considered a proposal that South Yorkshire Police be formally represented on the Board.

Discussion ensued on the proposal and the benefits of having Police representation. Cognisance was taken of previous requests received from other partner organisations for membership of the Board that had been refused.

Resolved:- (1) That, by exception, South Yorkshire Police be appointed as a member of the Health and Wellbeing Board.

(2) That a review of the Board's Terms of Reference and membership be undertaken in May, 2014.

(Jason Harwin, South Yorkshire Police, was welcomed to the meeting as a formal Board member.)

S40. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes be approved as a true record.

S41. COMMUNICATIONS

(a) Rotherham Foundation Trust

Dr. Trisha Bain reported that an Interim Chief Executive (Louise Barnett) had been recruited and would be taking up the appointment on 18th November, 2013. A Deputy Chief Executive had also been recruited.

(b) British Heart Foundation

Councillor Wyatt reported receipt of a letter from Simon Gillespie, Chief Executive, British Heart Foundation, offering support towards Rotherham's application for the Local Government Chronicle Award in the category of Public-Public Partnerships, for the strong partnership Rotherham had created for the Heart Town.

Resolved:- That a copy of the letter be circulated to all members of the Board.

S42. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

Kate Green, Policy Officer, reported on the responses that had been received from Board members to the self-assessment questionnaire.

The report summarised the 13 responses received and outlined the key comments/issues raised which included:-

- Whether members of the public, front line staff and manager understood the Board's governance structure or appreciated the Board's significance
- Clarity required regarding decision making and where the Board fit within certain Service areas
- The breadth of the membership and effective collaborative working were particular strengths of the Rotherham Board
- There were good examples of integrated working but a need to share commissioning and budget plans to ensure alignment of priorities and spending
- Positive work in key areas but no evidence as yet of any significant changes being made
- Consideration should be given to the frequency of meetings and the contents of the agendas to allow focus on key priorities
- Providers were able to make significant contributions to the work of the Board and were often key to the delivery of the Strategy

Discussion ensued on the responses received:-

- The Chair had now limited the number of presentations to be made at a Board meeting. Presentations would be made if a decision was required or guidance on the direction of travel; other presentations would be sent electronically to enable members to consider the information prior to a meeting and issues arising included on the next Board agenda
- Consideration given to presenting issues differently
- Neighbouring Boards met bi-monthly with the intervening month being a workshop style meeting
- Sharper focus on performance management
- More time required for focussed debate. A lot of time was spent analysing problems but now needed to look at solutions

Resolved:- That consideration be given to the points made above with regard to the style and content of future meetings.

S43. HEALTH AND WELLBEING BOARD - ANNUAL REPORT

Kate Green, Policy Officer, submitted an update on the 6 strategic outcomes of the Health and Wellbeing Strategy. Each workstream lead had attended a Board meeting to present their action plan and progress.

The report provided an overview of progress on key actions and future challenges. The Board was requested to consider how it wished to receive future progress reports and any necessary actions required to ensure workstream leads achieved their outcomes.

Discussion ensued on the report with the following issues raised/clarified:-

- Workstream 1 – Prevention and Early Intervention
There was a comprehensive refresh of the Obesity Framework and contracts. Consideration was being given to streamlining the pathways to make it much more effective
- Workstream 2 – Expectations and Aspirations
There had been a small amount of funding identified. If there were any areas of work that required small amounts of funds for projects how could a workstream lead take that forward?
- How were the workstreams to be performance managed?

Resolved:- (1) That the progress made on each of the workstreams be noted.

(2) That the membership of the Health and Wellbeing Steering Group be reviewed and consideration given to the inclusion of NHS England, RDaSH and VAR.

S44. JOINT STRATEGIC NEEDS ASSESSMENT REFRESH

Chrissy Wright, Strategic Commissioning Manager, submitted a report setting out the progress to date to achieve the refresh of the Joint Strategic Needs Assessment by early 2014. The refreshed document must now include user's perspectives and a Directory of Assets which includes community assets, physical infrastructure, networks and individuals and as such would meet the latest Government guidance on JSNA content.

