

HEALTH AND WELLBEING BOARD

Venue: Carlton Park Hotel,
102-104 Moorgate Road,
Rotherham S60 2BG

Date: Wednesday, 5th July, 2017

Time: 9.00 a.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 Part 1 of Schedule 12A to the Local Government Act 1972
2. To determine any item(s) which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Minutes of the previous meeting (Pages 1 - 11)
7. Communications

For Discussion

8. Rotherham Place Board and Accountable Care System (Pages 12 - 19)
Chris Edwards to update
9. Update on Aim 3: Mental Health (Pages 20 - 52)
 - Suicide Prevention Strategy
 - Better Mental Health for All Action PlanKathryn Singh, RDaSH, and Ruth Fletcher-Brown, Public Health, to present
10. Social Prescribing
Presentation by Janet Wheatley, VAR

11. Better Care Fund (Pages 53 - 63)
Nathan Atkinson to present
12. Work and Health
Verbal update by Terri Roche, Director of Public Health
13. Date and time of next meeting
Meetings to commence at 9.00 a.m. on:-

20th September
15th November
10th January, 2018
14th March

Venue to be confirmed

HEALTH AND WELLBEING BOARD
31st May, 2017

Present:-

Councillor D. Roche	Cabinet Member for Adult Social Care and Health (in the Chair)
Dominic Blaydon	Associate Director of Transformation, RFT (representing Louise Barnett)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Social Care
Councillor J. Mallinder	Chair, Improving Places Select Commission
Mel Meggs	Deputy Strategic Director, CYPS (representing Ian Thomas)
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Kathryn Singh	RDaSH
Councillor G. Watson	Deputy Leader
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Richard Hart	Public Health
Giles Ratcliffe	Public Health

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG

Observers:-

Councillor Evans	Chair, Health Select Commission
Dr. Sophie Holden	Rotherham CCG
Shafiq Hussain	Voluntary Action Rotherham
Ruth Nutbrown	Rotherham CCG
Janet Spurling	Scrutiny Officer, RMBC

Apologies for absence were submitted by Louise Barnett (Chief Executive, RGT), Superintendent Rob O'Dell (South Yorkshire Police) and Ian Thomas (Strategic Director, CYPS).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

3. COMMUNICATIONS/UPDATES

Discussion took place on the following items:-

Sensory Impairment Centre

The Sheffield Royal Society for the Blind, in conjunction with the Council, was to open a centre for the partially sighted and hard of hearing. The premises were located on Ship Hill, Rotherham.

National Review of Children's Mental Health Services

Tony Clabby, Healthwatch Rotherham, reported that the CQC led review had set up an expert advisory group of which he had been asked to be a member. Rotherham was the only Healthwatch in the country to be invited.

Tony would keep the Board updated on progress made.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 8th March, 2017, were considered.

Matters arising updates were provided in relation to the following items:-

Minute No. 60(3) (Adult Care Development Programme (Better Care Fund), it was not known if the Sub-Group had met as yet.

Action:- AnneMarie Lubanski to follow up

Minute No. 60(4) (Better Care Fund) should read "Draft" Plan.

Minute No. 61(b), it was noted that no comments had been received with regard to the new protocol development between the two Rotherham Safeguarding Boards (Adults and Children's), the Health and Wellbeing Board, the Safer Rotherham Partnership and the Children and Young People's Partnership.

Accordingly, the Board approved the protocol.

Minute No. 61(c), it was noted that a launch of the 'I Age Well' online resource was taking place on 12th July at the New York Stadium which was a tool to help individuals map and manage their ageing journey.

The Healthy Ageing Framework had been re-submitted to the Older People's Forum on 8th March who had helped in its development. Feedback from members of the public had been received to make it more friendly and easy to read.

The Active for Health 12 month evaluation had taken place and a poster presentation was to take place on the progress of the programme.

Minute No. 67 (Loneliness and Isolation), it was noted that the working group had met twice with a provisional date of 19th September for a workshop session. The aim of the session was to bring together all interested organisations to look at the work already taking place and identifying any gaps.

Resolved:- That the minutes of the meeting held on 8th March, 2017, be approved as a correct record subject to the correction of Debbie Smith in the list of observers stating RDaSH and not Rotherham NHS Foundation Trust.

5. HEALTH AND WELLBEING STRATEGY ACTION PLAN AND PROGRESS UPDATE

Terri Roche, Director of Public Health, introduced a progress update on the Health and Wellbeing Strategy together with the full suite of action plans for each aim (Appendix A) highlighting the activity taking place/planned.

Since 2015 the Board had worked well with partnerships vastly improved. It was now in a stronger position to consider what the real challenges were locally and how it could best work together to add value. There had been a number of national strategic drivers influencing the role of local Health and Wellbeing Boards including:-

Sustainability and Transformation Plans
Rotherham's Integrated Health and Social Care Place Plan
Better Care Fund
The Rotherham Plan
Children and Young People's Strategy Partnership
Safer Rotherham Partnership
Local Safeguarding Partnership Protocol

It was suggested that there was a need to consider all of the above and look to streamline the Health and Wellbeing Strategy whilst ensuring the Board's key roles and functions were delivered in the most appropriate way. This should include how the Board was able to influence other agendas, plans and strategies.

The Board sponsors (or their representatives) gave a brief summary of the progress made for each of the objectives relevant to their Aim.

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

- Future updates must include the "so what" element
- Exploration of joint commissioning of the Midwifery Service which paid for the Smoking Cessation initiative
- Development of Ward profiles which would assist in understanding the inequalities throughout Rotherham

- Young people not in education, employment or training, particularly care leavers, were a vulnerable group with some not ready to go straight into apprenticeships. It was, therefore, suggested that organisations should consider pre-apprenticeship programmes
- Improving Lives Select Commission was to conduct a piece of work on Looked After Children apprenticeships. This could be reported back to the Board at a future date
- There was a suggestion that Aims 1 and 2 of the Strategy be merged to become a single aim in relation to children and young people with Ian Thomas as the Board sponsor
- Rotherham's aspirational Social Prescribing initiative was being recognised nationally
- Social isolation was not just felt by the older population
- Use of Social Prescribing in the social isolation work
- Need to capture the measure of actions of Social Prescribing and include within the Aims to highlight the valuable outcome of the work
- Need for all Aims to consider what they contributed to the Mental Health Strategy
- Making Every Contact Count was underway with regard to the 2 previously agreed themes – Alcohol and Tobacco. Work had been taking place with commitment from RDaSH and the Foundation Trust with further discussions around the voluntary and community sector. Initial training was to start in June
- Increase opportunities in the Town Centre for people to use outdoor space for improving their health and wellbeing and ensuring it was an age friendly place
- Need to ensure everyone who was entitled to free school meals took up the entitlement

Resolved:- (1) That the action plans for each aims be noted.

(2) That future action plans should consider the “so what” element.

(3) That future reports provide the statistical contribution the Board had made and how successful they had been using the performance scorecards as a way of presenting this information.

(4) That a report be submitted to a future meeting on Social Prescribing.

Action: Kathryn Singh

(5) That the Town Centre Team present the draft Town Centre Masterplan to the Board as part of the consultation process to allow Board members to consider it in terms of the impact on health and wellbeing.

Action:- Kate Green to liaise with the relevant officer(s) to arrange

6. ACCOUNTABLE CARE SYSTEM

Chris Edwards, Chief Operating Officer CCG, gave a verbal report on the proposed Rotherham Accountable Care System (ACS).

Work had been taking place designing the governance arrangements with the Health and Wellbeing Board being at the centre thereof.

An ACS Board would be established and meet in June to prepare the proposal. The proposals would then be submitted to the Board's 5th July meeting for feedback.

The newly formed ACS Board would then meet on 12th July and report progress and actions to the Health and Wellbeing Board on a routine basis as it went forward.

9 areas had been selected as exemplars within the national STP process. Although South Yorkshire and Bassetlaw was not an exemplar, Rotherham's designed ACS governance would be used as national practice to inform Government policy. Rotherham's model was slightly different to other areas as it was much more inclusive.

Resolved:- (1) That the report be noted.

(2) That the proposed Accountable Care System governance be submitted to the next Board meeting.

Action: Chris Edwards

7. SOCIAL CARE GRANT

AnneMarie Lubanski, Strategic Director of Adult Care and Housing, gave a verbal update on the Social Care Grant.

Guidance was still awaited in terms of the funding allocation to Adult Care and would not be released until after the General Election. It was thought that it would be for the purposes of Adult Care and how it impacted upon the system with a clear pathway to discharges from hospital. Rotherham had had a review carried out of the discharge pathway.

The CQC had been requested to identify 20 Section 48 reviews 15 of which would be areas where the system did not work particularly well. No-one knew who would be chosen but Rotherham could potentially be one.

It was noted that this partly referred to hospital admissions and re-admissions but also care homes. The overall percentage of care homes nationally that were inadequate was 23-25% - Rotherham was 23.3%. Rotherham had far fewer of its care homes requiring improvement than any other council or area in the whole of Yorkshire and Humber with the exception of Doncaster (18.4%).

Resolved:- (1) That the report be noted.

(2) That AnneMarie Lubanski meet with the CCG and Foundation Trust to discuss further.

Action:- AnneMarie Lubanski

8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2015/16 independent report which highlighted some of the successes in Rotherham as well as a frank assessment of some of the challenges faced as a community. A powerpoint presentation was given on healthy ageing living well and living longer as follows:-

Why focus on healthy ageing?

“Provides the opportunity to shine the light on the rich asset that older people are within our society and also to consider the changes that are developing within our older population”

Considerations include:-

- Ageing population
- Changing communities
- Older people as local asset
- Value of focussing on prevention
- Improving quality of later life

Local data highlights

- Rotherham's over 65s population is growing the fastest. By 2025:-
21.7% of population will be over 65
Over 85s population will rise by over 40%
- Rotherham has lower life expectancy than England (men and women)
- Life expectancy and healthy life expectancy gap is greater than England average (men and women)
- Poor perception of “their own health” reported in Census surveys by older people in Rotherham

Healthy Ageing Framework Structure

Four sections

- Healthy behaviours and lifestyles
- Age friendly environment and community support health
- Encouraging social inclusion
- Quality integrated services and prevention interventions

Healthy behaviours and lifestyles – adding life to years and years to life

Includes

- Obesity
- Fruit and veg
- Inactivity
- Alcohol
- Tobacco

- Sexual health
- Living with long term conditions (LTCs)
- Making Every Contact Count (MECC)

Key messages

- To promote the 5 a day and balanced diet messages and their importance in later life including hydration
- Older adults to be more active and meet CMO guidelines of 150 minutes per week including strength and balance activities
- It is never too late to stop smoking
- Alcohol misuse in later life leads to increased hospital admissions
- Older people are made aware of the health risks of regular and excessive alcohol use

Recommendation 1

- All services should encourage lifestyle behaviour change in older people where appropriate particularly in the most disadvantaged communities. This could be achieved through taking a systematic approach to MECC

Age friendly environment and community supporting health

The impact of where we live on our health in later life and includes

- Role older people play in their communities (e.g. volunteering)
- WHO Age friendly cities and communities
- Excess winter deaths
- Poor quality housing impact
- Cold homes and fuel poverty
- Falls prevention and support

Key messages are to:

- Plan together
Use a Framework or plan to join activity and work towards a common goal for Healthy Ageing
Housing need to plan adequately for the ageing population, considering account of tenure changes and promoting independence
Preventing falls and providing early intervention for those who have fell is an important factor in maintaining independence
- Work together
A wide range of people can identify vulnerable people who may be at increased risk (e.g. cold weather, falls)

Recommendation 2

- Rotherham's Health and Wellbeing Board considers implementing the WHO 'Age Friendly Cities and Communities' and become the first area in South Yorkshire to achieve this accreditation, learning from other UK cities that have already begun this work. This would be complimentary to the Borough's aspiration to be young people and dementia friendly

Encouraging social inclusion

Challenges and opportunities that have an impact in later life includes:-

- Maintaining independence
- Carer responsibilities – for partners, friends, grandchildren
- Income, work, benefits and volunteering (giving back)
- Education and literacy
- Discrimination
- Mental health
- Dementia
- Loneliness and social isolation

Key messages

- Maintaining independence requires all stakeholders to work together and with individuals
- Older people play a significant role as car givers
- Opportunities for over 65s to remain in work are greater
- Volunteering is important as a social activity to combat social isolation and loneliness
- Health literacy is an important factor to support self-management
- Age discrimination needs to continue to be in policy developments
- Dementia prevention and support agenda needs to continue to be considered
- Mental health within later life needs to be responsibility of all organisations across the system

Recommendation 3

- The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness and isolation. To achieve this goal, older people must experience proactive involvement and participation in life and society as a whole

Quality integrated services and preventative interventions

Working together to commission and deliver the best services for older people in Rotherham. Includes:-

- Health and social care integration
- Asset based approaches
- Screening and immunisations
- NHS Healthchecks
- Personalised End of Life Care planning
- Integrated Wellness Services

Key Messages

- Health and social care integration is underway
- Screening programmes identify and treat individuals early
- People 65+ have higher health risks from flu, pneumococcal and shingles

- NHS Health checks detect early signs of illness and disease
- Personalised end of life care planning will increase in importance as our population ages
- Integrated wellness service will target communities and individuals of the greatest need providing a comprehensive behaviour change pathway

Recommendation 4

- All partners to deliver against the aspirations and commitments within the Rotherham Integrated Health and Social Care Place Plan and to continue to strive for the highest quality services for older people. This is to include an increased focus on prevention, early identification and self-management, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them

Next Steps

- Sharing the report with key stakeholders
- Facilitating the development of key actions
- Developing an action plan
- Monitoring and reporting on progress

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

- Were those less digitally competent being missed as self-care models increasingly moved to online access? Need to ensure there was always a backup system available and to publicise such facility
- Intergenerational and intercommunity work must not be forgotten
- The Council was in the process of developing a Digital Strategy
- Acknowledgement that in Rotherham, particularly for carers, there was low usage of the digital system
- There was a different perception of using digital on-line services to pay bills opposed to seeking assistance
- Some feared the loss of face-to-face contact
- Need for a future discussion on Rotherham being “age friendly” or “people friendly”

Resolved:- That the report be noted.

