

Public Document Pack

Health & Wellbeing Board

Wednesday, 4th September, 2019
5.30 pm

AGENDA

1. Welcome and Apologies

To welcome those present to the meeting and receive any apologies for absence.

2. Minutes of the Meeting held on 18th June 2019

To approve as a correct record and to sign the minutes of the meeting held on 18th June 2019.

Minutes 18th June 2019

3 - 8

3. Declarations of Interest

To receive any declarations of interest

Declarations of Interest

9

4. Actions from the Previous Meeting

4.1 Better Care Fund Update

To receive an update on the Better Care Fund.

Better Care Fund update

10 - 17

5. Public Health Annual Report- Next Steps

To receive a presentation from the Director of Public Health.

6. Live Well Update

To receive a presentation from the Director of Adults and Prevention

7. Local Area SEND Inspection.

To receive a presentation from the Head of Service,

Education.

8. Suicide and Self Harm Prevention Strategy 2016-19-Review

To receive a report from the Public Health Consultant

_Report_Suicide Self-Harm Prevention Strategy_Sept 2019_V0.3 18 - 41

Appendix 1_Sep 2019

Appendix 2_Sep 2019

Appendix 3_Sep 2019

9. General Updates From Board Members

10. Date and Time of the Next Meeting.

To Note that the next meeting of the Board has been arranged to take place on 4th December 2019 at 5.30pm in the Town Hall Blackburn.

Date Published: 28th August 2019
Denise Park, Chief Executive



BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD MINUTES OF A MEETING HELD ON TUESDAY, 18th JUNE 2019

PRESENT:

Councillors	Mohammed Khan (Chair)
	Maureen Bateson
	Julie Slater
Clinical Commissioning Group (CCG)	Roger Parr
Lay Members	Joe Slater
Voluntary Sector	Vicky Shepherd
Council	Gifford Kerr
	Jayne Ivory
	Kerry Riley
	Sayyed Osman
	Laura Wharton
Age UK	Vicky Shepards

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Cllr Desai, Damian Riley, Angela Allen and Julie Higgins

2. Minutes of the meeting held on 5th March 2019

RESOLVED – That the minutes of the last meeting held on 5th March 2019 were agreed as an accurate record and were duly signed by the Chair.

3. Declarations of Interest

There were no declarations received.

4. Public Questions

The Chair informed the Board that no public questions had been received.

5. Age Well Update

The Director of Adults and Prevention, Sayyed Osman, gave an update on the Age Well Steering Group. It was noted that there were 7 priorities for the Age Well Steering Group including:

- Age Friendly Place
- Dementia
- Social Isolation
- Digital Inclusion
- Poverty and Housing
- Promoting Healthy Life Expectancy
- Oversight of End of Life Care

The Committee were informed of the challenges and the next steps for the Age Well Steering Group

RESOLVED - That the Director of Adults and Prevention, Sayyed Osman, be thanked for his presentation

6. Local Area SEND Update

The Director of Children's Services, Jayne Ivory, gave an update on the SEND inspection Briefing. It was noted that Ofsted and the Care Quality Commission (CQC) were tasked to provide an independent external evaluation of how well a local area effectively carried out and met their duties in relation to children and young people with SEND.

The inspection started on 17th June and will conclude on 21st June. To review progress against the implementation of the SEND reforms and outcomes for children and young people a series of meetings/visits will take place. The meetings and visits timetable will usually involve:

- Staff from adult and children's social care, health and education
- Children and young people aged 0-25 with SEND and their parents/carers
- Early years providers, including children's centres
- Schools
- Pupil Referral Units and alternative providers
- Colleges
- Respite/short-break providers
- Health providers
- Parent Carer Forum

Key lines of enquiry will be determined by the lead inspector, informed by information gathered from the local area's Annual Peer Review Self Evaluation Report, the parent/carer webinar and other sources of information including:

- Outcomes (as described in the Code of Practice) for children and young people with SEND
- Attendance and exclusion information
- Data relating to the identification of SEN at SEN support and education, health and care (EHC) plan levels
- Evaluations from service users and how these have influenced commissioning and changes to service delivery
- Information about the destinations after leaving school, including about young people not in education, employment or training
- Performance towards meeting expected timescales for statutory assessment
- Inspection reports for the local area, its services and providers
- The published local offer
- The local authority short break statement
- Schools' and nurseries' published SEN information reports
- The joint strategic needs assessment
- The joint health and well-being strategy
- SEND strategic plans devised and used by the local area
- The level of appeals to the First-tier Tribunal (Health and Social Care Chamber) (Special Educational Needs and Disability), including cases resolved prior to tribunal hearing. Also, the level of appeals at the Single Route of Redress
- Complaints to Ofsted and the CQC
- Any relevant serious case reviews and their outcomes

RESOLVED – That the Director of Children's Services, Jayne Ivory, to present an update at the next Health and Wellbeing Board meeting

7. Lancashire and South Cumbria Children and Young People's Wellbeing and Mental Health Transformational Plan 2015-2020/21

The Plan aims to improve the resilience, emotional wellbeing and mental health of children and young people, especially those who are at increased risk due to their vulnerability, making it easier for them and their families to access help and support when they need it and improving the standard of mental health services across Lancashire and now, South Cumbria.

It was noted that there were four key areas of work going forward to 2021;

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Ensuring appropriate support and intervention for CYP in Crisis
- Improving Service Quality

Building on the Future in Mind principles of promoting, protecting and improving our children and young people's mental health and wellbeing, the programme has adopted the THRIVE model to underpin the development and redesign of services. THRIVE wraps services around children and young people allowing access to the correct level of support at the time that it is needed using a multiagency model.

RESOLVED – That the Health and Wellbeing Board noted and endorsed the content of the report.

8. Public Health Annual Report

The Consultant in Public Health, Gifford Kerr, gave an update on Public Health 2018/19. It was noted that the 2018/19 report addresses the growing issue of child poverty, which is a matter of increasing concern across the UK. It coincides with the publication of modelled estimates suggesting that Blackburn with Darwen has the fifth highest child poverty of any UK local authority, and Bastwell the highest of any ward.

The report looked at how child poverty was defined and measured, examines national trends including the effect of ‘austerity’ policies, and presents evidence on the causes and effects of child poverty, including the effects upon health.

It was recommended that the Health and Wellbeing Board should champion partnership work to tackle child poverty. This work should follow good practice guidelines, target identified drivers of child poverty, and aim to either ‘prevent’ or ‘undo’ the problem, or ‘mitigate’ its impacts. An ambition is expressed to close the child poverty gap between Blackburn with Darwen and the rest of the country by 2030.

RESOLVED – That the Consultant for Public Health to present an update at the next Health and Wellbeing Board meeting

9. PAN Lancashire Health and Wellbeing Board

The Public Health Specialist, Laura Wharton, gave a verbal update on the PAN Lancashire Health and Wellbeing Board. It was noted that there was concern regarding the Integrating Care Partnership and moving forward with the Health and Wellbeing Board.

An update would be brought to the next Health and Well Being Board meeting.

RESOLVED - That the Director of Public Health to present an update report to the next Health and Wellbeing Board meeting

10. Joint Commissioning and Better Care Fund

The Committee received a presentation from Kathrine White on the Joint Commissioning and Better Care Fund and referred to the Delayed Transfer of Care (DToC). DToC relates to people staying in hospital longer than is needed once patients are well enough to leave.

It was noted that DToC was tracked and reported and the target to achieve was less than 3.5% which was monitored by NHS England. The target for Blackburn with Darwen was 2.62%.

It was reported that the reasons for patients being delayed are:

- 27.1% are due to a lack of completion of assessment in a timely manner – capacity and staffing issues
- 16% are due to a disputes between either the patient or family choice – patients have refused a reasonable offer
- 15% due to delay in next step to another NHS facility such as mental health, intermediate care or rehab services.

The second part of the presentation focused on residential admissions and that patients being discharged from hospital into residential care was high alongside the proportion of older residents in long term residential or nursing care. However, the overall quality of provision was good.

It was noted that in Blackburn with Darwen there was 26 care hours for Older people; 7 Nursing homes (4 supporting people with dementia) and 19 Residential Homes (10 supporting people with dementia) and the average occupancy was around 96%.

RESOLVED – That Katherine White be thanked for her presentation.

11. Sport England's Local Delivery Pilot

The Committee received a presentation on Pennine Lancashire's Local Delivery Pilot. It was noted that the pilot aimed to start with people and place, to focus on the inactive and under presented, as well as involve all of the partners.

The Together an Active Future pilot targeted certain audiences, in particular, people who were inactive, people with/or at risk of having mental wellbeing challengers and people affected by life events.