An online format was proposed including a breakdown of information across separate pages within the website and links to further information (Rotherham.gov.uk/jsna). In due course, there would be an opportunity for users to register with the site for updates and when new information was published and content was refreshed. This would also provide a mechanism for monitoring and evaluation of the impact of the JSNA across the Borough.

The refresh had included work to extend the content of the JSNA including:-

- Roma population needs analysis
- Women's health
- LGBT needs analysis
- Eye Health
- Domestic Abuse

A presentation was given of the online format.

Discussion ensued on the report:-

- The Board needed to agree a point in time that all partners could base their commissioning/spending plans for 2014/15
- The online facility was a requirement of the Guidance
- The importance of the JSNA was to give a position in time, however, what happened beyond that time was even more important and why there needed to be a mechanism for challenging and appraisal of future planning. Partners could then co-ordinate better on forward planning groups and what could be done to challenge the provision and ascertain if the best options were being utilised
- Canklow was proposed as the pilot area for the development of an asset register where all individual community assets would be mapped and evaluated before branching out across the Borough

- Consultation on the refresh document was a requirement, not just with stakeholders but also with the public

Resolved:- (1) That the progress made in achieving a refresh of the JSNA be noted.

(2) That all partners commit to being full participants in the ongoing development of the document.

(3) That all partners be informed as soon as possible as to what information was required to populate the JSNA to enable it to be submitted to the 18th December Board meeting so as to fit with partner organisations' deadlines for submission of their 2014/15 commissioning/spending plans.

(4) That consultation upon the refreshed document commence in early 2014.

S45. PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing the second formal performance report to the Health and Wellbeing Board about each of the six priority measures that the Board determined were key to the delivery of the Joint Health and Wellbeing Strategy. Performance details in respect of each one of the priority measures were included in the submitted report.

Discussion took place on the report including:-

- The Planning Service's request for the Board's view with regard to fast food outlets near schools/within deprived areas
- Inclusion in the report of why certain Priorities were not meeting their outcomes

Resolved:- (1) That the report be received and its contents noted.

(2) That the Planning Service be informed of the Board's 6 Priorities.

(3) That the performance report format in future include analysis of failing to meet outcomes particularly in comparison with statistical neighbours and nationally.

S46. SOCIAL CARE SUPPORT GRANT

Dominic Blaydon, Head of Long Term Conditions and Urgent Care, reported on the transfer to the Council of the Social Care Support Grant.

NHS England would transfer £481M for 2013/14 to the Authority via an agreement under Section 256 of the 2006 NHS Act. The agreement would be administered by the NHS England Area Team and would only pass over to the Authority once the agreement had been signed by both parties.

The Grant must be used to support Adult Social Care Services that delivered a health benefit. The Guidance required NHS England to ensure that the Local Authority agreed with its local health partners on how the funding was best used. Health and Wellbeing Boards would be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. It would also be a condition of the transfer that the local authority and RCGG had regard to the Joint Strategic Needs Assessment for their local population.

It was proposed that the funding focus on:-

- Additional short term residential care places or respite and intermediate care
- Increased capacity for Home Care Support, investment in equipment, adaptations and telecare
- Investment in Crisis Response Teams and Preventative Services to avoid hospital admission
- Further investment in Reablement Services to help regain their independence.

Resolved (1) That the programme of expenditure as set out in the Appendix submitted be approved.

(2) That the development of a light touch performance framework for the Grant be approved.

S47. HEALTHWATCH ROTHERHAM OUTCOMES FRAMEWORK AND WORK PLAN

Claire Burton, Operational Commissioner, submitted a report on the Outcomes Framework and work plan for Healthwatch Rotherham.