9. ROTHERHAM HEALTH PROTECTION ANNUAL REPORT 2016

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2016 which highlighted the joint successes and challenges over the year as identified by the Health Protection Committee.

The organisations represented on the Health Protection Committee collectively acted to prevent or reduce the harm or impact on the health of the local population caused by infectious disease or environmental hazards, major incidents and other threats.

The Health Protection Committee, on behalf of the Director of Public Health, would continue to meet on a quarterly basis to oversee and discharge the Council's Health Protection duties.

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

- Air quality and the recent claims that it contributed to early deaths
- Rotherham's Environment Strategy was to be relaunched and currently out for consultation
- Rotherham had 2 Air Quality Zones

Resolved:- That the report be noted.

10. HEALTH AND WELLBEING BOARD/HEALTHWATCH/HEALTH SELECT COMMISSION - JOINT PROTOCOL

A copy of the existing joint protocol between the Health and Wellbeing Board, Health Select Commission and Healthwatch Rotherham was considered.

It was noted that the Association of Democratic Services Officers was undertaking a review of the Council's Constitution and the joint protocol may be amended from the Council's perspective.

Resolved:- That, upon completion of Council's Constitution review, the Scrutiny Officer, Chair of the Health Select Commission, Healthwatch Rotherham and the Health and Wellbeing Board Chair, meet and consider whether the joint protocol required amending and resubmit to the Board for consideration.

Action:- Kate Green

11. BETTER MENTAL HEALTH FOR ALL STRATEGY

Terri Roche, Director of Public Health, submitted Rotherham's Strategy to promote the mental health and wellbeing of Rotherham people 2017-2020 for information.

The Strategy's action plan would be submitted to the July Board meeting for discussion.

12. DATE, TIME AND VENUE OF THE FUTURE MEETING

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday, 5th July, 2017, at the Carlton Park Hotel, Rotherham.

This Board meeting was to form part of a full day of activity delivered jointly with the CCG including the CCG Annual General Meeting. Members of the public and stakeholders were being encouraged to attend – members of the Board were asked to forward the invitation to their contacts as appropriate.

(2) That future meetings of the Board take place on: -

- 20th September, 2017
- 15th November, 2017
- 10th January, 2018
- 14th March, 2018

All meetings to start at 9.00 a.m. and venues to be confirmed.



Draft Terms of Reference: Rotherham Place Plan Board

Contact Details:	
Joint Chair	S Kemp – Chief Executive, Rotherham Metropolitan Borough Council C Edwards – Chief Officer, Rotherham Clinical Commissioning Group

Purpose:
<p>The Scope of the group:</p> <p>Rotherham Place Plan Board will focus on the delivery of the Rotherham Place Plan. Strategic direction will be signed off by the Health and Well-Being Board.</p> <p>The Rotherham Place Plan Board is the Accountable Care System Board, but for simplicity it will be called the Rotherham Place Plan Board. It will be the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. It will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations in the Rotherham health and social care community.</p> <p>The Role of the Rotherham Place Plan Board:</p> <ul style="list-style-type: none"> • Agreement and sign off of Rotherham Health and Social Care delivery plans. • Ensure a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda. • Operate cost of care effectively in the context of the Rotherham health and social care financial circumstances. • Realise cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring no adverse impact in regard to patient safety and experience. <p>The principles the Rotherham Place Plan Board adhere to are:</p> <ol style="list-style-type: none"> 1. Focus on people and places rather than organisations, pulling pathways together and integrating them around people's homes and localities; we will adopt a way of working which promotes continuous engagement with and involvement of local people to inform this. 2. Actively encourage prevention, self –management and early intervention to promote independence and support recovery, and be fair to ensure that all the people of Rotherham can have timely access to the support they require to retain independence. 3. Design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better. 4. Be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in the most cost effective way. 5. Strive for the best quality services based on the outcomes we want within the resource available. 6. Be financially sustainable and this must be secured through our plans and pathway reform. 7. Align relevant health and social care budgets together so we can buy health, care and support services once for a place in a joined up way.

Responsibilities:
<p>Recommendations for funding will need to be made by the Board to the relevant statutory bodies, through individuals where responsibility is delegated by relevant statutory bodies. All recommendations from the Board will need consensus from its membership.</p> <p>Members acknowledge that the Board should encompass all commissioners and providers who commission or provide health and social care across Rotherham and as such recognise that the membership of the Board may need revising periodically to include additional members.</p>

Rotherham Place Plan Board members should seek to hold each other to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators. These arrangements do not supersede accountabilities between organisations and their respective regulators.

Chair:

Joint Chair – Chief Officer (RCCG) / Chief Executive (RMBC)

Composition of group:

Each member organisation will have one representative on the group. The Joint Chairs of the Health and Wellbeing Board will attend to ensure the delivery is consistent with the strategic direction.

NHS Rotherham CCG

Chief Officer - Chris Edwards (Joint Chair)

Rotherham Metropolitan Borough Council

Chief Executive – Sharon Kemp (Joint Chair)

The Rotherham Foundation Trust (TRFT)

Chief Executive – Louise Barnett

Voluntary Action Rotherham

Chief Executive – Janet Wheatley

Rotherham Doncaster and South Humber NHS Trust

Chief Executive – Kathryn Singh

Connect Healthcare Rotherham Ltd (Rotherham GP Federation)

Rotherham GP Chair - Dr Robert Thornton

Participating Observers:

Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche

Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

In Attendance:

Deputy Chief Officer, RCCG – Ian Atkinson (as chair of the Rotherham Place Plan Delivery Team)

Director of Legal Services, RMBC – Dermot Pearson

Chair of Partnership Communications Group – Gordon Laidlaw

Senior Planning and Assurance Manager, RCCG – Lydia George (as Place Plan Board Manager)

Policy and Partnership Officer, RMBC – Kate Green (H&WB Board Manager)

Deputising:

As appropriate

Quorum:

One member from each of RCCG and RMBC, one provider representative

Accountability:

The chair of the meeting will be accountable to the Health and Wellbeing Board for delivery on the responsibilities set out in the terms of reference.

Frequency of meetings:

4 Weekly

Agenda deadlines:

Agenda items one week before the meeting, agenda to be circulated Friday prior to the meeting

Minutes:

Health and Wellbeing Board

Review Date:

October 2017

Rotherham's Integrated Health and Social Care Place Plan

Rotherham Accountable Care System (ACS) Structure

7 June 2017



Rotherham Accountable Care System Principles

Our decision making to date has been shaped by following a number of principles, we will:

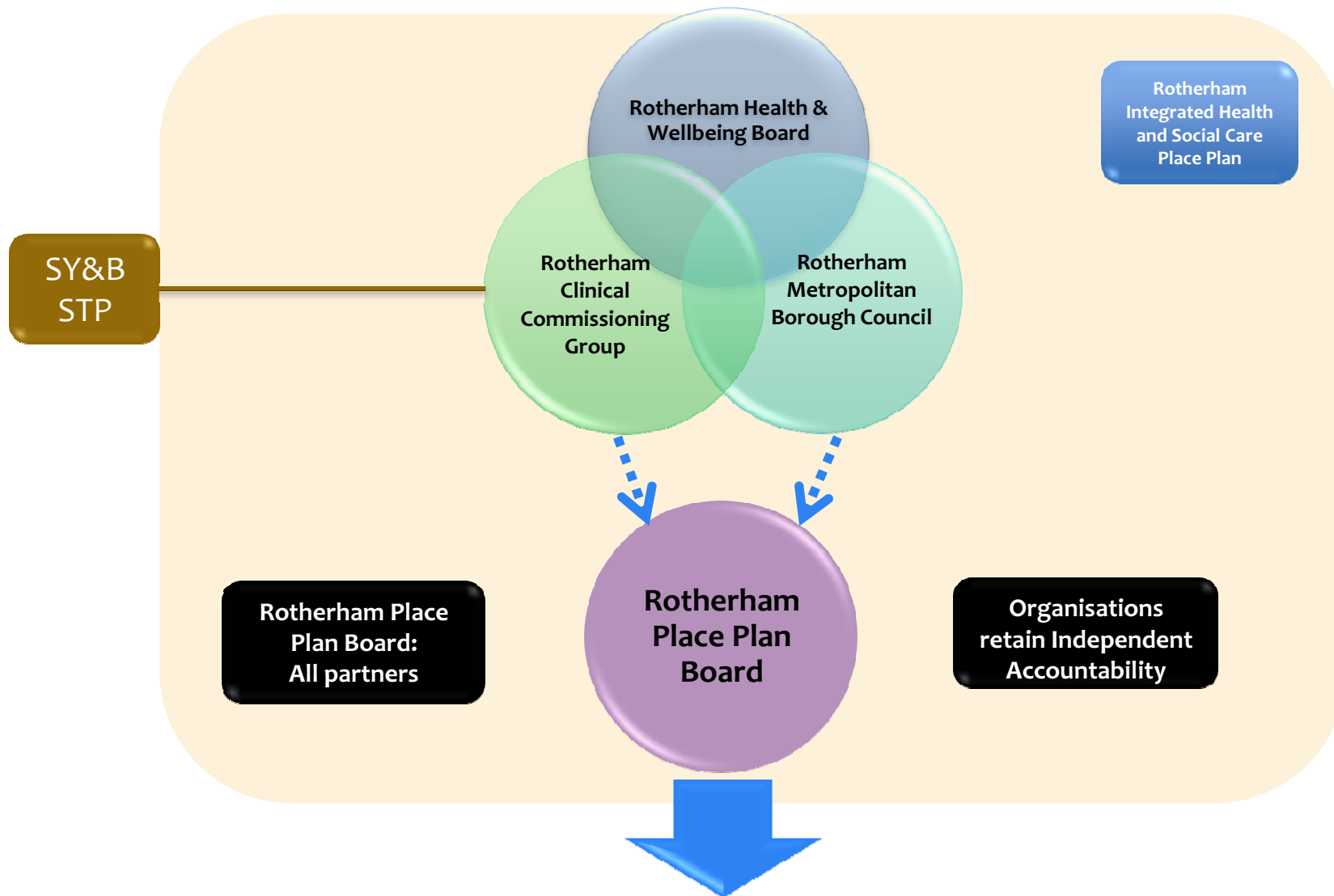
- * Focus on people and places rather than organisations, pulling pathways together and integrating them around people's homes and localities; we will adopt a way of working which promotes continuous engagement with and involvement of local people to inform this.
- * Actively encourage prevention, self –management and early intervention to promote independence and support recovery, and be fair to ensure that all the people of Rotherham can have timely access to the support they require to retain independence.
- * Design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better.
- * Be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in the most cost effective way.
- * Strive for the best quality services based on the outcomes we want within the resource available.
- * Be financially sustainable and this must be secured through our plans and pathway reform.
- * Align relevant health and social care budgets together so we can buy health, care and support services once for a place in a joined up way.