Over the next six to eight weeks there would be various activities scheduled such as:

- Together an Active Blackburn with Darwen workshop on 14th June which had 60 people booked on from a wide range of groups and organisations
- At least 2 further follow-up sessions planned to explore collaboration opportunities from 14th June
- Present to all 4 PCNs by end of July meeting cycle
- Blackburn with Darwen collaboration including leisure, PH, adults & prevention, VCFS & CCG colleagues to populate the Pathfinder plan templates informed by local insight, data, priorities and ideas shared from the engagement events.
- Support development of Place based approach in Blackburn Central ward alongside Social Integration programme

RESOLVED – That the Health and Wellbeing Board noted and endorsed the content of the report

12. Lung Health Check Programme for Blackburn with Darwen

The Committee received a presentation on Targeted Lung Health Checks within Blackburn with Darwen. It was noted that lung cancer had a poor survival rate and was the commonest cause of cancer deaths with around 35,000 deaths per year.

The lung health check was a 4 year programme aimed at people between the age of 55 and 74 that had ever smoked, which included 17,000 patients. The 17,000 patients would be invited to a Targeted Lung Health Check where half would attend and around 140 would be identified having lung cancer. The outcome for the health check is to save lives, improve lung health, stop smoking and reduce health inequalities.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: **Health and Wellbeing Board**

DATE: **4th September 2019**

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

Agenda Item 4a

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA Roger Parr, Deputy Chief Executive/ Chief Finance Officer
DATE:	4 th September 2019

SUBJECT: Better Care Fund Update

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a BCF Q4 2018/19 and Q1 2019/20 summary of the Better Care Fund (BCF) performance and delivery.
- Provide HWBB members with the BCF and iBCF Finance position at the end of Q4 2018/19 & Q1 2019/20.
- Provide an overview of the new National BCF Planning Requirements for 2019/20 with details of the refresh of the local BCF plan and timescales.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the End of Year BCF Q4 2018/19 and Q1 2019/20 finance position, performance metrics and supporting narrative with key challenges and achievements.
- Note the new national BCF planning requirements for 2019/20 and deadlines including the requirement to develop a refreshed BCF reporting template.
- Note the authorisation of BCF reporting planning and template by Councillor Mohammed Khan in September 2019.
- Agree to receive an updated Section 75 Agreement at the Health and Wellbeing Board meeting in December 2019.

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund Plan and managing performance against the required metrics and timetables from 2017-2020. The management of the plan is undertaken through Blackburn with Darwen's Joint Commissioning arrangements and governance structures.

A requirement of the BCF reporting is to complete quarterly template reports which have consistently been successfully submitted as per the national deadline and schedule. The reports demonstrate the progress made against each performance metrics, scheme and financial expenditure throughout the year.

The final quarter 4 2018/19 submission was submitted on 18th April 2019 following approval by Councillor Mohammed Khan. There were no requirements to submit a quarter 1 report for 2019/20 due to the

publishing of new BCF Planning requirements for 2019/20 in Spring/Summer.

This report outlines the implications of the new BCF Planning Framework 2019/20 which was published in July 2019 and outlined requirements to:

- 1) Review the 2017/19 BCF Plan to measure progress and develop future plans and schemes in line with national metrics and national conditions for 2019/20.
- 2) To refresh and agree joint pooled funding arrangement as part of the BCF plan under Section 75 of the NHS Act 2006 incorporating the increase in annual uplift of 5.3% for the 2019/20 budget.
- 3) Submit a new BCF Planning Template 2019/20 which incorporates iBCF and Winter Pressures grants by 27th September 2019.

The Blackburn with Darwen BCF plan 2017/2019 will be reviewed and updated in August 2019 and will include a summary of progress against the original objectives, highlight key achievements and learning points and set out clear plans for 2019/20. The revised plans are required to be approved by the Health & Wellbeing Board by the nationally set deadline of 27th September.

Due to tight timescales it is requested that the Blackburn with Darwen BCF Plan is approved by Councillor Khan as Chair of the Health & Wellbeing Board to enable submission within the national deadline. The final BCF Plan and Section 75 Agreement will be submitted for formal approval at the Health and Wellbeing Meeting on 4th December 2019.

4. RATIONALE

The Better Care Fund has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The Blackburn with Darwen Better Care fund Plan for 2017-19 builds on the development and delivery of integration across neighbourhoods, districts and the wider Pennine Lancashire Health and Care economy, as set out in the plan approved by the Health and Wellbeing Board on 26th September 2017.

In April 2019 the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government produced a Better Care Fund Policy Framework document for 2019-20 which sets out the way in which the BCF will be implemented in financial year 2019 to 2020. The Framework includes local guidance on finance, performance metrics, assurance and approval processes.

In addition, a BCF Planning Guidance 2019/20 document was published and provides a framework detailing requirements for local health and social care organisations on reviewing and implementing new BCF plans for 2019-20 as outlined in section 3 above.

The BCF plan 2019/20 will continue to support the local vision for Integrated Care to deliver effective, efficient, high quality and safe integrated care to enable the residents of Blackburn with Darwen to Live Longer and Live Better. The BCF vision contributes and builds on a whole health and care system which supports the Health and Wellbeing Board's Strategy.

5. KEY ISSUES

5.1 BCF and iBCF Pooled Budget Financial Summary for Qtr 4 2018/19 & Qtr 1 2019/20

5.1a Summary of Quarter 4 2018/19

The CCG minimum pooled budget requirement for 2018/19 was £11,381,000 which is included in the total BCF budget for 2018/19. The final outturn on BCF was £11,198,821, an under spend of £648,000, the detail

of which is reported below. In 2018/19 the iBCF allocation has been fully utilised.

The overall pooled budget for BCF revenue was fully utilised in year with the underspend of £169k on BCF schemes distributed in March 2019 50:50 between the Council and CCG in accordance with the Section 75 and agreement of JCRG.

The expected underspend on the BCF grant element of Disabled Facilities Grant is £648k due to the slippage of committed spending on DFG schemes. It is requested that this is carried forward into the new financial year to support the planned capital programme for the Authority. The slippage on DFG's arises in 2018/19 across both Adults and Children's DFG schemes mainly due to the timing of expenditure. This area of work is demand led, and therefore the rate can fluctuate which impacts on the timing of the completion of works and actual discharge of expenditure. However, the capital programme of the Council allows for the carry forward of resources from one year to the next and as this slippage is committed, it is expected to be fully discharged in the new financial year.

Allocations in the Core Spending Power recognised that authorities have varying capacity to raise council tax (including that through the adult social care precept). Further allocations of the Improved Better Care Fund were made following the Spring Budget. For Blackburn with Darwen the total allocations of Improved Better Care Fund are detailed below:

	Original iBCF	Additional iBCF for Social care – Spring Budget	Total
2017/18	£717,301	£3,589,451	£4,306,752
2018/19	£3,714,497	£2,186,064	£5,900,561
2019/20	£6,257,725	£1,081,454	£7,339,179

Allocations are paid directly as a specific Local Authorities grant and Local Authorities must meet the conditions set out in the grant determination as part of locally agreed plans. The grant must be spent on adult social care and used for the purposes of:

- meeting adult social care needs
- reducing pressures in the NHS – including supporting more people to be discharged from hospital in a timely way as a means to avoid Delayed Transfers of Care (DToC)
- stabilising the social care provider market

Reporting on use of the iBCF is undertaken via the BCF quarterly returns. Local Authorities must pool the grant funding into the local Better Care Fund and work with CCG's and providers in line with the Better Care Fund Policy Framework and Planning Requirements 2017-19.

The final 2018/19 budget for the BCF and iBCF pool was £19,020,957 and the final outturn was £18,372,598, an underspend of £648,359 on DFG, as reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 18th April 2019.

5.1b Quarter 1 2019/20

- The CCG minimum BCF pooled budget requirement for 2019/20 has recently been uplifted and is now confirmed at £11,992,199, an increase of £407k from the previously notified figure of £11,585,000.
- The DCLG have confirmed the DFG capital allocation for 2019/20 at £1,876,999.
- The 2019/20 budget for the BCF and iBCF pool is £21,856,736 including carry forwards.

The 2019/20 allocations as above plus carry forward amounts from 2018/19 are analysed as:

- Spend on Social Care - £7,003,391 (48.2%)
- Spend on Health Care - £4,690,426 (32.3%)
- Spend on Integration - £2,279,877 (15.7%)
- Contingency - £543,864 (3.8%)

The BCF budget for 2019/20 has been reviewed following further joint planning across LA, CCG finance and social care leads and includes inflationary uplifts. Any further pressures or savings identified in year will be shared between the LA and CCG in accordance with the S75 agreement.

The iBCF allocations are confirmed only until the end of 2019/20 financial year and therefore currently there is uncertainty about future funding levels. The discontinuation or shrinkage of this funding beyond March 2020 is an associated financial risk and the potential resultant detrimental budgetary impact is likely to be significant.

5.3 BCF Metrics Summary & Performance Metrics

5.3a BCF End of Year Summary & Performance Metrics 2018/19

Blackburn with Darwen Health and Social Care have continued to build and improved their joint working relationship through the robust governance structure and meetings to discuss joint commissioning, planning and finance as outlined in our BCG Plan 2017-19. The BCF Plan provides the pivotal architecture to the approved local commissioning and developments of our local models of care and subsequent delivery of the system.