Parkwood Healthcare Ltd. had been awarded the Healthwatch Rotherham contract which commenced on 1st April, 2013. Contract monitoring arrangements had been established including an outcomes framework which required performance against the outcomes to be achieved, as detailed within the contract, to be monitored and reported against on a monthly basis.

The work plan detailed the specific pieces of work that Healthwatch would undertake, or contribute to, in line with their role. It was based upon the Health and Wellbeing Strategy priorities as well as local intelligence gathered with regard to health and social care services in Rotherham.

There was capacity within the work plan for Healthwatch to respond to the number of ever increasing enquiries/issues from members of the public or to undertake specific consultation with members of the public as determined appropriate.

Discussion ensued on the report with the following issues raised/clarified:-

- Volume of monthly reporting required – this was due to Healthwatch being new and the complexities surrounding it. Their database would produce quarterly monitoring reports
- Healthwatch was crucial as the patient voice increased
- Quality assurance was as critical as the Service itself
- Healthwatch was very new and at the time the document had been drawn up the Chair had not been in position. It was recognised, however, that the Healthwatch Manager had been involved in its development. It was a working document and would be reviewed regularly.

Resolved:- (1) That the Outcomes Framework and Work Plan, 1st September, 2013 to 31st March, 2014, for Healthwatch Rotherham be approved.

(2) That exception reports on performance and programme against the Outcomes Framework and Work Plan be submitted as and when necessary.

(3) That liaison take place with the CCG with regard to the possibility of Healthwatch Rotherham setting up an e-mail group that could be used as a feedback facility.

(4) That members of the Board e-mail Naveen Judah with any proposals that Healthwatch could undertake on their behalf.

S48. ANNUAL LOCAL SAFEGUARDING CHILDREN'S BOARD REPORT AND BUSINESS PLAN

The Board received the Rotherham's Local Safeguarding Children Board Annual Report 2012/13 which was submitted for information.

S49. NUMBER OF GP AND DENTAL PRACTICES IN ROTHERHAM

In accordance with Minute No. S87 of the meeting held on 8th May, 2013, information was submitted regarding the GP and Dental Practices for information.

S50. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th November, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall,

*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*



**Department
of Health**

*Richmond House
79 Whitehall
London
SW1A 2NS*

*Tel: 020 7210 3000
Mb-sofs@dhl.gsi.gov.uk*

Dear Colleague,

- 4 NOV 2013

I would like to take the opportunity to inform you of work being done nationally to improve end of life care services and to highlight the importance of ensuring that people throughout the country have access to high quality services at the end of life.

As I am sure you are aware, the Government has specifically highlighted the importance of end of life care in the Mandate to NHS England. End of life care also features in the NHS Outcomes Framework and the updated NHS Constitution. However, whilst significant progress has been made in recent years to improve end of life care services, there is still much more work to do to ensure that people are receiving the highest standards of care at the end of life.

As part of this work, NHS England is currently undertaking a review and refocus of the End of Life Care Strategy, which is due to be completed in early 2014. Alongside this, the Leadership Alliance for the Care of Dying People, under the chairmanship of the National Clinical Director for End of Life Care, Dr Bee Wee, is working to set out the principles of good end of life care and to formulate a system-wide response to the Independent Review of the Liverpool Care Pathway, which was published in July.

NHS England is also undertaking work to develop a fairer, per-patient funding system for palliative care. The eight funding pilots we set up following the report of the independent Palliative Care Funding Review are due to complete in April 2014, with the aim of setting up a new funding system by 2015.

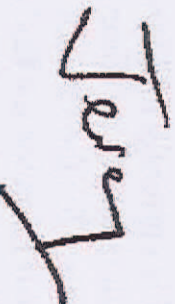
I am keen to ensure that the progress and momentum achieved in recent years in implementing the end of life care strategy is maintained. Health and Wellbeing Boards, as leaders in the local health and care system, are uniquely placed to contribute as part of a joined-up approach to improving care, informed by work being done nationally.