How will this work?

- * Key stakeholders will work together to maximise the utilisation of Rotherham resources.
- * Place Based Commissioning, pathway re-design and delivery of services will be overseen by all partners sharing our resources.
- * Pathways will be designed around the needs of people to meet needs as set out in the Health and Wellbeing Strategy.
- * All partners, whilst retaining independent organisational accountability, will be represented on the Rotherham Place Plan Board and will be expected to collaborate to oversee delivery.
- * The Rotherham Place Plan Board is the Accountable Care System Board, but for simplicity it will be called the Rotherham Place Plan Board.
- * Key delivery of the plans (e.g. winter planning/BCF oversight) will be overseen by the whole system.
- * Elements of certain pathways will need collaboration outside of Rotherham.

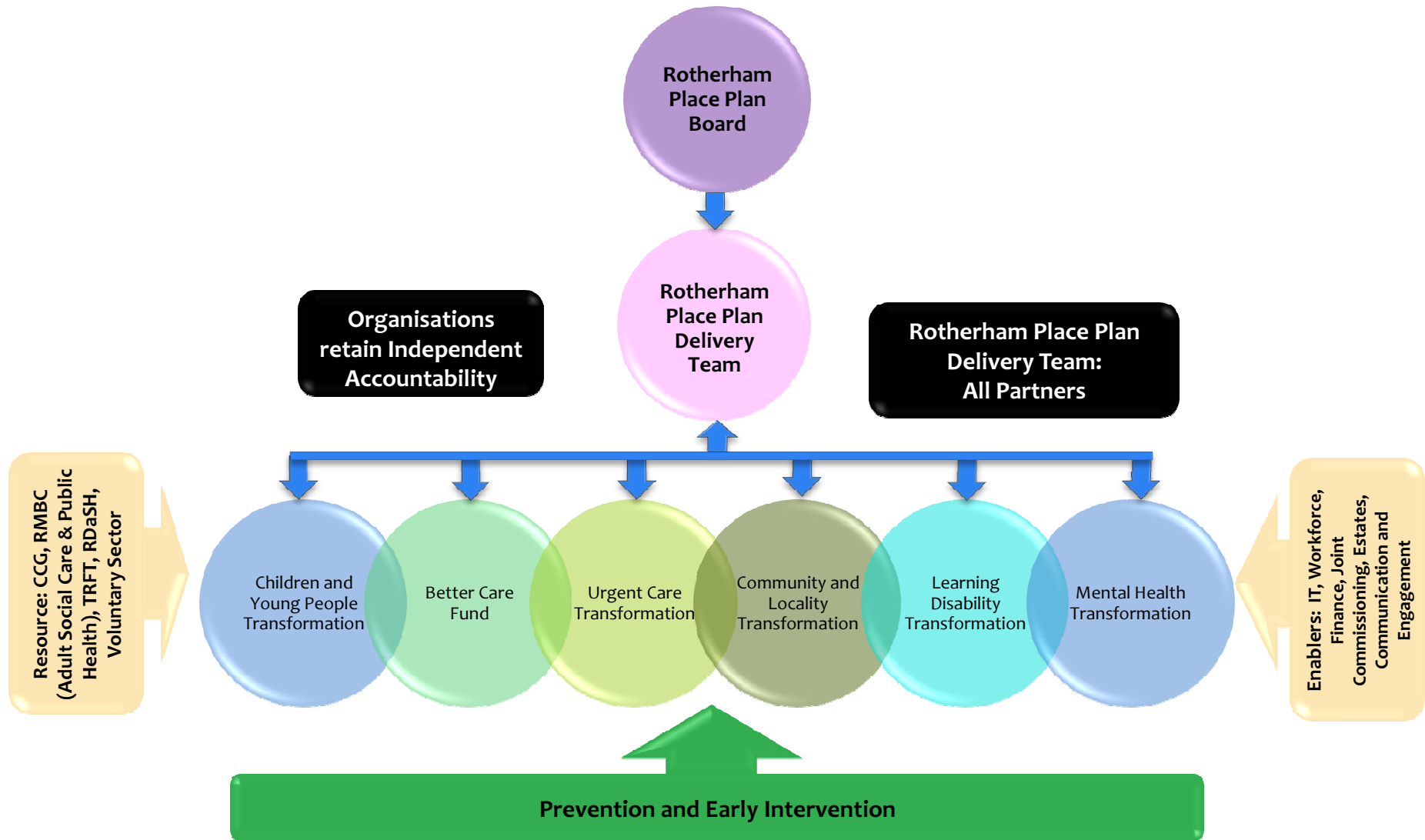
Rotherham Integrated Health and Social Care Place Plan

Rotherham Place Plan Board



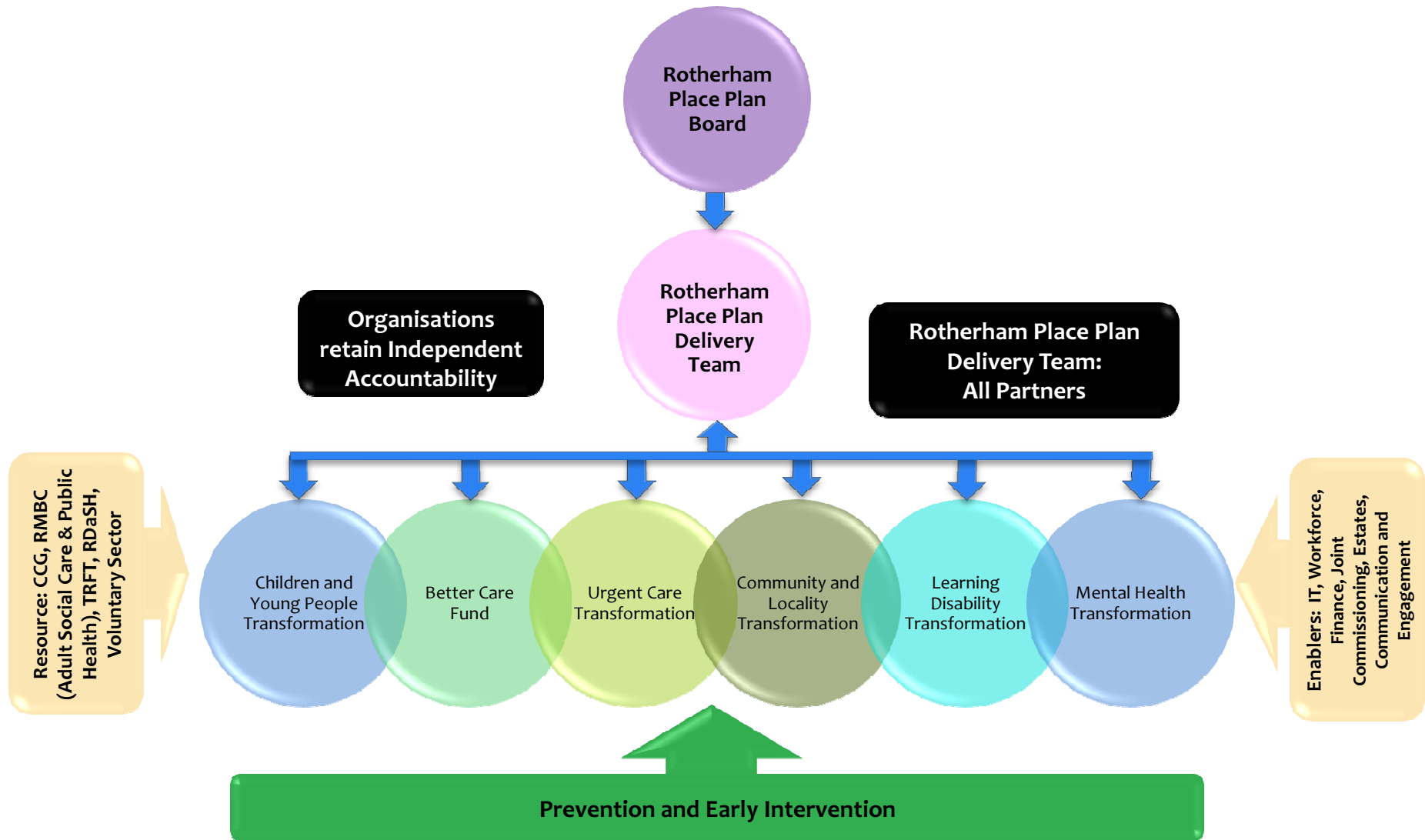
Rotherham Integrated Health and Social Care Place Plan

Rotherham Place Plan Delivery Team



Rotherham Integrated Health and Social Care Place Plan

Rotherham Place Plan Delivery Team



Summary Sheet

Council Report

Health and Wellbeing Board – 5th July 2017

Title

Suicide Prevention and Self-Harm Action Plan Update 2016/18

Is this a Key Decision and has it been included on the Forward Plan?

It is a priority within the Rotherham Health and Wellbeing Strategy, 2015 – 2018.

Strategic Director Approving Submission of the Report

Teresa Roche, Director of Public Health (DPH)

Report Author(s)

Ruth Fletcher-Brown, Public Health Specialist

Public Health Department, RMBC

Ruth.Fletcher-Brown@rotherham.gov.uk, Tel 01709 255867

Ward(s) Affected

All

Summary

This paper is an annual progress report on the actions detailed in the Rotherham Suicide Prevention and Self Harm Action Plan for 2016/2018.

Recommendations

That the Health and Wellbeing Board:

1.1 Accepts and endorses the report on actions taken by the Rotherham Suicide Prevention and Self Harm Group since the update to the Board in May 2016.

1.2 Endorses the areas for future activity, including a commitment to continue Rotherham's early alert surveillance work, bereavement support and the social marketing campaign work.

1.3 Receives an update report on the work of the Rotherham Suicide Prevention and Self Harm Group once a year and exception reports as appropriate.

List of Appendices Included

Appendix 1- Rotherham Suicide Prevention and Self Harm Action Plan 2016/2018.

Background Papers

Department of Health, Statistical update on suicide February 2015 (2015),

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405411/Statistical_update_on_suicide_acc.pdf

HM Government (2015) Crisis Care Concordat:
<http://www.crisiscareconcordat.org.uk/>

HM Government (2015), Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives,
www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf

HM Government (2012), Preventing suicide in England: A cross government strategy to save lives. London: Department of Health;
<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

NHS England Mental Health Taskforce. The five year forward view for mental health. NHS England; 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Public Health England (PHE), (2016) Local suicide prevention planning National Suicide Prevention Alliance Supported by A practice resource,
www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

The National Mental Health Intelligence Network (NMHIN) and Public Mental Health Team launched the Suicide Prevention Profile on the Fingertips website in March 2015. This provides the latest data on suicides for local areas.
<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>.

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Public Health Directorate Leadership Team.

Council Approval Required

No.

Exempt from the Press and Public

No.

Title (Main Report)

Suicide Prevention and Self-Harm Action Plan Update 2016/2018.

1. Recommendations

That the Health and Wellbeing Board:

1.1 Accepts and endorses the report on actions taken by the Rotherham Suicide Prevention and Self Harm Group for 2016/2018.

1.2 Endorses the areas for future activity, including a commitment to continue Rotherham's early alert surveillance work, bereavement support and the social marketing campaign work.

1.3 Receives an update report on the work of the Rotherham Suicide Prevention and Self Harm Group once a year and exception reports as appropriate.

2. Background

2.1 The delivery of the Rotherham Suicide Prevention and Self Harm Action Plan is an action within the Rotherham Health and Well Being Strategy.

2.2 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This can only be done by working collaboratively across all sectors within Rotherham.

2.3 The All Party Parliamentary Group (APPG) on Suicide and Self-harm published an "Inquiry into Local Suicide Prevention Plans in England" January 2015. The APPG considered that there were three main elements that are essential to the successful local implementation of the national strategy. All Local Authorities must have in place:

- a) Suicide audit work in order to understand local suicide risk.
- b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
- c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

2.4 Suicide prevention is a Public Health Outcome Framework indicator (PHOF).

2.5 The need to develop local suicide prevention strategies and action plans that engage a wide network of stakeholders in reducing suicide is set out in two Government documents: the government's national strategy for England, Preventing suicide in England: a cross-government outcomes strategy to save lives and the Mental Health Taskforce's report to NHS England, The five year forward view for mental health.