The success of the delivery of the joint BCF plan is outlined in the delivery and progression of five key schemes outlined in our plan:

Scheme 1 - Integrated Neighbourhood Teams -

The Integrated Neighbourhood Teams (INTs) continue to develop across the 4 neighbourhood areas with good representation from GP's and practice nurses to support the case management of identified patients with long term conditions (including end of life patients). The INT's has expanded its core membership to third sector/health and wellbeing organisations. A new INT dataset and an analysis tool have been implemented to capture the activity and outcomes of INT. The 4 x co-located teams are finalising further IT system infrastructure changes and are due to be finalised in September 2019.

Scheme 2 - Integrated intermediate care and reablement –

Blackburn with Darwen have excelled in the implementation of a range of reablement, rehabilitation and recovery services with integrated step up and step down arrangements into and out of the hospital/community setting in place across the system. These services are co-located and working in an integrated manner with a range of other inter-dependant services/schemes which is managed by regular MDT meetings and via a newly implemented Trusted Assessment Document utilised by all appropriate services and professionals to support patients to stay fit and healthy in their own homes/settings.

Scheme 3 - Supporting people to move from hospital promoting independence –

There are five imperative schemes and services that provide assessment and discharge services which are well embedded and ensuring that the patient is at the heart so that the principle of 'no decision about me without me' is at the core of all the services and teams approach. These services include Integrated Discharge Team, Home First, Rapid Assessment Team, Reablement etc. The core aims of these services is to provide rapid access to a range of support services in the community setting (carers support, transforming lives, physio's, reablement etc.) including access to the new community equipment service provides a wrap around support approach to our patients that we are proud of.

Scheme 4 - BCF contributed positively to non-elective admissions

It is acknowledged that the non-elective admissions have surpassed original targets due to an intentional change to urgent care pathways by increasing the zero length stay (+20%) and decreasing the 1+ day stay. In order to understand this we have broken down the NEL admission activity and liaised with all key health and social care work streams including Urgent Care to understand the planned changes which have

impacted on the BCF original measure.

Scheme 5 - Review of Community Voluntary, Faith (CVFS) sector services

Blackburn with Darwen Council is working in partnership with the CCG and the Community Voluntary and Faith Sector have conducted a review of the current CVFS service offer has developed a new specification to deliver an improved CVFS offer. The overall aim of all VCFS commissioned services will be to support the pathway to preventative services and self-care – to enable people to stay happy, safe and well in their own homes. This is currently out to tender and will be a 3 year contract.

5.4 Summary of BCF Performance Qtr 4 2018/19

The table below provides a summary highlight of the BCF measures and achievements collated from March 2019 data with notes per target providing further narrative.

BCF Metric No	BCF Metrics Measures	Plan	Actual	2017/18 Annual target comparator
1	Reduction in non-elective admissions	18,083	19,418	Target- 17,951 Actual – 17,817
2	Rate of permanent admissions to residential care	176 admissions per year	198 admissions	235 admissions
3	Reablement – proportion of over 65 still at home after 91 days from hospital discharge	91.7 %	91.7%	91.4%
4	Delayed Transfers of Care	Total delayed days - 3444	Total delayed days - 4060	Plan – 3216 Actual - 3676

5.5 Narrative for BCF Metrics

Metric 1 Reduction in non-elective admission -

The zero length of stay activity is created an increase in activity this year. This is due a planned change in urgent care pathways in the Respiratory Assessment Unit (RAU) and more recently through the Ambulatory Emergency Care Unit (AECU) together with further increases through the Older Persons Rapid Assessment Unit. Performance remains strong in respect to the admission of 1 day or over. A query has been put forward to NHS England Regional Assurance lead to request a change in planned activity due to this being a deliberate change to the system who has advised that we cannot re-base our target for 2019/20 but advised that other areas are in a similar situation.

Metric 2 The rate of nursing and residential care home admissions (over 65 years)

Progress against the target shows a slight increase for all quarters but is lower than the 2017/18 total of 235. We ensure that each client entering long term care has been considered for a return to community living whether this is their own home or extra care, where appropriate. BCF has contributed to a range of services including reablement in reach, increased dedicated social work capacity and access to expanded therapy services to maximise the opportunity to return home. The aim of this is to provide either a period of

short term care or to avoid admission all together.

Metric 3 Proportion of older people who are still at home 90 days after discharge from hospital into reablement and rehab services

The BCF plan and local approach has been to increase the numbers of people who access a period of reablement to enhance personal independence and support people to live at home for as long as they wish and are able. This has been achieved through providing an integrated health and social care reablement service that links closely with early help support services including Voluntary, Community and Faith sector organisations. In line with the Integrated Care Vision we are developing Step up schemes for complex frail older adults to avoid hospital admissions, as well as Step down assessment, rehabilitation and recovery services.

Metric 4 Delayed Transfers of Care

The BCF Plan and the schemes that have been progressed and commissioned via BCF through joint planning and implementation have contributed to supporting the delivery against DToC, however due to the increase in demand and growing complexity of patients it has been challenging. Overall Delayed Transfers of Care (DToC) performance for the Acute Trust which has a separate measure of no more than 3.5% delayed days has broadly achieved nationally set targets in 2018/19.

Our challenges:

It is also recognised that there has been some challenges in relation to the delivery of the requirements and timescales of BCF and performance measures which are outlined below:

- Lack of consistent and available specialist workforce to provide a consistent delivery of service
- Implementation and streamlining IT systems but the co-location of our teams and schemes and services across the health and social care system has been crucial to our success this year.
- Growing complexity of patient needs with increased challenging behaviours such as dementia and other mental/physical health issues.

Our Successes:

- Extra care schemes are in place for people with both frailty and dementia needs. There is continual monitoring of admissions to ensure that this is an optimum pathways given the level of needs and risk the person presents.
- Growth and implementation of a range of Integrated Discharges Services to support Step up and Step Down services to keep people in their home.
- Truly integrated neighbourhood and community services which are co-located in the hospital and community settings.
- Development of Albion Mill as an enhanced integrated intermediate Care due to be operational from May 2020.
- Embedded Trusted Assessment Document across a variety of health and social care teams which is now being piloted in the Community Setting.
- Positive Metrics position against a growing level of need and complexity of health and social care needs.
- Implemented a new Integrated Neighbourhood Team dataset and an analysis tool to capture the activity and outcomes of INT and feed into the Primary Care Neighbourhoods and wider health and social care system.

The above performance will be reviewed and incorporated within the refreshed BCF Blackburn with Darwen Plan for 2019/20.

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. New planning guidance has been reported within the main body of this report with a deadline for submission of new BCF reporting requirements by 27th September 2019.

7. FINANCIAL IMPLICATIONS

BCF Pooled Budget Qtr 4 Position

The final 2018/19 budget for the BCF and iBCF pool was £19,020,957 and the final outturn as at 31 March 2019 was £18,372,598, an underspend of £648,359 in respect of the slippage of the DFG capital schemes. The final outturn position has been reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 18th April 2019.

BCF Pooled Budget Qtr 1 Position

No further financial implications have been identified for quarter 1. This report outlines the budget position at month 3. Future iBCF funding is not confirmed at present. Cessation or reduction of these allocations from April 2020 is likely to have a significant adverse impact potentially on budget setting.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place for 2019/20 between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally. This will be updated and presented to the Health and Wellbeing Board in December 2019 for final approval.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and advises that a refresh of the current Section 75 agreement is required to be approved by the Health and Wellbeing Board by December 2019.

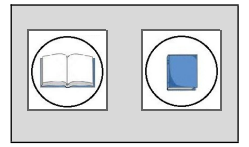
10. EQUALITY AND HEALTH IMPLICATIONS

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan. Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans. An updated EIA will be completed as part of the refresh of the local BCF 2019/20 Plan.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF 2019/20 plan.

VERSION:	1.0
CONTACT OFFICER:	Samantha Wallace-Jones
DATE:	23 rd August 2019
BACKGROUND PAPER:	



Agenda Item 8

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health & Wellbeing
DATE:	4 th September 2019

SUBJECT: Suicide and Self-Harm Prevention Strategy 2016-19 - Review

1. PURPOSE

To update the Board on progress made and key achievements from the Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy (2016-2019).

To provide an overview of the Lancashire and South Cumbria Integrated Care System (ICS) strategic approach to suicide prevention.

To outline the refreshed local priorities for the Suicide Prevention action plan.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD:

To note progress made and achievements resulting from the Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy 2016-19.

To approve the refreshed priorities and support the local strategy group to develop, monitor and implement the local suicide prevention action plan.

To request the support of Board members to attend the Blackburn Town Centre campaign event to demonstrate support for World Suicide Prevention Day on 10th September 2019.