I am therefore keen to support Health and Wellbeing Boards in ensuring that locally-owned processes to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies fully consider end of life services; that the views and experiences of patients and families are fully and appropriately considered in the development process; and the commissioning and planning of local services is joined up with the work being done to improve these services at a national level.

As you will be aware, the Department has produced statutory guidance on JSNAs and JHWSs. We are also funding the Local Government Association and others to develop further resources to support the development of JSNAs, as well as support for local and national Healthwatch on patient and public engagement.
<https://knowledgehub.local.gov.uk>

I know you will share my desire to see end of life care services continue to improve across the country. The work of Health and Wellbeing Boards is central to this goal and I believe that by ensuring local work on end of life care is joined up with, and informed by work being done nationally, we will make progress together towards improving the provision of end of life care and the experiences of patients and families.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jeremy', written in a cursive style.

JEREMY HUNT

Minutes	Title of Meeting:	Suicide Prevention and Self Harm Meeting
	Time:	9.30 – 11.30
	Date:	17th October 2013
	Venue:	Room 2.03 Oak House
	Reference:	
	Chairman:	John Radford

In Attendance:

Dr John Radford (chair)	Public Health RMBC
Jayne Freeman (notes)	Public Health RMBC
Ruth Fletcher-Brown	Public Health RMBC
Lesley McNeill	RCCG
Pete Horner	SYP
Sam Newton	Safeguarding, RMBC
Helen Mortimer	Samaritans
Christine Edwards	Samaritans
Cllr Ken Wyatt	RMBC
Sally Kilgariff	TRFT
Kay Denton-Tarn	CYPS RMBC
Richard Bryan	RDaSH – CAMHS
Sharon Greensill	RDaSH

Apologies:

Sarah Whittaker, Sara Graham, Tom Cray, Graeme Fagan, Michael Ibemesi, Kate Tufnell

1	Welcome Introduction & Apologies Introductions were made around the table and apologies noted.	
2	Minutes of Last Meeting True Record Matters Arising <ul style="list-style-type: none"> • Notification of death by suicide when the person has died at TRFT – SK to contact Bereavement Centre. • Top Tips – once rolled out to all GP's could we look at distributing as a resource to other staff groups. PH advised of the possibility of funding from SYP to help with production of this. RFB to discuss with KT. To be circulated to the group for comment and brought to December meeting. • QTV (Public Health Channel) – now showing a rolling message re CAMHS. May need to widen out to other groups. <p>All other matters arising covered in agenda.</p>	<p>SK</p> <p>JF</p>
3	Terms of Reference Colleagues agreed: Accountability - should be to the Health & Well Being Board – with minutes being forwarded to the cabinet member (Cllr Ken Wyatt) All other areas to remain the same – RFB suggested that a representative from IYSS	