3. Key Issues

The Rotherham Suicide Prevention and Self Harm Group are able to report the following actions based on the six national areas for action as identified in the national strategy for England, (HM, 2012, *Preventing suicide in England: a cross-government outcomes strategy to save lives*) and an additional two which are Rotherham specific.

3.1 Increase local level of understanding suicide and establish reporting mechanisms to strategic partners

Actions include:

- The Rotherham Suicide Prevention and Self Harm Group meets quarterly to review progress on the action plan, receive suicide audit data and recommend any necessary response, for example, for high risk groups.

- Rotherham has an early alert approach to suspected suicides which means a response is made as soon as notification is received. South Yorkshire Police (SYP) Vulnerable Persons Unit, Rotherham Clinical Commissioning Group (RCCG), RDaSH and Public Health to continue to provide this response. Suicide data received in real time enables an immediate response. Other services are notified as appropriate for example Adult Care and Housing.

3.2 Reduce risk in high risk groups

Actions include:

- Partner organisations of the Rotherham Local Safeguarding Children's Board (LSCB) signed up to the Rotherham Suicide and Self-harm Community Response Plan in September 2015. The flowchart has been updated and amendments are being made to the guidance document. The process for activating the plan is the responsibility of Early Help, RMBC.
- The My Mind Matters Website has been reviewed and updated with input from the Youth Cabinet.
- All Rotherham schools in May 2017 received an updated Critical Incident Prompt sheet.
- The Top Tips on suicide prevention for General Practitioners has been updated to include risk factors and at risk groups in Rotherham.
- The campaign to target men, 'Breaking the silence on suicide' was launched in July 2016. Resources have been distributed across the borough with advertisements placed in local papers in December 2016.
- Suicide prevention training was provided in May 2017 by Public Health Specialist to Crossroads and Rotherham Alzheimer's Society staff.

3.3 Tailor approaches to improve mental health in specific groups

Actions include:

- In June 2017 there were 50 workplaces engaged with the Workplace Wellbeing Charter.
- 6 Rotherham schools have been piloting a whole school approach to mental health and wellbeing. The schools commenced with this work in September 2016. Lessons learnt will be shared with other schools in the autumn term 2017.

3.4 Reduce access to means

Actions include:

- CARE about suicide training for frontline staff advises workers to be vigilant regarding access to means.
- A visit was made by Public Health Specialist and an Officer from the VPU (SYP) to one frequently used site to talk to staff about training and safety of the area.

3.5 Better information and support to those bereaved by suicide

Actions include:

- The Children and Young People's Bereavement pathway continues to be received very positively by families.
- Families are visited within 48-72 hours of the suspected suicide by Officers from the Vulnerable Persons Unit (South Yorkshire Police – SYP). Each family offered the Help is at Hand resource.

- Samaritans launched their bereavement support project in January 2017. Families are referred to this service by Officers from the VPU after their visit.

3.6 Support media in delivering sensitive approaches to suicide and suicidal behaviour

Actions include:

- Local media has promoted helpful contact details for the general public when writing about suicide.
- A 12 month marketing campaign was developed to launch the men's suicide prevention campaign with good coverage in the local press at the time of the launch.

3.7 Data collection and monitoring

Actions include:

- South Yorkshire Police (SYP) Vulnerable Persons Unit, Rotherham Clinical Commissioning Group (RCCG), RDaSH and Public Health to continue to respond to suspected suicides as soon as notification is received through an early alert approach.

3.8 Workforce Development

Actions include:

- 4 SafeTalk courses ran in March 2017 resulting in 100 frontline staff being trained to identify those at risk, ask about suicide and signpost to appropriate help.
- WV Area Assembly identified £8000 for suicide prevention work in the Maltby Hellaby and Wickersley wards. This work includes 1 ASIST course, 1 SafeTalk course, 1 Adult and 1 Youth Mental Health First Aid.
- Public Health Specialist delivered suicide prevention training to South Yorkshire Town Pastors in July 2016.

4. Options considered and recommended proposal

N/A

5. Consultation

5.1 Young people, including members of the Youth Cabinet and Looked after Children's Council were involved in the process to develop a mental health awareness campaign for young people.

5.2 In 2016, RMBC Public Health consulted partners, stakeholders and the general public, on the priorities for the Public Health Grant. The findings from this consultation showed that people living and working in Rotherham felt that children's mental health and the prevention of suicide were amongst the most important areas to support. People attending the Rotherham Show in September 2016 ranked mental health and suicide prevention as their top priority.

5.3 Partners of the Rotherham Suicide Prevention and Self Harm Group finalised their action plan based on local and national information and guidance on suicide prevention.

6. Timetable and Accountability

6.1 The Rotherham Suicide Prevention and Self Harm Action Plan covers delivery until December 2018.

6.2 Reviews of progress will take place at the quarterly meetings of the Rotherham Suicide Prevention and Self Harm Group.

6.3 An annual update report will be given to the Health and Wellbeing Board (HWbB).

7. Financial and Procurement Implications

The report will have financial implications:

7.1 Workforce Development

- In future there will be a charge for frontline staff attending the SafeTalk and Applied Suicide Intervention Skills Training (ASIST) suicide prevention courses.
- NHS funding has secured the purchase of manuals for 4 adult Mental Health First Aid (MHFA) and 4 Youth MHFA courses in 2017/18.

7.2 Reduce risk in high risk groups

The Rotherham social marketing campaign for men was funded by Public Health, RMBC. The young people's mental health campaign received funding from NHS England for 2017. No further funding has been identified for either of these campaigns or any future initiatives for other at risk groups.

7.3 Reduce access to means and Data collection and monitoring

To continue with the early alert suicide surveillance work. Estimated costs include Officer time from SYP Vulnerable Persons Unit, RDaSH, RCCG and Rotherham Public Health.

8. Legal Implications

8.1 N/A.

9. Human Resources Implications

9.1 Suicide prevention is a partnership approach requiring commitment from Officers from all Health and Well Being Board members. In particular Officer time from Partner organisations to support the early alert approach to suicides and support for those bereaved by suicide.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The needs of children, young people and vulnerable adults are addressed within the Rotherham Suicide Prevention and Self Harm Action Plan. The early alert work monitors changes which are then reported to the Rotherham Suicide Prevention and Self Harm Group and appropriate action taken.

11 Equalities and Human Rights Implications

11.1 These are addressed within the action plan and the early alert work monitors changes which are then reported to the Rotherham Suicide Prevention and Self Harm Group and appropriate action taken.

12. Implications for Partners and Other Directorates

12.1 Suicide prevention is a partnership approach requiring commitment from Officers from all Health and Well Being Board members.

12.2 Support for adults bereaved by suicide is being funded by Rotherham Samaritans. The VPU (SYP) refers adults into this provision.

13. Risks and Mitigation

13.1 In 2013-15 there were 96 suicides in Rotherham (aged 10+). The suicide rate] of 14.2 per 100,000 is higher than both the England rate (10.1) and the Yorkshire and Humber regional rate (10.7).

13.2 Families and communities bereaved by suicide are at higher risk of subsequent suicides than the general population. Postvention work in this area is an important in suicide prevention work. At present a specific project to support adults bereaved by suicide is funded by Rotherham Samaritans.

14. Accountable Officer(s)

Teresa Roche, Director of Public Health (DPH)
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SUICIDE PREVENTION AND SELF-HARM ACTION PLAN

2016/18

Suicide Prevention and Self-Harm Action Plan 2016/18

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

In 2012 the Government produced “Preventing suicide in England A cross-government outcomes strategy to save lives”:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

The strategy outlined six areas for action:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

This action plan outlines the actions agencies across Rotherham are taking to prevent suicides.

Rotherham takes suicide prevention seriously and the Director of Public Health Chairs the Suicide Prevention Group who are tasked to implement this plan. The Health and Wellbeing Board will receive a minimum of annual updates against the plan.

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
<p>1. Increase local level of understanding of suicide and establish reporting mechanisms to strategic partners:</p> <ul style="list-style-type: none"> - Health & Well-Being Board - Elected members - Clinical Commissioning Group - Safe Guarding Adults Board - Safeguarding Children Board - Rotherham Health Protection Committee 	<p>Rotherham Suicide Prevention and Self Harm Group chaired by Consultant in Public Health to meet bi monthly</p> <p>Local Suicide Prevention and Self Harm Group reports to the Rotherham Health Protection Committee.</p> <p>Annual reporting to the Health and Well Being Board.</p> <p>Annually review membership of the Rotherham Suicide Prevention and Self Harm Group, ensuring voluntary sector membership.</p>	<p>Public Health Specialist (Mental Health)</p> <p>Chair of Rotherham Suicide Prevention and Self Harm Group</p>	<p>Terms of Reference reviewed annually</p> <p>Update reports produced</p> <p>Membership reviewed annually</p>	<p>Terms of reference agreed including reporting mechanisms agreed and reviewed annually. Rotherham Suicide Prevention and Self Harm Group's membership reflects the partnership approach to suicide prevention.</p>	<p>Terms of approved May 2017</p>
	<p>Annual update on the epidemiology of suicides and actions taken against suicide prevention is provided to the Rotherham Health and Well Being Board.</p>	<p>Rotherham Suicide Audit Group</p>	<p>June 2017 & June 2018</p>	<p>Partner activity of suicide prevention reflects local need</p>	<p>Suicide Audit Group working on 2017 update</p>

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
2. Reduce risk in high risk groups (non-specific)	Suicide Audit Group to alert frontline workers to emerging risk factors, for example in briefing articles for GPs.	Suicide Audit Group and Public Health Specialist Partners of the SP & SH Group to ensure risk factors are disseminated and cascaded within their respective organisations	Suicide Audit Group meets bimonthly and reports trends to SP & SH Group.	Frontline workers are alerted to risk factors, identifying people who may be at risk and providing appropriate support	Top Tips for GPs has been updated. Partners of Suicide Prevention and Self Harm Group have been alerted at meetings to risk factors. As part of the PLT event in September there will be workshop on suicide prevention for GPs.
2. Reduce risk in high risk groups (non-specific)	Update the GP Top Tips on suicide prevention	RCCG CAMHS Commissioner Public Health Specialist	November 2016	GPs make appropriate referrals	Updated and agreed and available on CCG website.
2. Reduce risk in high risk groups (non-specific)	Explore options to promote Samaritans Drop -in sessions	Rotherham Samaritans working with Public Health Specialist and Comms Leads in Statutory partner organisations	From September 2016	Drop-in sessions promoted via partner communications	Awaiting new leaflet from Rotherham Samaritans.
2. Reduce risk in high risk groups- Children and young people	Rotherham Suicide and Self-harm Community Response Plan(2015) for children and young people to be revised to include the following : <ul style="list-style-type: none"> • Circles of vulnerability • Out of hours 	Public Health Specialist (Mental Health)	Plan to be revised by Jan 2017 Partner organisations to be notified of the revised plan.	Revised Rotherham Suicide and Self-Harm Community Response Plan to be loaded on the Rotherham Local Safeguarding Children Board Manual Contents	Flowchart has been revised. The full plan needs to be updated. Responsibility for activating the plan and coordinating the meetings will move to Early Help. Meeting

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	support and information <ul style="list-style-type: none"> • Management of severe self-harm behaviour • Critical response plan for schools. • Emerging national guidance 			(Tri-x procedures)	planned with Senior Managers All schools were sent the refreshed Critical Incident Prompt Sheet in May 2017.
	Rotherham Suicide and Self-harm Community Response Plan to be actioned within 24-48 hours of any event	Led by LSCB/Public Health Supported by all agencies involved in Rapid Appraisal Process	In the event of a suspected death by suicide of a young person or an adult within the school community	Rapid Response process will ensure this happens. Rotherham is continuing the Real Time suicide Surveillance work. Rotherham Suicide Audit Group reviews all suicides.	See earlier comment
	Ensure every school and college is aware of the Critical Incident prompt sheet	Educational Psychology Public Health Specialist (Mental Health)	October 2106	Schools and colleges using the recommended best practice	All schools were sent refreshed Critical Incident Prompt Sheet in May 2017
2. Reduce risk in high risk groups- Children and young people	To review the My Mind Matters website. To continue to promote the My Mind Matters website	CAMHS Commissioners RMBC and RCCG to lead	Review of website to be completed by December 2016		Website was reviewed with input from the Youth Cabinet. Ongoing meetings with the website design team required.
	Support schools and	Public Health Specialist	Top Tips and Directory	Schools and	Top Tips for