3. BACKGROUND

Suicide and self-harm are important and long standing public health issues, both nationally and locally, and Blackburn with Darwen has continued to prioritise action to prevent suicides, and the devastating impact this has on families and communities. The national strategy '*Preventing suicide in England; A cross-government outcomes strategy to save lives*' (2012), identified the following key areas for action:

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

The Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy was based on these national priorities, but it was developed and localised through wide stakeholder consultation. The key aims of the local strategy are to reduce the suicide rates and provide better support for those bereaved or affected by suicide. The five local priorities include:

- Joint working and commissioning to develop clear, consistent and streamlined pathways across services
- Reduce the risk of suicide in at risk groups
- Focus on raising awareness and promoting mental wellbeing in the whole population and where relevant, tailor to different community groups and those identified as high risk by local data
- Support people bereaved by suicide and people affected by attempted suicide
- Support research, data collection and monitoring

The Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy (2016-2019) was approved by the Health and Wellbeing Board in 2016, and later launched on World Suicide Prevention Day on 10th September. Lead by Public Health and the elected member Mental Health Champion, the local suicide prevention strategy group has continued to meet regularly with good engagement and support from a wide range of health and wellbeing partners, including local residents.

Since then, the '*Five Year Forward View for Mental Health*' (2016) was published which set out clear recommendations on suicide prevention and reduction, and made a commitment to reduce suicides by 10% nationally by 2020/21 and announced a zero suicide ambition for mental health inpatients. In 2018/19, Lancashire and South Cumbria Sustainability and Transformation Partnership (STP), now known as the Integrated Care System (ICS), was given additional national funding to develop suicide prevention and reduction schemes due to being identified as having local communities worst affected by suicide.

Working closely with partners across Lancashire and South Cumbria, the ICS Mental Health and Suicide Prevention transformation team developed the Suicide Prevention Logic Model (2017) action plan with the aim of reducing suicides, reducing self-harm, and improving outcome for those affected by suicide (Refer to Appendix 1).

4. RATIONALE:

As the Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy has reached the end of its three-year term (2016-2019), the local strategy group has undertaken a review of progress and achievements made to date (See Section 5).

As part of the review, a wider stakeholder workshop was held to identify local priorities for action for 2020 onwards, which included:

- Young people through to adulthood especially those who are Lesbian Gay Bisexual Transgender (LGBT) and Children in Our Care
- More visible and supported community mental health champions, especially for LGBT and Black Asian Minority Ethnic (BAME) communities
- People with learning disabilities and autism
- More support for those bereaved by suicide

- Reducing stigma (including getting young people to talk about suicide and self-harm) especially amongst different faith groups, those who are LGBT, people who misuse substances and those in debt

During the life of this strategy, there has been a number of national and sub-regional policy developments resulting in increased national and local focus for improving mental health, suicide and self-harm prevention for both children and adults. It is now timely to review the local strategic approach to ensure alignment with the ICS Lancashire and South Cumbria Suicide Prevention Logic Model, in order to maximise the opportunities for joint working to achieve economies scale, and secure resource to improve outcomes for Blackburn with Darwen residents.

In addition, the local strategy group will review the key outcome work streams from the ICS Suicide Prevention Logic Model action plan, and identify actions for local delivery (See Appendix 1).

5. KEY ISSUES:

a. Data

Suicide

Data from Office of National Statistics (ONS) has shown a decrease in the rate of suicides in Blackburn with Darwen over time, from a high of 15.3 deaths per 100,000 persons between 2009-11, to a rate of 12.3 deaths per 100,000 persons between 2015-17. This now ranks Blackburn with Darwen Borough Council as the 4th highest local authority in the North West for its suicide rate (no significant difference to the England or regional rate).

The rate for men is higher than the rate for 'all persons' but again decreasing, with a high of 25.3 deaths per 100,000 men in the Borough between 2010-12 decreasing to 17.5 deaths per 100,000 men in 2015-17. This ranks the Borough 9th of the 23 upper tier local authorities in the North West (no significant difference to the England or regional rate).

Blackburn with Darwen has the highest female suicide rate in the North West for the latest period 2015/17 (16 deaths during this period, 7.9 deaths per 100,000 women living in the Borough) and the rate is increasing on previous years (no significant difference to the England or regional rate).

Self-harm

Since the 2016-19 strategy was published, hospital admissions as a result of self-harm for 10-24 year olds has dropped to its lowest level since 2011/12. The rate is not significantly different to the England or regional rate and is ranked 12th of the 23 upper tier local authorities in the North West (476.1 admissions per 100,000 10-24 year olds).

Emergency hospital admissions for intentional self-harm (all age) have been decreasing since 2011/12 but are still higher than the England rate. Blackburn with Darwen Borough Council is ranked 11th of the 23 upper tier local authorities in the North West with a rate of 229.8 admissions per 100,000 people living in the Borough. This is better than the rate for the North West.

For more detailed analysis of this data refer to appendix 2.

b. Achievements from the Suicide Prevention Strategy 2016-19

Priority 1: Joint working and commissioning to develop clear, consistent and streamlined pathways across services

- The ICS now has a CAMHS shared care pathway for all hospitals
- The substance misuse provider, CGL, commissioned by Public Health & Wellbeing now utilises routine inquiry to identify at risk clients

Priority 2: Reduce the risk of suicide in at risk groups

- Poverty, mental health & emotional wellbeing and vulnerable groups are priority areas for the H&WBB for 2018/21
- Public Health & Wellbeing commissioned Lancashire MIND to conduct focus groups with men during the 'Time to Change' campaign (reducing stigma associated with mental health, national campaign, Oct 2017 – March 2018) and further established the 'Be in Your Mates' Corner' campaign. Feedback was very positive from these men who were grateful they had been asked openly.
- Public Health & Wellbeing have commissioned a total of 400 licenses for Big White Wall which is an on-line anonymous, stigma free mental health support network for people aged 16yrs+. It offers peer support through an online community; resources for self-management; information and advice; guided support programmes on a range of common issues and is monitored 24/7 by trained clinicians.
- The Council have commissioned Shelter to provide debt advice to residents of the Borough, and Shelter have been trained in suicide prevention.
- Public Health & Wellbeing have commissioned Re-Align Futures to deliver suicide and self-harm prevention training, mental health and youth mental health first aid training in schools, to elected members, council staff and to the VCFS in Blackburn and Darwen. Approximately 360 people have been trained under this commission so far, including 85 teachers, 15 elected members, 60 council staff and 200 volunteers.

Priority 3: Focus on raising awareness and promoting mental wellbeing in the whole population and where relevant, tailor to different community groups and those identified as high risk by local data

- Five ways to Wellbeing have been embedded into all Public Health & Wellbeing internal agreements.
- Zero Suicide Alliance training is now available on-line for all staff on the intranet and for all Blackburn with Darwen Borough Council's residents on the council's internet, Facebook and Twitter pages.
- The Council's 'World Suicide Prevention Day' (WSPD) campaign 2018 was a huge success and involved a 40 second silence outside the Town Hall, with guest speakers. This was replicated at a live televised Blackburn Rovers match on SKY TV which led to further publicity in the national press.

Priority 4: Support people bereaved by suicide and people affected by attempted suicide

- Since April 2019, AMPARO has been commissioned by the ICS to offer immediate support and advice to Blackburn with Darwen Borough Council's residents bereaved by suicide.

- The ICS webpage now has a link to all bereavement support services across Lancashire and South Cumbria

Priority 5: Support research, data collection and monitoring

- Blackburn with Darwen Borough Council public health now received real time suicide surveillance data

c. **World Suicide Prevention Day (WSPD) 2019**

Building on the achievements of the 2018 WSPD campaign, the 2019 WSPD campaign will be even bigger, starting with a multi-faith service at Blackburn Cathedral to honour the 46 people who have lost their lives to suicide over the last three years. Replicating events in Liverpool at their King George's Hall event for WSPD, 46 pairs of shoes will be placed by school children on the steps and surroundings of Blackburn Town Hall following the end of the 40 second silence – to represent the fact that around the world, every 40 seconds, someone will die by suicide. There will be guest speakers and members of the Samaritans, the ambulance service, and the police will be present. A performing arts event will close the ceremony.

6. POLICY IMPLICATIONS

- Preventing suicide in England; A cross-government outcomes strategy to save lives (2012)
- Five Year Forward View for Mental Health (2016)

7. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

8. LEGAL IMPLICATIONS

None

9. RESOURCE IMPLICATIONS

None

10. EQUALITY AND HEALTH IMPLICATIONS

Not applicable.

An Equality Impact Assessment was completed for the Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy (2016-19).