	(Integrated Youth Support Services) be included on the membership of the group.	RFB
4	<p>Update – Suicide Audit Group JR gave a brief summary around 3 teenage suicides which have occurred in Rotherham over the last 2 years. He advised that all 3 of them were loosely involved in a social group known as ‘Emo’s’ – this appears to be a culture which is quite widespread amongst schools and colleges not only in Rotherham but nationally. JR is asking colleagues at a national level what can be done to work with this group of young people.</p> <p>JR has been asked to give evidence at the inquest of one of the young people. JR advised that we need to be ready to respond proactively if there is any media interest at the time. RFB to discuss with RMBC Communications.</p> <p>RB advised that he had previously worked in the North Lincs area and that the incidence of self harm amongst young people in that similar group /culture there was quite high. As a result North Lincs had done some outreach work with this particular group.</p> <p>After some discussion the following suggestions were raised;</p> <ul style="list-style-type: none"> ○ Could agencies have an input onto these websites? – Safe messages / signposting etc. ○ Promotion of ‘Safe’ websites ○ Interactive Young People’s Magazine ○ Advert / positive promotion of on-going work on facebook – JR / RFB to speak to Ken Clayton in Creative Media team about this. <p>JR to give a presentation to the Rotherham Safeguarding Children’s Board in December re recent suicides in this age group.</p>	<p>RFB</p> <p>JR/RFB</p>
5	<p>Adult Suicide Cluster Plan JR advised that there was no national guidance currently in England how local areas can respond to multiple suicides. The Strategic Group looking into the recent deaths amongst young people have developed the following guidelines, ‘Rotherham Multi Agency Guidance for Preventing and Responding to Behaviours Which May Indicate Potential Suicide or Self Harm Clusters’, which has been endorsed by the Rotherham Local Safeguarding Children Board.</p> <p>This group are tasked with looking at the guidance for adults. RFB and SN to meet outside of this meeting to discuss and draft a document which will be tabled at a future meeting.</p>	RFB/SN
6.	<p>Feedback from Conference – ‘Suicide Bereavement is Everybody’s Business’ RFB gave colleagues a brief update around the conference she had recently attended. She advised that the bereavement support Task and Finish group had met to discuss what support to put in place.</p> <p>Children</p> <ul style="list-style-type: none"> ○ Related to deceased but not witnessed – how to identify? ○ Children seeing deceased – how to fast track into services (CAMHS) ○ Looking to draft support for children and young people into School Nursing contract <p>RFB / Anna Clack / Sue Smith to meet to discuss inclusion in the School Nursing contract.</p> <p>Adults</p> <ul style="list-style-type: none"> ○ Fast tracking into services ○ All families to have same access to support, currently only families of a patient in receipt of support like access to services and written information. <p>RDASH have produced a leaflet and are happy for it to be badged by other agencies and given appropriately to front line services for them to share with families. RFB / SG to meet to discuss – possibly to look at a children’s version and links with CAMHS / LD.</p> <p>To be brought to the December meeting.</p>	<p>RFB / AC / SS</p> <p>RFB / SG/ RB</p> <p>JF</p> <p>KW</p>

	<p>KW advised of the recently set up Bereavement Services Forum - Bereavement Centre TRFT and offered to include at their next meeting.</p> <p>Post Meeting Note ; RFB met with PH after the meeting to discuss Police recording the presence of children in the household when a suicide occurs and children of the deceased who may live at another address.</p>	
7.	<p>Action Plan RFB advised that some agencies need to populate the action plan – RFB to meet with individual organisations.</p> <p>Action plan to be sent out to colleagues for final updates. Final version to be brought to the December meeting.</p>	<p>RFB</p> <p>JF JF</p>
8.	<p>Self Harm Pathway RFB advised that the Self Harm Pathway Task and Finish group have now had a first meeting which was well represented she went on to say that the group looked at best practice in other areas which will led to discussions around staff training etc. Further to discussion the group agreed the following;</p> <ul style="list-style-type: none"> • Age range should be 9 – 25 to take into account looked after children and children with a disability. • The need to be sensitive around presentation re self-harm and links with safeguarding. • Level of question – training required • Risk assessment / what to ask and look for • Clear expectations / thresholds for frontline workers 	
9.	<p>Any other business KD reported that at the PHSE leads meeting in the summer she would like to do something on positive well-being.</p>	
	<p>Date and Time of Next Meeting Thursday 5th December 2013 10.30 – 12.30 Meeting Room 21, Floor 2, Wing C Riverside House</p>	
	<p>Glossary of Abbreviations PH Public Health RCCG Rotherham Clinical Commissioning Group RDaSH Rotherham Doncaster and South Humber NHS Foundation Trust RMBC Rotherham Metropolitan Borough Council TRFT Rotherham NHS Foundation Trust SYP South Yorkshire Police C&YPS Children & Young People’s Services CAMHS Children & Young People’s Mental Health Services IYSS Integrated Youth Support Services</p>	