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONS BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	colleges in identifying mental health problems in pupils through collaborative working between education and health professionals: - Promotion of the CAMHS Top Tips – Guidance on the referral of children and young people with emotional wellbeing issues into universal, targeted and RDaSH CAMHS services - Directory of Services – Information on services that provide emotional wellbeing support.	(Mental Health) working with CAMHS commissioners from Rotherham CCG, RMBC and CAMHS providers.	of Services to be reviewed December 2017	colleges using CAMHS Top Tips and Directory of Services.	Universal workers has been updated. Next update due in Jan 2018 GP Top Tips has also been reviewed. There is a directory of services available for practitioners produced by RCCG.
	Review of the Rotherham Self-Harm Practice Guidance (2015)	Public Health Specialist (Mental Health)	Annual Review due by April 2017	Safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves.	Work to review these guidelines will commence in June 2017 with input from the SP&SH Group.
2. Reduce risk in high risk groups- Children and young people	Development of a local awareness campaign to target young people (15-21) Campaigns to look at non health	RMBC Comms working with Public Health Specialist, Rotherham Suicide Prevention and Self Harm Group (SP &SH Group), Rotherham Youth Cabinet	Schedule plan to be shared by Comms at the August 2016 SP & SH meeting. Consultation with young people to begin in September 2016.		The Z card resource has now been printed. Distribution will commence after a launch event. PH working with local schools to plan the

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	<p>organisations and sites which could promote these messages</p> <p>Campaigns will include social media marketing techniques relevant to young people</p>		<p>Drafts of the materials to be ready by December 2016</p> <p>Launch of the campaign January 2017</p>		<p>launch of this campaign.</p>
<p>2. Reduce risk in high risk groups: Men in particular middle aged men</p>	<p>Promotion of local awareness campaign targeting males particularly middle aged men</p> <p>Campaigns will include social media marketing techniques. Sources will include Public Health Channel, Qmatic Screens, social networking, PH website and non-health sites to promote messages.</p> <p>Campaigns to look at non health organisations and sites which could promote these messages throughout the year.</p>	<p>RMBC Comms working with Public Health Specialist and Rotherham Suicide Prevention and Self Harm Group (SP&SH Group),</p>	<p>Campaign launched July 2016</p> <p>12 month marketing plan to be brought to the SP & SH Group meeting in August 2016 which will show how campaign will promoted throughout the year.</p> <p>Further promotion organised for September 2016 (World Suicide Prevention Day)</p>	<p>Campaign materials displayed through key venues in Rotherham.</p> <p>Partners all aware of the campaign</p> <p>Men and families and friends able to recall seeing campaign materials</p> <p>Increase in number of people accessing help.</p>	<p>Campaign was launched July 2016 and has been promoted a various opportunities since:</p> <p>Home Matters magazine Dec 2016 Adverts in local papers Dec 2016 and early 2017. Promoted to local workplaces.</p> <p>Further opportunities to promote the campaign were explored at the May SP&SH meeting.</p>

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONS BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
<p>2. Reduce risk in high risk groups : People experiencing domestic abuse</p>	<p>Continue to promote awareness of this group amongst GPs – Annual update of GP Guidance / Referral pathway for people experiencing domestic abuse.</p> <p>Ongoing promotion of this resource and annual review</p>	<p>RCCG Safeguarding Lead</p>	<p>Ongoing promotion of the flowchart and annual review July 2017</p>	<p>GPs better equipped to identify and support patients experiencing domestic abuse.</p>	<p>RCCG has a flowchart for GPs:</p> <p><i>Process for responding to domestic abuse in GP Practices</i></p>
<p>2. Reduce risk in high risk groups: women</p>	<p>Rotherham Suicide Audit Group to identify trends of increased suicide in women and report findings to SP & SH Group.</p> <p>SP & SH Group to agree on actions to address this</p>	<p>Rotherham Suicide Audit Group</p> <p>SP & SH Group</p>	<p>Report to SP & SH Group in October/November 2016</p>		<p>Suicide Audit Group monitoring trends reporting to SP&SH Group.</p>
<p>2. Reduce risk in high risk groups: Rotherham residents affected by the changes to welfare reform</p>	<p>Continue roll out of training for frontline customer services using the CARE about suicide resource</p>	<p>PH Specialist (Mental Health), HR (RMBC working with Team Managers within RMBC to deliver training sessions for frontline customer service staff within RMBC</p>	<p>200 Plus staff trained to date. Ongoing training provided.</p>	<p>Staff feeling better equipped to support people who may be in distress and/or expressing thoughts of suicide</p>	<p>RMBC Revs & Benefits staff attended training along with Housing Officers.</p> <p>Additional mental health training has been provided for housing staff including Mental</p>

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
					Health First Aid.
2. Reduce risk in high risk groups: witnesses of suicide	<p>Publication of leaflet for people witnessing suicide.</p> <p>Vulnerable Persons Unit (VPU) to distribute leaflet to witnesses.</p>	<p>RMBC Comms, Public Health Specialist working with SP & SH Group.</p> <p>VPU</p>	<p>Leaflet produced January 2017</p> <p>Leaflet launched and used by frontline services inc VPU from October January 2017</p>	<p>People who witness suicides receiving timely and supportive information.</p>	<p>A4 paper version distributed by SYP Officers.</p> <p>C&YP Sudden and Traumatic Bereavement pathway is being used by services.</p>
2. Reduce risk in high risk groups: Carers	<p>Training for carers going into the home about the risk that carers experience</p>	<p>RCCG Commissioning Lead for Mental Health Public Health Specialist Crossroads</p>	<p>To be discussed at the Dementia Carers Resilience steering group. September 2016</p>	<p>Workers supporting carers able to spot the signs someone may be vulnerable to suicide.</p>	<p>Training delivered by Public Health Specialist to Crossroads and Rotherham Alzheimer's Society staff in May 2017.</p>
3. Tailor approaches to improve mental health in specific groups	<p>Promotion of whole school pilot programme</p>	<p>Public Health Specialist RMBC CAMHS Commissioner 6 Rotherham schools</p>	<p>Action plans developed. Work commencing September 2016- July 2017</p> <p>Learning shared within School Learning community from September 2017 onwards</p>	<p>6 Rotherham schools embedding mental health and emotional well-being within their whole school community</p>	<p>6 Rotherham Schools Participating in whole school scheme. Implementation of their action plans commenced in September 2016. One to one meetings held with each school once a term to check</p>

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONS BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
					progress. Next meetings being held in June 2017 with the steering group meeting of all schools in July 2017.
	Training to schools on staff wellbeing and resilience / improving own coping mechanisms.	Educational Psychology (RMBC)	Programme of delivery 2017/18	Children, young people and adults with improved emotional resilience.	Courses have been offered and delivery to schools
	Promotion of the Workplace well-being Charter to local employers	Public Health (RMBC)	No. of companies signed up to the scheme	Workplaces which support the mental health and emotional well-being of employees.	Update in June 2017- 50 workplaces engaged with the Charter.
4. Reduce access to means	<p>Suicide Audit Group bimonthly meetings to identify any hotspots using reports from the police and mental health services. Minutes and actions are recorded. Actions are initiated.</p> <p>Actions incorporated in Suicide Prevention and Self-Harm Action Plan</p>	<p>Attendees include: PH, RCCG, SYP & RDaSH. Meetings chaired by PH</p> <p>PH Specialist to work with other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)</p>	Hotspot work initiated as and when areas are identified. Actions recorded and reported to the wider Suicide Prevention and Self-Harm Group.	<p>Action taken at hotspots which could include:</p> <ul style="list-style-type: none"> -installation of physical barriers and or moving ligature points -encouraging help seeking behaviours -increasing the likelihood of a third 	RFB and NK (SYP-VPU) met with SYPTTE in January 2017. Actions from this meeting being implemented which includes training for staff and distribution of CARE about suicide cards to staff. 2 staff attended the suicide prevention training, 'SafeTalk' in March 2017.

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
				party intervention through surveillance and staff training -responsible media reporting	RDaSH Crisis Service has offered to run some training for staff.
	Local partners to share actions and learning to reduce suicide particularly after a serious incident (SI) with Suicide Audit Group and the Rotherham Suicide Prevention and Self-Harm Group.	Provider Services for example: RDaSH, SYP TRFT	SIs discussed at each Suicide Audit meeting	Suicide prevention practice is shared across organisations	Public Health Specialist is copied into all SI reports
4. Reduce access to means	Training frontline staff to identify access to means, e.g. carers going into the home, Housing staff	Public Health Specialist SP & SH Group members Crossroads RMBC Housing	Housing staff given suicide prevention training 2015/16. Training to rolled out to carers organisations from October 2016	Staff vigilant to access to means and appropriate action taken	Ongoing action-information is shared at suicide prevention training
4. Reduce access to means	Investigate potential work with Trading Standards re sales of Paracetamol	Public Health Specialist Trading Standards	December 2016	Retailers adhering to legal requirement of Paracetamol sales.	No action taken this year but remaining vigilant to suicide methods where Trading Standards should be involved.
4. Reduce access to means	Reminders to general public re safe storage of medication incl prescribed and over the counter, using Public Health Channel, Qmatic	Public Health Specialist Comms Leads (RCCG, RMBC) Local Pharmaceutical Committee	January 2017	Safe storage of medication both prescribed and over the counter within the home.	No further action this year.

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	screens and internal communications.				
4. Reduce access to means	Explore opportunities to work with Planning Department re access to means at new builds	Public Health Specialist working with RMBC Planning	January 2017		No further action to report.
4. Reduce access to means	Training frontline staff to identify access to means, e.g. carers going into the home, Housing staff	Public Health Specialist SP & SH Group members Crossroads RMBC Housing	Housing staff given suicide prevention training 2015/16. Training to be rolled out to carers organisations from October 2016		Training for Crossroads and Alzheimer's Society staff in May 2017.
5. Better information and support to those bereaved by suicide	Bereaved families to receive a visit from VPU within 48 hours of notification of death. Families to receive Help is at Hand and other local contact details	SYP VPU	Ongoing	Improved post bereavement support for adults	Families visited within 48-72 hours of the suspected suicide by Officers from the Vulnerable Persons Unit (SYP). Each family offered the Help is at Hand resource. Samaritans launched their bereavement support project in Jan 2017. Families asked if they would like to be referred to the bereavement support provided by Rotherham Samaritans. SPY VPU make the referral. Review of

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONS BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
					the scheme took place in May 2017.
	Every GP Practice in Rotherham to have copy (copies) of the Help is at Hand resource	Public Health Specialist RCCG- incl RCCG Comms Lead	Resource to be promoted at PLT in September 2016.	Supportive information available for people who are bereaved.	All GP Practices issued with this guidance in September 2016
	Using a variety of Comms channels to promote messages of support to those bereaved by suicide	RMBC Comms to lead working with Comms Leads from TRFT, RDaSH, SYP, RCCG Input from Public Health Specialist	Comms Lead to be vigilant to when this may be required. Particular action to be taken on dates like World Suicide Prevention Day (10 th September 2016)	Supportive information available for people who are bereaved.	During 2016 and early 2017 promotion of suicide prevention messages via Twitter, Qmatic screens, PH Channel, RMBC Staff briefing and local newspapers

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONS BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	<p>To continue to promote the LSCB Bereavement pathway for children and young people bereaved as a result of suicide or sudden death.</p> <p>6 month review of pathway</p>	<p>Public Health Specialist working with Rotherham LSCB and the Rotherham Suicide Prevention and Self Harm Group</p>	<p>First launched in January 2015 Reviewed in May and updated version sent out in July 2016</p> <p>January 2017</p>	<p>Children and young people received timely and appropriate support when bereaved by suicide or sudden death.</p>	<p>Pathway reviewed in May 2016.</p>
	<p>Rotherham Samaritans to offer 2 booked phone calls with individuals and families who have been bereaved by suicide.</p> <p>Offer will be made to families via VPU when visiting bereaved families.</p> <p>Support to be reviewed after 6 months</p>	<p>Rotherham Samaritans Rotherham VPU</p>	<p>Starting September 2016</p> <p>Review Feb/March 2017</p>	<p>Bereaved families offered support from an independent source.</p>	<p>Bereavement support launched January 2017. Rotherham Samaritans are collating numbers.</p>
<p>6. Support media in delivering sensitive approaches to suicide and suicidal behaviour</p>	<p>Develop a marketing plan which indicates how the men's and young people's campaigns are to be promoted throughout the year</p>	<p>RMBC Communications & Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG.</p>	<p>12 month marketing plan to be brought to the SP & SH Group meeting in August 2016 which will show how both campaigns will be promoted throughout the year.</p>	<p>Campaign materials displayed through key venues in Rotherham.</p> <p>Partners all aware of the campaign</p> <p>Men, young people,</p>	<p>See earlier comments on campaigns.</p> <p>Local media has promoted helpful contact details for the general public when writing about suicide.</p>

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
			Further promotion organised for men's campaign in September 2016 (World Suicide Prevention Day)	families and friends able to recall seeing campaign materials Increase in number of people accessing help.	
	Continue to promote the Rotherham CARE about suicide resource. CARE about suicide resource to be on every statutory partners' website	RMBC Communications & Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG. Support given from Public Health Specialist (Mental Health)	CARE resource to be on all statutory partners' websites by October 2016	Increase in confidence of universal workers and the general public to ask about suicide and take appropriate action	CARE resource distributed to partner organisations and at suicide prevention training, SafeTalk March 2017.
7. Data collection and monitoring	Continuation of Real Time Suicide Surveillance. South Yorkshire Police to share real time data around recorded incidents of attempt suicide, to inform and enable the group to identify trends, at risk groups, locations, to better inform and deliver services in preventing future suicide episodes in Rotherham. Data is reviewed at the Rotherham Suicide	RMBC Public Health SYP VPU RCCG Suicide Audit Group Suicide Audit Group working with partners like Area Assemblies, Early Help, GP Practices.	Ongoing with Suicide Audit Group meeting bimonthly Targeted work either with geographical communities or communities of interest.	General themes and trends reported back to Suicide Prevention and Self Harm group and actions to reduce risk reflected in action plan. Real time public health interventions for suicide prevention. Identifying at risk groups will inform commissioning cycle.	No SY wide real time surveillance. Rotherham continues with its early alert approach. Rotherham VPU goes through all police records and alerts partners; RDaSH and Housing alerted to suspected suicides.