11. CONSULTATIONS

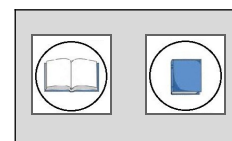
- Blackburn with Darwen Partnership Suicide and Self-Harm Prevention Strategy Group
- Stakeholder workshop held on 4th July in Blackburn
- Blackburn with Darwen Suicide Safer Schools and Colleges task group
- Blackburn with Darwen World Suicide Prevention Day Campaign task group
- ICS Lancashire & South Cumbria Suicide Prevention Oversight Group

VERSION:	0.3
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CONTACT OFFICER:	Shirley Goodhew / Gillian Kelly
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DATE:	27/07/2019
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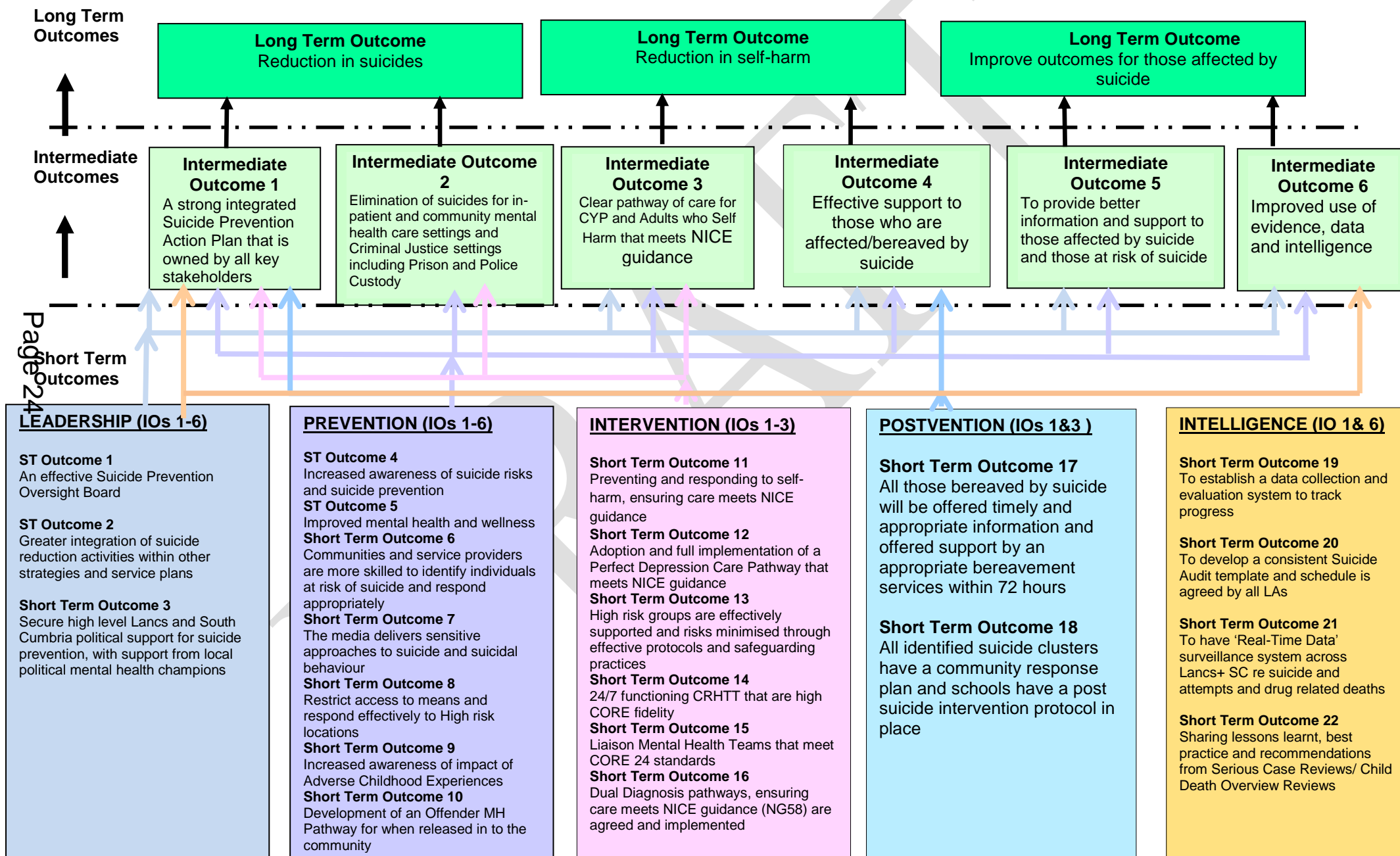
BACKGROUND PAPER:	<ul style="list-style-type: none">• Lancashire & South Cumbria Integrated Care System Suicide Prevention Logic Model (appendix 1)• Blackburn with Darwen Borough Council suicide & self-harm prevention strategy report H&WBB update September 2019 (appendix 2)• Blackburn Town Centre campaign event programme for World Suicide Prevention Day on 10th September 2019 (appendix 3)
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DRAFT

Lancashire and South Cumbria STP
Suicide Prevention Logic Model

Vision Lancashire and South Cumbria residents are emotionally resilient and have positive mental health



LEADERSHIP

Long Term Outcomes	Reduction in suicides		Reduction in self-harm		The impact of suicide, on those affected by it, is relieved	
Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence
Short Term Outcomes	Short Term Outcome 1 An effective Suicide Prevention Board		Short Term Outcome 2 Greater integration of suicide reduction activities within other strategies and service plans		Short Term Outcome 3 Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health and suicide prevention champions	
Signs of success	6 SP Oversight Board meetings held each year LA Safeguarding Boards are provided with regular updates on progress		Suicide Prevention Commitments and Statements are included in all key stakeholders policies and strategies i.e. HR Policies Every organisation has a suicide prevention policy for staff		All H&WB have agreed the content and signed up to support the delivery of the Lancs and SC SP Action Plan All LAs have a MH and Suicide Prevention Elected Member Champion	
Reach	Key Stakeholders, Safeguarding Boards, LA Suicide Prevention groups, STP Governance meetings, Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWS, CYP service, Commissioners and 3rd Sector services, Local Communities		Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWS, CYP service, Commissioners and 3rd Sector services, Private Sector (particularly Construction, Carer Organisations)		Local Authorities- Health and Well Being Boards, Elected Members, Local Communities,	
Output ↑	Commitment from all key stakeholders to reduce and prevent Suicides		Suicide Prevention is seen as the responsibility for all in Lancs+ SC		Elected Member Mental Health and Suicide Prevention champions in each of the LAs	

<p>Activity</p> <p>↑</p> <p>Page 26</p>	<p>Bi Monthly SP Oversight Board meeting</p> <p>To attend at each Health and Wellbeing Board to seek support for the Lancs and SC STP action plan action plans</p> <p>To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/ implementation of the Suicide Prevention STP Plan</p> <p>Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan</p> <p>Strategic Leads across Lancs and SC to consider to sign up to the No More Zero Suicide Alliance</p>	<p>To develop a Suicide Prevention narrative and key areas for action for strategies and plans where suicide and suicide prevention is a related issue or risk e.g. drugs and alcohol, long-term conditions (</p> <p>Key stakeholders to audit current policies and procedures to establish if suicide prevention/ risk of suicide is included</p> <p>Mapping of key stakeholders data to allow for segmentation and targeting for those high at risk of suicide</p>	<p>Define the role of Mental Health and Suicide Prevention Champion</p> <p>LA PH Leads to present the role and expectation to LA Cabinet meetings</p> <p>To identify Elected Members that will take on the role of Mental Health and Suicide Prevention Champion</p> <p>Train the MH/ Suicide Prevention Champions</p>
<p>Inputs</p>	<p>Officer time to attend meetings</p> <p>Officer time to produce update reports</p> <p>Financial</p>	<p>Officer time to conduct audit of policies</p> <p>Analytical</p>	<p>Training of Mental Health and Suicide Prevention Elected Member Champions</p> <p>Officers time</p> <p>Financial</p> <p>Training</p>

PREVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	The impact of suicide, on those affected by it, is relieved
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Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence
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Short Term Outcome	Short Term Outcome 4	Short Term Outcome 5	Short Term Outcome 6	Short Term Outcome 7	Short Term Outcome 8	Short Term Outcome 9	Short Term Outcome 10
Page 27	Increased awareness of suicide risks and suicide prevention	Improved mental health and wellness	Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately	The media delivers sensitive approaches to suicide and suicidal behaviour	Restrict access to means and respond effectively to hotspots	Increased awareness of impact of Adverse Childhood Experiences (ACEs)	Development of an Offender MH Pathway for when released in to the community
Signs of success	<p>% of people who report that they are more aware of who is at risk of suicide and ways in which that it can be prevented</p> <p>Decrease in Suicide rates across the STP</p> <p>Increased awareness of the suicide audit</p>	<p>Increase in volunteering</p> <p>Increase in residents taking part in physical activities across the STP area</p> <p>Increase in those accessing Adult Learning opportunities</p> <p>5 Ways to</p>	<p>Specify number people trained in SP</p> <p>% who are trained who improved knowledge, skills confidence in identifying individuals at risk</p> <p>Specify number public sector organisations who agree to make SP training mandatory</p>	<p>Local Authorities and 4 local media organisations have pledged to adhere by the Samaritans suicide reporting guidance</p> <p>No of stakeholders that sign up and adopt the principles for the reporting of suicides</p>	Reduction in suicides in suicide hotspots	<p>Staff in key agencies have an increased awareness of ACEs and the impact that they have on CYP</p> <p>Increase in staff that report that they are able to support/ refer to services that will help CYP when an ACE is</p>	<p>Clear pathway for offenders to access MH services when released for custody, particularly for those that are high risk of suicide i.e. on suicide watch in the custodial estate</p> <p>Reduction in the number of suicides of</p>