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	<p>Audit meetings.</p> <p>Findings may lead to work with geographical communities and communities of interest</p>				
	<p>Suicide audit group bimonthly meetings to identify any hotspots using reports from the police and mental health services. Minutes and actions are recorded. Actions are initiated.</p> <p>RDaSH to share SIs with the Suicide Audit Group to enable public health prevention actions to be identified. (Serious Incident Reports).</p> <p>Suicide Audit group agrees actions.</p> <p>Actions are reviewed at next meeting.</p> <p>Generic actions are reported back to the wider Suicide Prevention and Self Harm Group.</p>	<p>Attendees include: PH, RCCG, SYP & RDaSH. Meetings chaired by PH</p> <p>PH Specialist to work with other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)</p>	<p>Suicide audit group to meet every bimonthly and review each death by suicide and agree follow-up actions.</p>	<p>General themes and trends reported back to Suicide Prevention group and actions to reduce risk reflected in action plan. Real time public health interventions for suicide prevention.</p> <p>Identifying at risk groups will inform commissioning cycle.</p>	<p>Suicide Audit Group meets bimonthly. Action points are taken and updated at next meeting</p>

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	Develop closer working relationships with the Coroners Officer to assist with real time surveillance and with any learning post inquest	Rotherham Coroner's Office Public Health SYP VPU	October 2016	Suicide prevention measures put in place.	
8. Workforce Development	Provision of 4 Adult MHFA Training during 2016/17	RCCG, RMBC PH and RDaSH	Commencing April 2016- March 2017	Improved awareness of mental health, reduced stigma and awareness of local services	3 courses; July 2016, January 2017 and February 2017 for frontline staff An additional MHFA ran in WV Area Assembly in March 2017.
	Provision of 4 Youth MHFA Training during 2016/17	PH RMBC and L&D Leads	Commencing April 2015	Improved awareness of mental health, reduced stigma and awareness of local services	2 courses August 2016 & October 2016 for frontline staff. An additional Youth MHFA course ran in WV Area Assembly in March 2017.
	To roll out further ASIST courses and other suicide prevention and self-harm courses to frontline workers	PH RMBC and L&D Leads	ASIST courses commence September 2016	Improved response to people in emotional distress	4 SafeTalk courses ran in March 2017 100 frontline staff trained to enable them to identify those at risk, ask about suicide and signpost to appropriate help.

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONS BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
					WV Area Assembly funded suicide prevention work in the Maltby, Hellaby and Wickersley wards which included ASIST and Safe Talk. SafeTalk ran in December 2016 and ASIST in March 2017.
	To explore opportunities for other training for non-health workforce e.g Faith Leaders, Town Pastors, Carers and befrienders	Public Health Specialist SP & SH Group members L & D (RMBC)	January 2017	Improved awareness of mental health, reduced stigma and awareness of local services	See above comment In addition Public Health Specialist ran training session run for SY Town pastors in July 2016
	Delivery of a GP Projected Learning Time Event on mental health crisis	RCCG	2015/16	Increase awareness of the Mental Health Crisis Care Pathway	PLT presentation in September 2016

Action Plan updated at Suicide Prevention and Self Harm Meeting in May 2017.

Suicide Prevention and Self-Harm Action Plan 2016/18

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
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Glossary

ASIST Applied Suicide Intervention Skills Training

DPH Director of Public Health

MHFA Mental Health First Aid training

PH Public Health

PHE Public Health England

PHS Public Health Specialist

VPU Vulnerable Persons Unit

SYP South Yorkshire Police

RCCG Rotherham Clinical Commissioning Group

RDaSH Rotherham, Doncaster and South Humber NHS Foundation Health Trust

TRFT The Rotherham Foundation Hospital Trust

BRIEFING PAPER FOR HEALTH AND WELLBEING BOARD- PUBLIC
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1.	Date of meeting:	5th July 2017
2.	Title:	Better Mental Health for All – Action Plan 2017-2020
3.	Directorate:	Public Health, RMBC

1. Background

Promoting the mental health of Rotherham people and preventing mental ill health is a collective responsibility. The Better Mental Health for All strategy was approved by the Health and Wellbeing Board (H&WbB) in May 2017. Working with partners across Rotherham the strategy aims to improve the mental health of Rotherham people across a three tiered approach:

- Universal interventions - promoting good mental health and emotional resilience for all ages (primary prevention)
- Targeted prevention and early intervention - targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)
- Wider support for those with mental health problems - softening the impact of mental health problems (tertiary prevention)

It draws upon the evidence of what works for the whole population, for individuals who are more at risk of developing mental health problems and for people living with a mental health problem.

Lead Officers (Champions) from each partner organisation met for two workshops in May and June 2017. These two workshops used an Outcomes Based Accountability approach to develop the action plan which is now being submitted to the H&WbB for approval.

2. Key Issues

Improved mental wellbeing and reduced mental disorder are associated with; better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and better quality of life. Improving mental wellbeing is also associated with positive outcomes in relation to education, employment, as well as reduced crime and antisocial behaviour. (Joint Commissioning Panel for Mental Health, 2012).

There is already a plethora of activities and initiatives taking place across Rotherham which assist in promoting good mental health and wellbeing. These activities are delivered by partners of the H&WbB, the voluntary sector and local communities. A mapping exercise commenced in May 2017 to capture as much information as possible on the activities and initiatives. The findings from this mapping exercise will sit alongside the action plan for Better Mental Health for All. However since these activities and initiatives already have existing reporting and governance arrangements in place, the Better Mental Health for All action plan

focuses on work which brings added value, uses community assets (strengths) and provides opportunities for the H&WbB partners to work collaboratively. The action plan uses the three tiered approach to mental health promotion and prevention. It takes a whole life course approach from pre-birth to ageing well. Partner organisations have also been encouraged to look at opportunities within their current interventions to promote good mental health.

The action plan aims to link into community assets (strengths) and connecting people within their local community. The action plan recognises the skills, knowledge and expertise of individuals and the assets (strengths) that communities and organisations have to improve mental health and wellbeing.

Indicators from the Public Health Outcomes Framework (PHOF) and Quality Outcomes Framework (QOF) will be used to monitor the overall progress of the strategy. Output targets will measure progress of each action in the action plan.

3. Key actions and relevant timelines

Promoting the mental health of Rotherham people and preventing mental ill health is not the responsibility of one organisation and the action plan reflects this. The coordination of the strategy and delivery of the action plan will be led by Public Health, RMBC, with input from partners of the Health and Wellbeing Board.

The action plan covers the years 2017-2020 and reflects commitments to each of the three tiers: Whole population, Targeted and Wider support for people living with mental health problems

The action plan reflects the need for partners of the H&WbB to lead by example in promoting good mental health and wellbeing for their staff and through the services provided and procured.

4. Recommendations to Health and Wellbeing Board

4.1 Member organisations of the Health and Wellbeing Board accept and endorse the action plan.

4.2 Member organisations commit to lead by example and ensure that they follow best practice in relation to the Workplace Wellbeing Charter.

4.3 Member organisations to note that there are some actions within the plan which require financial investment; social marketing campaign for the Five Ways to Wellbeing and the investment in a web based resource like Gismo to enable individuals, communities and practitioners to source groups and opportunities which will help improve their mental health and wellbeing. The Better Mental Health for All subgroup will work with lead organisations to develop business cases accordingly.

4.4 Members of the Health and Wellbeing Board continue to support Lead Officers (Champions) from their organisation to assist with the implementation of the action plan. It envisaged that this will be quarterly meetings to update on progress and look at opportunities for collaborative working.

4.5 Health and Wellbeing Board to receive an annual update on progress made.

5. Name and contact details

Teresa Roche, Director of Public Health (DPH)

Ruth Fletcher-Brown

Public Health Specialist, Rotherham Public Health, Rotherham MBC,

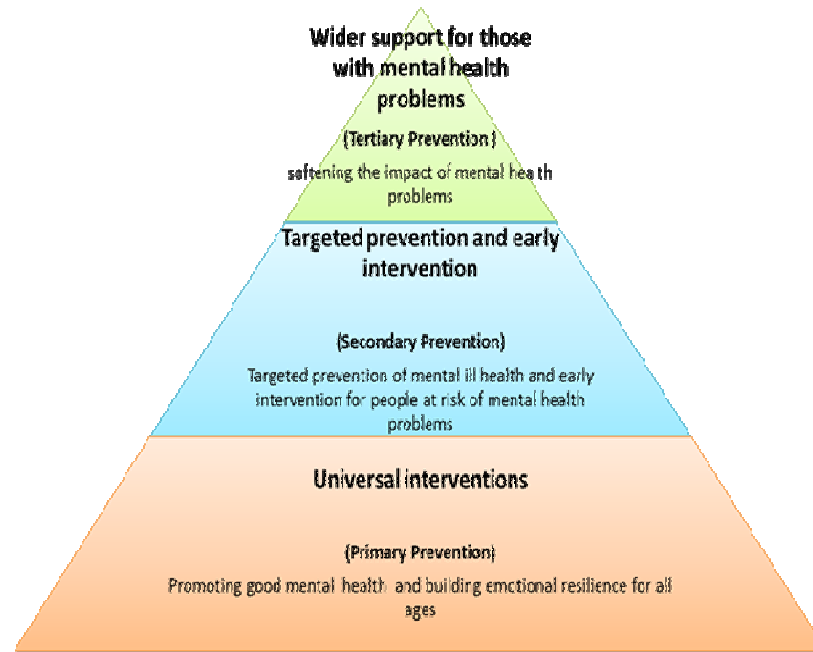
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Better Mental Health for All

Rotherham's Strategy to promote the mental health and wellbeing of Rotherham people

Action Plan for 2017-2020

This action plan contributes to Aim 3 of the Health and Wellbeing Strategy



Tier 1	Whole Population
Tier 2	Targeted approach
Tier 3	Wider support for people with mental health problems

RAG rating

- GREEN** Complete
- AMBER** On track
- RED** Not likely to be completed on time/issues or concerns
- BLUE** Not yet started