	findings across all key stakeholders	Wellbeing embedded in commissioned services Increase in mental health awareness training	Specify number of people who are trained in the impact/ risk of Self Harm Number of hours of Protected Learning time allocated by CCGs for Suicide Prevention awareness training sessions			identified Increase in the number of services that are commissioned which include and monitors ACEs	prisoners on release from custody Offender Health Pathway protocol developed and signed off
Reach Page 28	Those more at risk of suicide: men, older, Private businesses; taxi, barbers Schools and colleges Prisons Substance misuse services , Local authorities, Primary and Secondary Health, DWP, CAB, 3 rd Sector Organisations	Universal – whole population Target services which address high levels of vulnerability eg Substance Misuse Services, Community Mental Health services, Wellbeing services	Targeted training- particularly middle aged men, building and trade contractors Local residents Elected Members Frontline Police/ A+E staff/ Secondary MH services/ Schools/ Primary Care	Communication Departments in all Key Stakeholder organisations Media Outlets	Local Communities Police/ NWS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police	Local Authorities Police Education 3 rd Sector organisations Commissioners- Health and Public Health Prisons Probation	Prisons, Police, Primary Care and Secondary MH Services, Local Authorities, Probation
Output ↑	number of events during Suicide Prevention Day Time to Change Campaigns embedded across Las Suicide Audit data publicised and shared Scoping exercise	Measure increase in mental health awareness training delivered Contracts have 5 Ways embedded Volunteer hours recorded across the system Uptake of physical activity (PHOF ?)	<ul style="list-style-type: none"> number of training sessions number of people trained Suicide Prevention awareness training is integrated in to mandatory training for all stakeholders i.e. module 	At least one of the following media organisations will sign a suicide prevention pledge re responsible reporting <ul style="list-style-type: none"> TV (That's Lancashire Channel) Newspaper Radio 	Number of Suicide high risk locations that are identified and target hardened	% of staff that are have attended ACE awareness training Number of services that are commissioned which include ACEs and are monitoring them	Clear pathway agreed for prisoners returning to Lancashire and South Cumbria to access MH Services Gaps identified Agreed protocol signed up to by Prison/ probation and Services

<p>Page 20</p> <p>Activity</p>	<p>of debt services completed</p> <p>Consistent debt advice available across the STP</p>		<p>within safeguarding training</p> <ul style="list-style-type: none"> • Trainings is targeted at building and trade companies and male dominated employers i.e. BT, Sellafield. • All localities in LANCS + SC have a SP training programme • All LAs have an Elected Member for Mental Health and suicide prevention 				
	<p>To undertake suicide prevention awareness raising during world Suicide Prevention Day</p> <p>To develop suicide prevention social marketing campaign material</p> <p>To deliver a “Time to Change” campaign as part of MH Awareness week</p> <p>Scoping of the level of debt advice support available across STP</p>	<p>Write 5 Ways into all relevant new service specifications</p> <p>Measure volunteer hours across STP</p> <p>Monitor changes in PHOF physical activity data</p> <p>Partnership to develop wider mental health training capacity (eg use of e learning tools).</p>	<p>Map out current ‘e’ learning suicide prevention training that is available/ being used</p> <p>To identify potential gatekeepers or champions for suicide prevention in local authorities,</p> <p>CCGs to allocate protected learning time sessions/ 1 hour session for Suicide Awareness/ REACH training to programmed</p>	<p>To host a meeting with key media organisations which focuses on suicide awareness and responsible media reporting</p> <p>To relaunch the Samaritans media guidance</p> <p>Standardised guidance document produced for reporting of suicides</p> <p>Principles of the reporting guidance adopted by all key agencies</p>	<ul style="list-style-type: none"> • Identify Top 10 high risk locations in Lancs and South Cumbria • Work with Network Rail, Coast Guard, BTP, Lancashire and Cumbria Police, Highways Agency, and Waterways Agency to reduce access in the top 10 high risk locations • Carry out Environmental 	<p>Raise awareness of ACEs i.e. what they and the long lasting impact they can have on CYP</p> <p>Include ACEs in future Suicide Audits</p> <p>Include ACEs in all relevant commissioned services that are being re designed</p>	<p>Mapping of current pathway</p> <p>Gaps identified</p> <p>Offender Health Pathway protocol developed</p> <p>Key Stakeholders agree and sign up to protocol</p>

	Identify gaps in debt/ money services Develop a standard/ universal approach to debt advice across the STP		statutory safeguarding training Develop a Suicide Prevention training programme which covers ACEs/ Self Harm/ MH First Aid/ ASSIST/ Safe Talk		Visual Audits of high risk locations		
Input	LA PH Teams LA healthy living services	Officer time LA PH teams and CCG Financial resources Data	Officers Time Financial resource	Samaritans Media organisations Communication departments in stakeholder organisations Officer time to produce the guidance and principles Senior Officers to agree and sign off	Data Officer Time Financial resource	ACE Training video Officer time to train staff	Officer time to undertake mapping pathway work Financial resource Technology

INTERVENTION

Long Term Outcomes	Reduction in suicides		Reduction in self-harm		Improved outcomes for those affected by suicide	
Intermediate Outcomes	Intermediate Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders		Outcome 2 Elimination of suicides for in-patient and community mental health care settings		Intermediate Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	
Short Term Outcomes  Page 31	Short Term Outcome 11 Preventing and responding to self-harm, ensuring care meets NICE guidance	Short Term Outcome 12 Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance	Short Term Outcome 13 High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices	Short Term Outcome 14 24/7 functioning CRHTT that are high CORE fidelity	Short Term Outcome 15 Liaison Mental Health Teams that meet CORE 24 standards	Short Term Outcome 16 Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented
	Signs of success Increased awareness among frontline workers regarding suicide risk factors and co-morbidities All A&Es have undertaken an audit 100% of patients presenting with self-harm have a full biopsychosocial assessment No of services that are NICE compliant identified LMH teams in acute hospitals have CYP specialists Self-Harm pathway mapped out for CYP and Adults	All patients receive NICE compliant treatment for depression	Reduced suicide ideation and behaviour Increased use of comprehensive risk and clinical assessments Increased family engagement and involvement in care Increased capacity for working with a person with suicidal thoughts Increased access to support for those not open to MH services Zero Suicides in any inpatient/ criminal justice	24/7 Crisis Care available for CYP and Adults that are high performing CORE fidelity teams. CRHT teams meet the NHS National Standards set out in the MH FYFV	CORE 24 LMH teams in each of the 4 Acute hospitals across Lancs and SC that also provide specialist CYP support LMH teams meet NHS England National Standards for CORE 24 that are set out in the MH FYFV	Dual Diagnosis pathway fully implemented and embedded into working practice Increased awareness of MH and Drug – Staff aware of the most appropriate pathways into service Service/Pathway meets NICE Guidance All workforce are confident to take on dual diagnosis role (Both MH and

	Self-Harm Service gaps identified		setting			Substance Misuse Staff)
Reach	A&E Departments, NWS, 3 rd Sector organisations, Lancashire Police, CYP services, Commissioners, LAs, Schools	MH Trusts, GPs, CCG Commissioners, IAPT services	A&E Departments, NWS, Primary Care, MH Trusts, families and those with lived experience, Housing, Substance Misuse services	Local Communities, LCFT, Police, NWS	Acute Hospitals, Primary Care, LCFT, Commissioners	Drug and Alcohol Services, Secondary Care, Service Users
Output  Page 32	<p>Number of A&E's have an audit of % of patients who present with self-harm who have had a full biopsychosocial assessment</p> <p>Number of services that are Self harm treatment compliant</p> <p>Increase in CYP resilience</p>	<p>LCFT/ CFT and respective commissioners have signed up to delivering the perfect depression care pathway</p> <p>No of GP practises that meet NICE compliance</p> <p>Baseline established of the number of people who are currently being treated with anti-depressants</p> <p>Baseline established for the number of PHQ 9 forms that are completed</p>	<p>Accessible services that are available 24 hours/ 7 days a week</p> <p>Increased improvement in Suicide Awareness</p> <p>Increase in the number of people trained</p>	24/7 fully resourced CRHTT that is accessible to CYP and Adults	LMH teams meet CORE 24 standards	<p>Number of staff that are trained in dual diagnosis</p> <p>Increase number of jointly managed cases by drug and MH services</p>
Activity 	<p>Establish current level of self-harm rates across Lancs and SC</p> <p>To identify "frequent" self-harmers accessing A&E Departments and NWS</p> <p>To review current self-harm support and interventions for adults and young people in LANCS + SC</p> <p>To undertake an audit in each A&E of implementation of Nice guidance relating to self-harm and psychological</p>	<p>To baseline data relating to services for depression, that is IAPT, antidepressant prescribing and suicide rates by postcode, evidence of application of NICE guidelines across primary and secondary care and days lost in employment in Lancs and SC</p> <p>To design with patients and stakeholders a 'perfect depression care</p>	<p>Review and modify current risk and clinical assessment tools to ensure consistency and comprehensiveness in MH Trusts</p> <p>To pilot a minimum/optimal standard for suicide risk assessment tools in primary care</p> <p>To develop a Lancs+ SC standard for suicide prevention in secondary care</p>	<p>To develop crisis care arrangements to enable access to 24/7 support for all-age groups particularly children</p> <p>To ensure that CRHTT are high CORE fidelity teams</p> <p>MH trusts should provide timely and appropriate treatment</p>	<p>To develop LMH implementation plan for 2018/ 2019</p> <p>Implement a Liaison Mental health team which has CYP specialists in Acute hospitals</p> <p>To recruit staff to meet CORE 24 LMH standards</p>	<p>Establish current baseline</p> <p>Develop dual diagnosis pathway that meets NICE Guidance</p> <p>Pathway signed off and agreed by MH steering group</p> <p>Pathway embedded into working practices</p>

	<p>assessments in A&E</p> <p>To review local self-harm care pathways against NICE guidance (CG133)</p> <p>To deliver suicide prevention and self-harm training for staff</p> <p>To develop an information sharing system between NWS and LA PH teams re number of attempted suicide/self-harm</p> <p>To develop a consistent system of sharing data with GPs from A&E and NWS (</p> <p>To develop a consistent response with primary care to those patients flagged as attempted suicide/self-harm from A&E and NWS</p>	<p>pathway' with key outcomes</p> <p>To secure sign up across all MH Trust providers and commissioners (mental health) for commissioning of this care pathway</p> <p>Establish a baseline for the number of patients that are currently being treated with anti-depressants and that the care meets NICE guidelines</p>	<p>To develop a process to enable learning from suicide attempts</p> <p>Consult and engage with families of those with suicidal ideation</p> <p>To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented</p> <p>To strengthen the management of depression in primary care</p> <p>To review local care pathways against Antenatal and postnatal mental health: clinical management and service guidance NICE guidance (CG192)</p>		<p>MH trusts should provide timely and appropriate treatment</p>	
Inputs	<p>Data analysts A&E departments and NWS, NHS England CORE 24 funding</p>	<p>Commissioners, MH Trusts, GPs, IAPT</p>	<p>Staff time to conduct audit of current policies</p>	<p>CCG Commissioner funding, LCFT</p>	<p>CORE 24 Transformation funding (2018/19), Acute Hospitals, A+E Delivery Boards, LCFT, Commissioners</p>	<p>CCG Commissioner funding, LA Public Health Commissioners, Drug and Alcohol Services, Secondary MH services</p>

POSTVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide
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Intermediate Outcomes	Intermediate Outcome 4 Effective support to those who are affected/bereaved by suicide		
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Short Term Outcomes	Short Term Outcome 17 All those bereaved by suicide will be offered timely and appropriate information and offered support by bespoke bereavement services within 72 hours	Short Term Outcome 18 All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place
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Signs of success Reach Output	Bespoke suicide bereavement service commissioned across Lancs and South Cumbria Increased number of those bereaved by suicide can access mainstream MH services/ Support Those bereaved by suicide, Commissioners of MH services, Commissioners of bereavement services/ Coroners/ Police/ NWS/ Public Health Leads/ LAs/ Prisons/ LCFT/ CFT Bereavement Support services mapped out Gaps identified Increase in the no of Help is at Hand books given out by services Bespoke Suicide Bereavement Service specification developed Consistent Referral for Suicide Bereavement adopted by Stakeholders	Reduction in the number of cluster suicides incidents Post Suicide Intervention adopted in all schools across Lancs and SC Coroner/ LA PH Leads, Police and specific stakeholders based on the circumstances/ need that are identified Key Leads identified in each organisation Standardised documents and process agreed for developing Community Response Action Plan
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<p>Review PHE Guidance for developing Community Cluster Action Plans</p> <p>Develop Standardised Suicide Prevention Community Cluster Action Plan procedure</p> <p>Define what is meant by a suicide cluster i.e. 2 or more/ same modus operandi (MO)</p> <p>All key stakeholders sign up, agree and implement procedure</p> <p>Development of post suicide intervention protocol in schools</p>
<p>Staff</p> <p>Financial</p>

INTELLIGENCE

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide
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Intermediate Outcomes	Intermediate Outcome 6 Improved use of evidence, data and intelligence		
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Short Term Outcomes ↑	Short Term Outcome 19 To establish a data collection and evaluation system to track progress	Short Term Outcome 20 A consistent Suicide Audit template and schedule is agreed by all LAs	Short Term Outcome 21 To have a 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths	Short Term Outcome 22 Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview and Domestic Homicide Reviews
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Signs of success ↑	Performance Management framework which monitors interventions and impact on Suicides across Lancs and SC	A consistent suicide audit data collection method which is adopted across Lancs and SC Regular Suicide Audits are conducted across Lancs and SC	Real time data Suicide and attempted suicide, drug related death Surveillance system in place Signed and agreed information sharing protocol Key stakeholders have an increased awareness of the suicide picture across Lancs and SC	Agencies have an increased awareness lessons learnt from Serious Case Reviews and Child Death Overview and Domestic Homicide Reviews
Reach	Suicide Prevention Oversight Board, STP Governance, NHS England, PH England	LA Public Health Leads Coroners Police	Police, NWS, LA PH Leads, Coroners, Commissioners, Substance Misuse providers, GPs, LA Safeguarding Leads, LA Suicide Prevention Groups, STP partners, Information Governance Leads	Local Safeguarding Boards (Adults and CYP), Local Authorities/ Primary and Secondary Health services, NWS/ Police/ Prison/ Probation/ CCGs
Output ↑	Quarterly performance reports	Consistent data collection across Lancs and SC Suicide Audit Timetable agreed Suicide Audit report produced across the STP footprint every 3	Joint information sharing protocol Real time data available for Public Health Leads in each LA Responsive coordination and collection of suicide, attempted	Standardised process for sharing the lessons learnt

		years	<p>suicides and drug related deaths information</p> <p>Regular reports provided to STP Governance Board, LA Safeguarding Boards (Adult and CYP)</p>	
<p>Activity</p> <p>↑</p> <p>Page 37</p>	<p>Develop a performance management framework that is able to track progress made against the action plan</p> <p>Produce reporting template that can be used in CCG IAF submissions.</p> <p>Stakeholder agree data sources that will be used for performance monitoring</p>	<p>Review the current suicide audits templates that are currently being used for data collection across Lancs and SC (LA PH Leads, Sept 2017)</p> <p>Develop Suicide Audit template (LA PH Leads, Sept 2017)</p> <p>Develop Suicide audit timetable which is agreed by all LA PH leads (LA PH Leads, Sept 2017)</p>	<p>Feasibility scoping exercise conducted for implementation of a 'Real Time Suicide Surveillance system (Neil Smith- October 2017)</p> <p>Consistent data collection process agreed</p> <p>Develop information sharing protocols</p> <p>Mapping of current data that is collected around suicide, attempted suicides and drug related deaths</p>	<p>To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented</p>
Inputs	<p>Data Analyst,</p> <p>All Key Stakeholders,</p> <p>Staffing,</p> <p>Technology</p>	<p>Staffing capacity</p> <p>Technology</p>	<p>Data Analyst Time</p> <p>Staffing</p> <p>Technology</p> <p>Financial</p>	<p>Staffing</p> <p>Technology</p> <p>Financial</p>

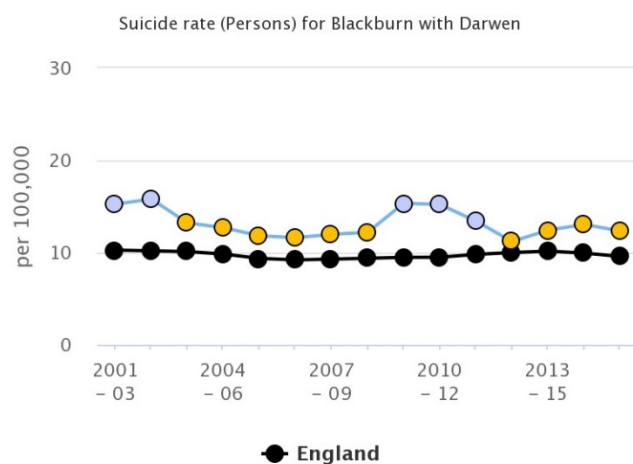
Appendix 2: Blackburn with Darwen Borough Council suicide & self-harm prevention strategy report H&WBB update September 2019

Data charts

Suicide – persons. Between 2015-17 there were 46 suicides across Blackburn and Darwen. This equates to a rate of 12.3 people taking their own life for every 100,000 people in the population.