Tier 1: Whole population								
Better Mental Health for All Commitment	Action/s	Lead/s	Resources	Timescale	Outputs	Outcomes	Progress to date	RAG
1. To increase mental health awareness (mental health literacy) amongst the population by taking the Five Ways to Wellbeing and adopting it for Rotherham.	To write a business case to develop and launch a social marketing campaign (Feel Good Rotherham) which is about people feeling good for example, 'Get Active- Feel Good', 'Connect- Feel Good'. This campaign will use the Five Ways to Wellbeing messages in a format that Rotherham people can identify with (Get Active, Connect, Give, Take Notice and Keep Learning). Representative groups of the population will market test the initial concept and design for the campaign.	Ruth Fletcher-Brown, RMBC, working with Champions and Communication Leads from H&WbB Partners.	Partner organisations to contribute to the business case, design and roll out of "Feel Good Rotherham"	01/11/2017.	Campaign developed, market tested and launched.	It will contribute towards: PHOF 2.23 Self-reported wellbeing		
	Each H&WbB partner to take one of the Five Ways to Wellbeing themes and lead a promotional campaign on behalf of the partnership: Get Active, Connect, Give, Take Notice and Keep Learning. Partners to work in collaboration with other member organisations of the Health and Wellbeing Board.	Identified champion from each H&WbB Partner.	Partners to lead on; Get Active- RMBC, Give- Voluntary sector, Take Notice- RDaSH, Connect- NHS, Keep Learning to be identified	July to October. Launching work in Nov 2017.	Partners have a theme to lead on. Programme of work agreed. Partners to lead on one campaign in a 12 month period.	as above		
	To produce guidance relating to the campaign which can then be shared with community groups, local businesses and sports clubs encouraging them to use the campaign branding when promoting their activities.	Ruth Fletcher-Brown, RMBC Identified lead from each H&WbB Partner promoting to community groups, sports clubs and sporting governing bodies.		01/11/2017.	Guidance produced and shared with communities, businesses and sports clubs.	as above		
2. To promote opportunities in Rotherham for people to participate in, which will help them feel better, improve their mental wellbeing and increase their emotional resilience.	To conduct a mapping exercise to scope current mental health promotional activity at a universal, targeted and wider support level.	Ruth Fletcher-Brown, RMBC, working with champion leads from H&WbB Partners.	Non expected.	01/07/2017.	Mapping complete.	as above		Green
	To use the mapping exercise to look for gaps in promoting mental wellbeing at a universal level.	Ruth Fletcher-Brown, RMBC, working with champion leads from H&WbB Partners.	Non expected.		Gaps identified and actions to address these agreed.	as above		
	To produce a checklist for projects in order for them to maximise the reach in supporting/promoting positive mental wellbeing. (Mental health in all projects).	Ruth Fletcher-Brown, RMBC working with Champions from H&WbB Partners.	Non expected.			as above		
	Social isolation and loneliness is an identified area of need with social prescribing initiatives. As such the further development and promotion of Rotherham Gismo as the web resource is necessary to work alongside the Five Ways to Wellbeing messages, as a tool for practitioners to promote to patients/customers and clients. To promote to the people living and working in Rotherham.	Ruth Fletcher-Brown, RMBC working with Champions from H&WbB Partners & Kate Green, RMBC (Isolation and Loneliness)	To identify.			as above		
3. To provide Mental Health First Aid Training for people living in Rotherham.	6 Youth Mental Health First Aid courses offered to parents/carers.	Trish Sharp, Rotherham Adult Community Learning with support from Partners of the H&WbB to promote the courses and recruit to the training.	£1500 per course, plus venue and refreshment costs. Costs met by Adult Learning Fund but minimal contribution from participants.	Aug 2017 -July 2018.	6 courses (96 people) delivered and evaluations collated.	as above		
	6 Adult Mental Health First Aid courses offered to the general public.		£1500 per course, plus venue and refreshment costs. Costs met by Adult Learning Fund but minimal contribution from participants.		6 courses (96 people) delivered and evaluations collated.	as above		
	To explore opportunities to increase Mental Health First Aid Instructor capacity.	Ruth Fletcher-Brown, RMBC working with Champions from H&WbB Partners	To identify	Mar-18		as above		

Tier 2: Targeted Approach

Better Mental Health for All Commitment	Action/s	Lead/s	Resources	Timescale	Outputs	Outcomes	Progress to date	RAG
1. To improve the mental health of the working population of Rotherham	To lead by example: all Health and Wellbeing Board Partners signed up to the Public Health England (PHE) Workplace Wellbeing Charter and can evidence actions to; (i) tackle the causes of work-related mental health problems, (ii) promote good mental wellbeing for all staff, and (iii) support staff currently experiencing mental health problems.	Public Health to lead.All partners to get involved.	PH Staff time and leads with workplace champions within organisations.	01/01/2018.	All H&WbB Partners signed up to the Charter.	It will contribute towards: PHOF 2.23 Self-reported wellbeing and Depression recorded prevalence (QOF): % of practice register aged 18+		
	To continue to promote the PHE Workplace Wellbeing increasing the number of workplaces signing up to the charter.	All	PH Staff time	In 2018 25 companies/ organisations will have been accredited through the Workplace Wellbeing Charter.	In 2018 25 companies/ organisations will have been accredited through the Workplace Wellbeing Charter.	as above		
	H&WbB Partners to ensure that as part of the procuremnt process organisations are working towards the PHE Workplace Wellbeing Charter.	All Partners. Jacqui Wiltschinsky, Phil Spencer and Colin Ellis, Public Health to provide updates working with partner leads.	Met by Partner organisations.	Sept 2018.	Evidence from H&WbB Partners that this is a requirement in procurement process.	as above		
2. Take action to reduce loneliness and isolation.	Implement Making Every Contact Count (MECC) for loneliness and social isolation. Developing new training package and have in place pathways for referral. To include a timeframe for when all existing staff have updated their training.	Giles Ratcliffe, Public Health and 5 Partners: TRFT, RMBC, RDaSH, Fire Service, SYP	PH staff time	100% of existing staff trained 2018/19		It will contribute towards: PHOF 2.23 Self-reported wellbeing and Depression recorded prevalence (QOF): % of practice register aged 18+		
3. To launch a mental health awareness campaign for young people, STILL. (Stop, Think, take Interest, Listen and Live)	To launch the young people's mental health campaign, STILL	Ruth Fletcher-Brown, RMBC, working with schools, colleges, C&YP services, voluntary scetor and RDaSH CAMHS.	costs to be met by organisations.	Launch July 2017.	Campaign launched.	It will contribute towards: PHOF 2.23 Self-reported wellbeing. Other outcomes measures to be explored.		
	Marketing and communications programme delivered throughout the year to maintain profile of the STILL campaign	Ruth Fletcher-Brown, RMBC, working with schools, colleges, C&YP services, voluntary scetor and RDaSH CAMHS.	Costs for any additional resources to be met by organisations.	01/07/2018.	Evidence of events using the campaign. Young people, partents/carers and practitioners aware of campaign .	It will contribute towards: PHOF 2.23 Self-reported wellbeing. Other outcomes measures to be explored.		

Tier 3: Wider support for people with mental health problems

Better Mental Health for All Commitment	Action/s	Lead/s	Resources	Timescale	Outputs	Outcomes	Progress to date	RAG
1. To take action to reduce mental health stigma and discrimination with Rotherham workplaces	All partners of the H&WbB to sign up to Time to Change Employer Pledge; https://www.time-to-change.org.uk/get-involved/tackle-stigma-workplace/get-your-workplace-involved . Evidence of anti stigma activity in each organisation.	Champions within each H&WbB Partner organisation.	Met within each organisation.	By Dec 2017.	H&WbB partners all signed up to Time to Change. Evidence of anti stigma activity.	It will contribute to the PHOF 1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons) & PHOF 2.23 Self-reported wellbeing.		
	As part of the PHE Workplace Wellbeing Charter organisations signing up to Time to Change Employer Pledge: https://www.time-to-change.org.uk/get-involved/tackle-stigma-workplace/get-your-workplace-involved .	Workplace Wellbeing Leads in organisations.	Met within each organisation.	Monitored Quarterly.	In 2018 25 companies/ organisations will have been accredited through the Workplace Wellbeing Charter.	As above		
2. To tackle mental health stigma and discrimination across the borough	6 Adult Mental Health First Aid training courses running in 2017/2018 for the general public.	Trish Sharp, Rotherham Adult Community Learning with support from Partners of the H&WbB to promote the courses and recruit to the training.	£1500 per course, plus venue and refreshment costs. Costs met by Adult Learning Fund but minimal contribution from participants.	Aug 2017 -July 2018.	96 people trained in Adult Mental Health First Aid.			
	6 Youth Mental Health First Aid courses running for parents/carers in 2017/2018.	Trish Sharp, Rotherham Adult Community Learning with support from Partners of the H&WbB to promote the courses and recruit to the training.	£1500 per course, plus venue and refreshment costs. Costs met by Adult Learning Fund but minimal contribution from participants.	Aug 2017 -July 2018.	96 people trained in Adult Mental Health First Aid.	It will contribute towards: PHOF 2.23 Self-reported wellbeing		
3. social prescribing scheme	To explore the opportunity of developing a stepped social prescribing model which supports universal, targeted and specialist needs providing options for diversion, crisis and discharge.	Kate Tufnell, RCGG Janet Wheatley, VAR Dianne Graham, RDaSH Jo Painter, RDaSH.	To be confirmed.	Proposals July 2017 Begin pilot September 2017.	Link into social prescribing project especially for identified social isolation and loneliness.	It will contribute towards: PHOF 4.09i - Excess under 75 mortality rate in adults with serious mental illness and PHOF 2.23 Self-reported wellbeing		

	Meeting	Rotherham Health and Wellbeing Board
	Date:	5th July 2017
	Title:	Better Care Fund Plan - 2017-19 Executive Summary and Plan on a Page

1. Summary

The purpose of this report is to introduce the Better Care Fund (BCF) Executive Summary and Plan on a Page for 2017-19. This gives the Board an overview of the direction of travel and key priorities for delivery.

The definitive guidance and submission template are still awaited, but a draft plan is ready, in anticipation of the release of the national guidance from NHS England.

The Executive Summary and Plan on a Page have been updated in line with the 2017-19 Integration and Better Care Policy published in March 2017.

2. Recommendations

That Rotherham Health and Wellbeing Board is asked to:

- (I) **Note the contents of the BCF Executive Summary and Plan on a Page and give any relevant feedback.**

3. Introduction/Background

The Executive Summary (Appendix 1) and Plan on a Page (Appendix 2) gives an overview of the drivers of the integration agenda and also the vehicles which are being used to achieve the outcomes.

In particular the BCF Plan 2017/19 has been amended to include:

- Evidence from vanguards - such as enhanced care in care homes
- Change to use the terminology of Integrated Personal Commissioning (IPC) to define holistic, personalise care and support planning
- Recognition of the clear direction that the Better Care Fund is wider than just Rotherham and is aligned with integration work around the Sustainable Transformation Plan (STP) footprint, Rotherham Place Plan and the Accountable Care System. This is now clearly reflected in the BCF plan.

4. What are the Key Priorities for 2017-19?

There are 9 key priorities contained within the BCF Executive Summary as follows:

1. A single point of access into health and social care services#
2. Integrated health and social care teams
3. Development of preventative services that support independence
4. Reconfiguration of home enabling service and strengthening the 7 day social work offer
5. Consideration of a specialist reablement centre incorporating intermediate care
6. An integrated carers support service
7. A single health and social care plan for people with long term conditions
8. A joint approach to care home support
9. A shared approach to delayed transfers of care (DTC)

5. List of Appendices Included

Appendix 1 BCF Executive Summary

Appendix 2 BCF Plan on a Page

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Better Care Fund

2017/19

Executive Summary

Local Authority

Rotherham Metropolitan Borough Council

Clinical Commissioning Group

Rotherham Clinical Commissioning Group

2017/19

1. Better Care Fund 2017/19

The Better Care Fund (BCF) provides us with an opportunity to further improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and in doing so, providing them with an improved service and better quality of life. All of the partners involved in the Better Care Fund are committed to achieving this through a strong focus on implementing services which deliver early intervention and prevention, as well as information and enablement. We will build resilience by empowering individuals, families and communities, and provide better support for carers so that they can continue in their caring role.

The BCF will enable us to implement effective joint commissioning services across the Council and CCG which will drive the integration of services. This will bring together specialists within multi-disciplinary working arrangements from primary care, social care, community health services and the voluntary sector. We will expand community-based services and reduce reliance on the acute sector.

The Rotherham BCF Plan is consistent with the wider integration agenda and encompasses the aims of the NHS Five Year Forward View, the local Integrated Health and Social Care Place Plan, Yorkshire and Humber Sustainability and Transformation Plan, Health and Wellbeing Strategy, Carers Strategy and individual organisations' strategies. The Forward View emphasises the need to develop new care models to support integration. A central theme of our plan is the further development of integrated service models, intermediate care services, locality teams, rapid response, carer support and first point of access. The plan is also focussed on improving the management of transfers of care and reducing delays.