Blackburn with Darwen is ranked the 4th highest in the North West for its suicide rate. This rate is not however statistically different from the England rate and is decreasing.

Figure 1: Suicide rate - persons, Blackburn with Darwen Borough Council 2001/03 – 2015/17

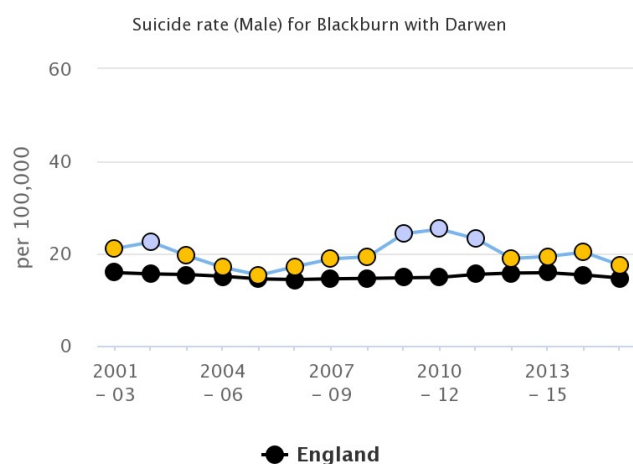


Source: PHE 2019

Suicide – males. Between 2015-17 there were 30 male suicides across Blackburn with Darwen. This equates to a rate of 17.5 men taking their own life for every 100,000 men in the Borough's population.

Blackburn with Darwen is ranked the 9th highest of the 23 upper tier local authorities in the North West for male suicide. This rate is not however statistically different from the England rate and is decreasing.

Figure 2: Suicide rate - males, Blackburn with Darwen Borough Council 2001/03 – 2015/17

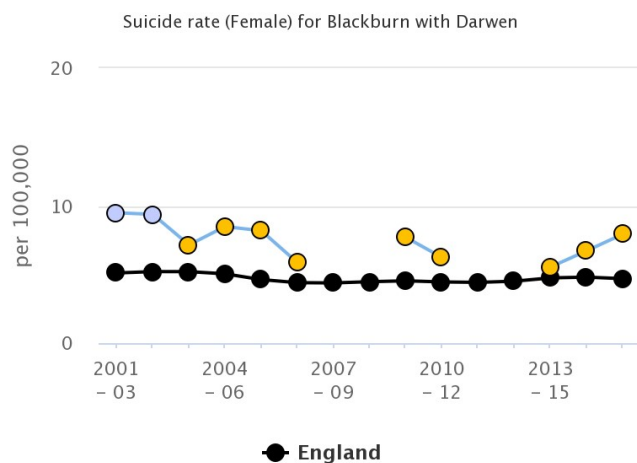


Source: PHE 2019

Suicide – females. Between 2015-17 there were 16 female suicides across Blackburn with Darwen. This equates to a rate of 7.9 women taking their own life for every 100,000 women in the Borough's population.

Blackburn with Darwen has the highest rate of female suicide in the North West and the rate is increasing but is not statistically different from the England rate.

Figure 3: Suicide rate - females, Blackburn with Darwen Borough Council 2001/03 – 2015/17



Source: PHE 2019

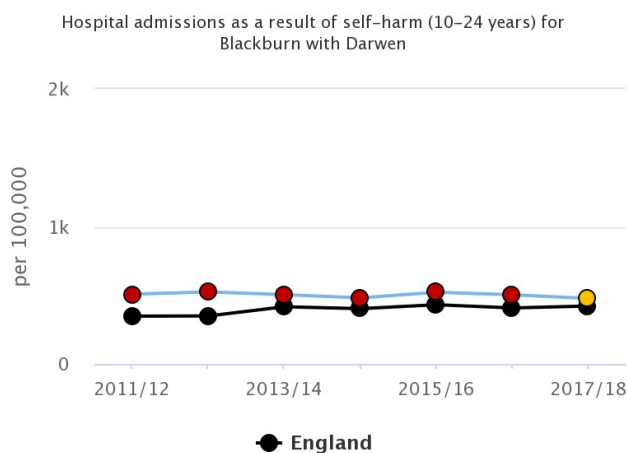
Self-harm

The 2016-19 strategy included hospital admission data for self-harm for 10-24 year olds. The figure for 2010/11 – 2012/13 was 561.9 admissions per 100,000 population aged 10-24.

The current indicator is now single year but has decreased to 476.1 per 100,000 10-24 year olds for 2017/18. The council has been statistically worse than England since 2011/12, but is now no different than the England rate.

The Council is now ranked 12th of the 23 upper tier local authorities in the North-West for hospital admissions for self-harm for its 10-24 year olds.

Figure 4: hospital admissions for self-harm, 10-24 year olds, 2011/12 – 2017/18



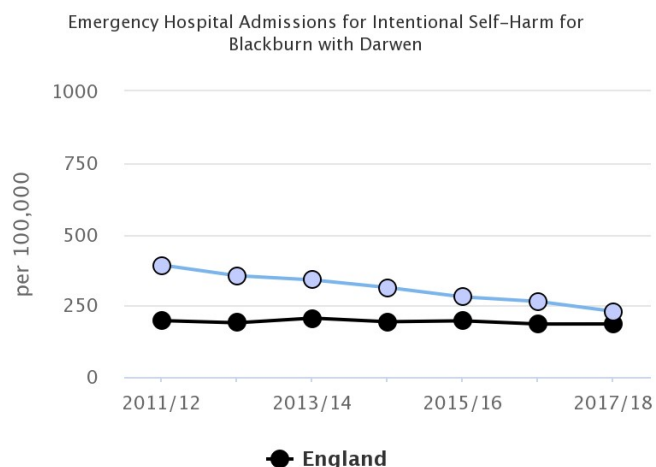
Source: HES 2019

Emergency hospital admissions for intentional self-harm

There were 356 emergency hospital admissions for intentional self-harm during 2017/18 by people who reside in Blackburn with Darwen which equates to a rate of 229.8 per 100,000 persons (directly age standardised).

Emergency admission rates for self-harm have been decreasing since 2011/12 but are still higher than the England rate. Blackburn with Darwen is ranked 11th of the 23 upper tier local authorities in the North West for its hospital admission rate for intentional self-harm.

Figure 5: Emergency hospital admission rate – persons, all ages, Blackburn with Darwen Borough Council 2017/18



Source: HES 2019

Hospital stays for self-harm, standardised admission ratio

This indicator is calculated differently to the indicator published in the 2016-19 strategy, and is now a ratio for the period 2013/14 – 2017/18, with no trend data available.

With England having a value of 100, Blackburn with Darwen Borough Council's value is 149.2 expected admissions. This is statistically worse than the rate for England and the North West, ranked 8th highest of the 23 upper tier local authorities in the region.

WSPD BwD running order of events 10th September 2019 – 10:55am start

1. 10:55 – Cathedral

- Welcome from a member of Cathedral clergy, explaining that there will be a chance to light a candle, and that shoes will be carried to the town hall, representing those who have taken their own lives. There will be pairs of shoes on the chancel steps, and candle stands either side.
- A brief (2-3 mins) input from Tony Harrison on the importance of the day
- A brief, reflective organ piece
- An opportunity to light a candle in memory of those who have died, introduced by a member of Cathedral clergy, with a prayer
- Silence is kept, ending with another final prayer
- 11.10am - those who have agreed to carry shoes will collect them from the chancel steps, and all will walk to the Town Hall, arriving by 11.25am.

2. Arrive Town Hall 11:25

11:30 – Opening address – Sayyed Osman, Director of Adult Services and Prevention

11:34 – Leader of the Council address

11:38 – Sayyed Osman to introduce the 40 second silence

11:40 - 40 second silence

11:41 – Placement of shoes in front of town hall with voice over (explaining the significance of the empty shoes)

Speakers

11:46 – Cllr Zamir Khan, assistant elected member for public health and wellbeing; mental health champion

The following speakers are people who have set up projects to help the residents of BwD showing that BwD is pro-active in suicide prevention and working hard to make the borough a suicide safer community

11:49 – Caitlin Jones and Cllr Julie Slater (initiated a ‘drop –in’ at The Vault public house in Darwen) – targeting all ages / community groups

11:52 – Kerry Cameron from The Billy Project – a ‘women only’ gym, awarded funding from the NHS Lancashire & South Cumbria ICS suicide and self-harm prevention innovation fund

11:55 – Ahmed Emam from Inter Madrassah Organisation – running a project supporting Muslim men, awarded funding from the NHS Lancashire & South Cumbria ICS suicide and self-harm prevention innovation fund

11:58 – Amy Bond, Lancashire MIND – providing an update on the Time to Change Blackburn with Darwen ‘reducing stigma in mental health’ hub

12:01 – Short entertainment production

12:06 – Sayyed Osman to close event

For information:

- All the secondary schools will send at least 2 pupils and staff from each school
- Police may be present
- North West Ambulance Service will be present
- Samaritans will be present
- Most people trained in ASIST (Applied Suicide Intervention Skills Training) will be present