2. Local Priorities 2017/19

The overarching vision for Rotherham's BCF Plan can be translated into the following local priorities. These are aligned with the outcomes set out in Rotherham's Health and Wellbeing Strategy and Rotherham's Integrated Health and Social Care Place Plan:

1. An integrated health and social care delivery system which promotes joint working
2. An integrated commissioning framework with joint outcomes and service specifications
3. More care and support provided in people's homes
4. Integrated care planning that addresses physical and psychological wellbeing
5. Individuals and families taking more control of their health and care
6. Accurate identification and active case management of people at high risk of admission
7. Social Prescribing
8. Broader use of new technology to support care at home
9. A financially sustainable model that targets resources where there is greatest impact

The integration work that brings together Rotherham Metropolitan Borough Council and Rotherham Clinical Commissioning Group through the Better Care fund is a fundamental aspect of pooling budgets and resources to ensure that we have a robust alignment across the health and social care system in Rotherham. This opportunity enables us:

- To reduce duplication and target resources effectively and efficiently to impact on the lives of those that need it the most
- To ensure there is a greater impact on prevention
- To have a systematic approach to the sustainability of social care and health systems which shares responsibilities with partners, community and voluntary sector organisations, and supports residents to take control of self-care and self-management.

3. Key Developments 2017/19

In order to deliver the local priorities the following developments will be focussed upon. These include:

3.1 A single point of access into health and social care services – one hub that citizens of Rotherham who have concerns about their own or others health and social care needs can contact to receive immediate advice.



3.2 Integrated health and social care teams – This team (community nurses, community matrons, social workers and allied health professionals) and has been piloted to support the Health Village. It is co-located and supporting the same population as the current community nursing locality team. The team has a single line management structure and joint service specification. A portal has been developed that can store the integrated care plan and provide full visibility on the range of work being done on the individual.



3.3 Development of preventative services that support independence - The ambition is to integrate the Community Occupational Therapy service into the locality model, and working closely with adult social care provide additional resources into the Local Authority’s Single Point of Access by signposting potential or existing service users to other alternative services and to reduce home care packages by selecting alternative solutions to address needs.



We have also commissioned an innovative web-based tool to help us to encourage people to maximise their independence by acting early. The working title is “I-age-well-Rotherham”, which will be used with people across the health, social care and voluntary sector workforce.

We have recently established a mental health social care prescribing pilot creating opportunities for mental health service users to sustain their health and wellbeing outside secondary mental health services.

3.4 Reconfiguration of the home enabling service - We will implement the outcomes of a recent service review, ensuring that the service is fit for purpose, promotes value for money and is able to provide timely support to hospital discharges 7 days a week. The service will support people to



maximise their independence using the “i-age-well” tool. We will link the service with mental health services, providing important psychological support to people who struggle with motivation or depression.

3.5 Consideration of a Specialist Reablement Centre incorporating Intermediate Care - We will further review our intermediate care offer considering other community bed-based provision



such as the nurse-led provision (Community Unit and Breathing Space) in conjunction with the review of hospital to home (Integrated Rapid Response). This is to ensure that services are future proof and fit for purpose. We will ensure that the right number of beds are commissioned to meet demand, more flexible eligibility criteria is in place, increased provision of services in the home and more choice of housing. A further review and reconfiguration of intermediate care will include ‘trusted assessor’ approach to referrals.

3.5 A Single Health and Social Care Plan for People with Long Term Conditions - We will develop integrated health and social care plans for people on the long term conditions case management programme. Now that social care and health records can be matched using the NHS number there is an opportunity to develop single care records and care plans. Using integrated care planning we can avoid duplication and multiple monitoring regimes.



3.6 A Joint Approach to Care Home Support - We will carry out targeted interventions on residential and nursing homes who are outliers on emergency admissions. We will support



GPs in the case management of patients who are at high risk of hospital admission. The Care Co-ordinator will combine advanced clinical nursing and therapy practice with the co-ordination of personalised and integrated care plans. We will support care homes in meeting the needs of residents with organic and functional mental health problems. We will deliver an extensive and comprehensive training programme agreed with CCG and the Council’s commissioners. Build strong links with care home sector

to enhanced health in care homes – trusted assessor, enhanced skills for staff, Clinical Quality Advisor. We will have clear protocols with Rotherham’s integrated stroke care pathway so that patients discharged from the stroke unit into residential/nursing care receive continued support and are reviewed after 6 months. Such patients are likely to have substantially different needs from those who return to their own home so the focus of intervention will be different.

3.7 A Joint Approach to Care Home Fee Setting – Residential and Nursing Care Placements and Domiciliary Care- The Local Authority and the CCG will develop a joint approach to fee setting of care home placements for residential, EMI, nursing, FNC, CHC placements and domiciliary care packages in light of the increase in the National Living Wage since April 2016 and the introduction of compulsory employers’ contributions to pensions from April 2018.

- 3.8 *Development of a joint medication administration policy for people receiving care at home -*** Rotherham Council, Clinical Commissioning Group and the Rotherham Foundation Trust will work together to review the medication policy for domiciliary care services. They will develop a business case to upskill care workers to administer medications which will reduce the burden placed on District Nurses and Pharmacists. The initiative will support safe hospital discharge, help prevent admissions to residential care and acute hospital beds and support appropriate and safe administering of medication in the community to help people stay at home longer.
- 3.9 *A Shared Approach to Delayed Transfers of Care (DTC) –*** There is a clear action plan to address this in 2017-19. We are currently reviewing the effectiveness of the Memorandum of Understanding (MoU) through audits of particular ward discharge processes. This robust review process will ensure that the Trusted Assessor model is embedded, and provide evidence of the need for discharge co-ordinators on each ward (currently being piloted) to support the Transfer of Care Team (which incorporates the Hospital Social Work Team). We have evaluated our local health and social care offer against the High Impact Change Model in 2016 and this contributed to the development of a local action plan delivered by the A&E Delivery Board members.
- 3.10 *Reduction in the cost of Learning Disability high cost care packages and commissioning of sheltered housing to promote the independence of people with learning disabilities –*** The current service offer in Rotherham is moving towards promoting independence, but is still heavily reliant on a residential care rather than independent living approach. Further work will need to be undertaken to support adults to make different choices and to optimise their independence in a safe way i.e. supported living.
- 3.11 *Increase in the Uptake of People with a Personal Health Budget and Direct Payments -*** Plans are in place through existing target groups and projects, which in part is increasing the uptake of Personal Health Budgets in groups where we already have an agreed process. From 2017 onwards plans will be developed to expand health budgets to groups which will benefit. Current targets of expansion will be monitored by the BCF Operational and Executive group.

There is also opportunity to jointly develop the approaches between the CCG and the Council for personal budgets and self-directed support, which is part of the Adult Care Improvement Plan. The membership of the CCG PHB working group (working on development and governance) is being expanded to include the Council with a view to rolling out PHBs to the wider population.

4 National Conditions

The number of National Conditions has reduced from 8 to 4 for 2017-19 these include:

- **Condition 1- A jointly agreed plan-** A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board. This includes that all minimum funding requirements are met, full involvement from other key stakeholders such as providers, housing authorities and the voluntary and community sector and that the CCG minimum contribution to increase, in line with CCG overall budgets. It also includes agreement on use of the Improved Better Care Fund (IBCF) funding to ensure that local social care provider market is supported and agreement on use of DFG funding.
- **Condition 2- Social Care Maintenance-** Real terms maintenance of transfer of funding from health to support adult social care. This applies to the CCG minimum contribution, uplift of minimum required contribution from 2016/17 baselines in 2017/18 and 2018/19 and local areas can agree higher contributions.
- **Condition 3- NHS Commissioned Out of Hospital Services-** Requirement to ring-fence a portion of the CCG minimum to invest in Out of Hospital services. This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – can include social care. Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan.
- **Condition 4- Managing transfers of care (new national condition).** Ensuring people’s care transfers smoothly between services and settings. This requires all local areas to implement the high impact change model which is also a condition of the Improved Better Care Fund.

5. Measuring Success – BCF Metrics

As part of the Better Care Fund Plan we will measure against the national metrics and Rotherham’s agreed local metrics. New metrics are still in development including outcome metrics, user experience and process measures, but it is anticipated that the following metrics will still be measured.

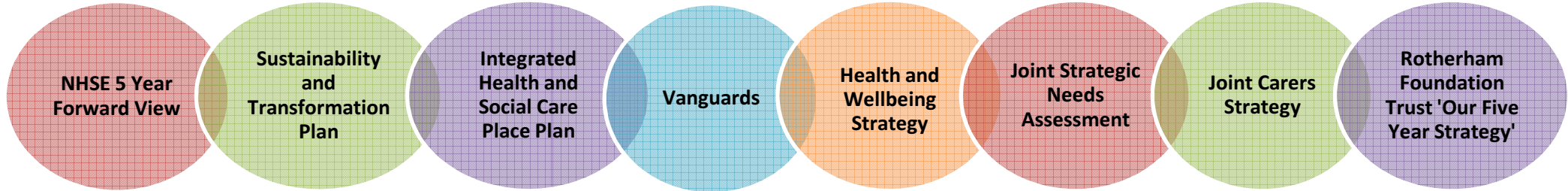
- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care

The detailed definition of the non-elective admissions (NEA) metric is set out in the Planning Round Technical Definitions. The level of non-elective activity which BCF plans seek to avoid, in addition to reductions already included within the calculation of CCG operating plan figures, are clearly identified in the BCF planning return. The detailed definitions of the other three metrics are set out in the table below:

Metric	Numerator	Denominator
1 Admissions to residential and care homes	Sum of the number of council-supported people (aged 65+) whose long-term support needs were met by a change of setting to residential and nursing care during the year. Data from Short- and Long-Term Support (SALT) collected by HSCIC	Size of the older people population in area (aged 65 and over). This should be the appropriate ONS mid-year population estimate or projection
2 Effectiveness of reablement	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move on/back to their own home who are at home 91 days after the date of their discharge from hospital.	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move back to their own home.
3 Delayed transfers of care	Total number of delayed days (for patients aged 18+) for all months of baseline period	ONS mid-year population estimate (mid-year projection for 18+ population)

Claire Smith, Head of Adult Commissioning

May 2017



BETTER CARE FUND – INTEGRATING HEALTH AND CARE

Prevention and Early Intervention	Integrated Care for People with Long Term Conditions	Hospital Discharges and Reablement	Joint Commissioning Arrangements
<ul style="list-style-type: none"> ▪ The development of a single point of access into health and social care services; including the Integrated Rapid Response service. ▪ The development of preventative services that support independence eg 'Shaftesbury House Short Stay Project' and the introduction of the 'I Age Well Tool'. ▪ A review of all community therapy services including remodelling of Community Occupational Therapy (COT), ICES (integrated Community Equipment Service) and Wheelchair service. ▪ Continued expansion of the Social Prescribing programme. ▪ Implement actions in the Joint Carers Strategy 	<ul style="list-style-type: none"> ▪ The development of integrated health and social care teams – The Health Village Project. ▪ The development of a single health and social care plan for people with long term conditions. ▪ The improvement of quality of care through a joint approach to care home support – Enhanced Health in Care Homes. ▪ The provision of dementia support services to promote independence. ▪ The Commissioning of sheltered housing to promote the independence of people with learning disabilities. 	<ul style="list-style-type: none"> ▪ The reconfiguration of the home enabling service to support hospital discharges seven days a week. ▪ The consideration of a specialist reablement centre incorporating intermediate care. ▪ Further review and reconfiguration of intermediate care to include trusted assessor approach to referrals. ▪ Build strong links with care home sector to enhance health in care homes – trusted assessor, enhanced skills for staff, health quality officer. ▪ Implement High Impact Change Model 	<ul style="list-style-type: none"> ▪ To have a shared approach to delayed transfers of care (DTOC). ▪ The development of joint commissioning around fee setting of domiciliary care, residential, nursing home and CHC placements. ▪ The development of a joint medication administration policy for people receiving care at home. ▪ The increase in uptake of people with personal health budgets, Integrated Personal Commissioning Plans and direct payments. ▪ The reduction in the cost of learning disability high cost care packages. ▪ Clear governance and accountability arrangements for new models of care – Accountable Care System
What are the outcomes?			
To reduce the number of permanent admissions to residential and nursing care homes.	To increase the number of older people still at home 91 days after hospital discharge.	To reduce the number of delayed transfers of care from hospital.	To reduce the total number of emergency admissions and readmissions to hospital.

TO IMPROVE CARE