

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
6 NOVEMBER 2017	PUBLIC REPORT

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Cabinet Member responsible:	Councillor Diane Lamb Cabinet Member for Public Health	
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DRAFT SUICIDE PREVENTION STRATEGY 2017- 2020

RECOMMENDATIONS

FROM:

Deadline date:

It is recommended that the Health Scrutiny Committee:

1. Comment on the draft Suicide Prevention Strategy and Action Plan 2017-2020 attached at Appendices 1 and 2.

1. ORIGIN OF REPORT

- 1.1 The joint Cambridgeshire and Peterborough Suicide Prevention Strategy is due for a refresh to ensure continuation of this work to 2020.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The Health Scrutiny Committee is being asked to comment on the draft refresh of the Suicide Prevention Strategy and Action Plan attached at Appendices 1 and 2 as part of the consultation process before approval by the Health and Wellbeing Board.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health.
- 2.3 Peterborough City Council's Strategic Priorities include:

Priority 3: Safeguard vulnerable children and adults

Priority 6: Keep all our communities safe, cohesive and healthy

Priority 7: Achieve the best health and wellbeing for the city

The Suicide Prevention Strategy and Action Plan will help Peterborough deliver in each of these priority areas. Preventing suicide is aimed at safeguarding vulnerable children and adults but acknowledges that people are often not identified into a 'vulnerable adult' category prior to a suicide. A wider 'whole population' approach to suicide prevention is appropriate as evidenced by the fact that around two thirds of people who die as a result of suicide are not known to mental health services. This fits with priority 6 and 7, above and is realised through the initiatives outlined in the action plan.

- 2.5 The work of the suicide prevention implementation group will help support the Children in Care Pledge to ensure that the children are brought up in a supportive and safe environment. In particular, the strategy includes *‘assessing pathways for support for children who are at risk of self-harm, recognising that children in care are at higher risk’*.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

- 4.1 Suicide is a major public health issue as it marks the ultimate loss of hope, meaning and purpose to life and has a wide ranging impact on families, communities and society. Suicide is the leading cause of death for younger adults. However, the National Suicide Prevention Strategy – Preventing Suicide in England¹ states that suicides are not inevitable and many can be prevented, thus supporting a call for action to reduce suicide and the impact of suicide both at national and local level.

This report proposes a refresh of the joint Peterborough and Cambridgeshire Suicide Prevention strategy (2017-2020) - see Appendix 1. The ‘refresh’ is a draft that is being consulted on by stakeholders but includes updates on national and local suicide statistics, initiatives, evidence and forward planning. Incorporated as a main thread throughout the strategy is an ambition towards ZERO Suicide, as agreed through the multi-partner suicide prevention implementation board in 2017.

The strategy builds on and supports the National Suicide Prevention Strategy – ‘Preventing suicide in England’, Dept. of Health 2012. The key purpose is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of suicide prevention services that is tailored appropriately to local need and is driven by the involvement and feedback from service users. With a focus on Zero suicide, the strategy emphasises the requirement for senior level engagement with all relevant organisations to ensure quality improvement across the pathways of care for suicide prevention.

The six priority areas for suicide prevention in Cambridgeshire and Peterborough with recommendations for actions are set out in the Suicide Prevention Action Plan, developed by the Joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group – comprising a partnership of multiple organisations involved in mental health care see Appendix 2.

Key points of progress seen since the launch of the 2014 - 2017 suicide prevention implementation plan:

- The suicide rate in Peterborough has decreased steadily since 2010-2012 when the rate was significantly above both the England and East of England rates and is now similar to the England average.
- Development and roll-out of ‘STOP Suicide’ across Peterborough and Cambridgeshire, including a local suicide prevention website, pledge, training in suicide prevention and campaigns to increase awareness of mental health issues and how to access support.
- Implementation of a 111(2) mental health crisis telephone triage and First Response Service (FRS) that includes a Peterborough ‘sanctuary’ as a place to feel safe and supported during mental health crisis.
- The construction of safety barriers on Peterborough car parks to prevent suicide
- Community based youth ‘face to face’ counselling services including a ‘drop in’ service for young people in Peterborough. The Kooth online counselling service for young people was commissioned in September 2016 to broaden the mental health support available for young people.

Key new initiatives to enhance suicide prevention from 2017:

- GP Training in suicide prevention - Funding has been secured through the Sustainability and Transformation Plan (STP) for training of GPs across Cambridgeshire and Peterborough in suicide prevention, which will focus on the patient/GP interaction, risk identification, compassion and empathy as well as safety plans and follow-through care.
- Bereavement support for people affected by suicide - STP funding to set up a reactive support service for people who have been bereaved as a result of suicide. The service will be managed by a family liaison officer who will offer support to families in the first weeks after bereavement. They will also signpost people to follow-up services and peer support groups. Part of this work will be to set-up SOBS (Survivors of bereavement due to suicide) or similar groups in Cambridge and Peterborough and connect with CRUSE bereavement counselling services.
- Zero suicide initiative - This is the overarching ambition for suicide prevention locally and aims to bring all partners together to support the development of a learning culture to drive up quality so that suicide prevention is a priority for each organisation, across the system.

5. CONSULTATION

- 5.1 The original Suicide Prevention Strategy (2014- 2017) was consulted upon widely with stakeholders and the public in 2014. To date, the draft refresh of the strategy and action plan has been shared with key partners who participate in the suicide prevention implementation board, including CPFT and has been scrutinised by the Health Committee at Cambridgeshire County Council.
- 5.2 Wider partnership stakeholder engagement and consultation is planned for October and November 2017 through the multi-partnership suicide prevention implementation group and by engagement with CPFT and their network of stakeholders.

A large workshop style consultation with Service Users and people with lived experience of mental health crisis and suicide ideation is being planned for early next year.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 Consultation and scrutiny by Peterborough City Council of the refresh of the suicide prevention strategy will enhance partnership working and knowledge of the initiatives that will facilitate their implementation to better effect locally. Feedback from the committee will aid the fine-tuning of the initiatives presented in the plan.

7. REASON FOR THE RECOMMENDATION

- 7.1 HM Government requires each local area to have a Suicide Prevention Strategy and Action Plan with Public Health leading the co-ordination of a wider partnership group to oversee implementation of the plan.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Suicide Prevention Strategy could have been extended to cover a longer period without a updating. However this would not reflect the reality that progress has been made and new areas have been identified that require further work.

The Suicide Prevention Strategy could have been allowed to lapse. However this would not meet central government guidance as outlined under 7.1.

9. IMPLICATIONS

Financial Implications

- 9.1 Peterborough City Council contribute £9,919 per annum to aid the continuing roll-out of 'STOP

Suicide’

Legal Implications

- 9.2 There is a legal requirement to keep any person identifiable information confidential and therefore, when data is received about suicide, this is held securely by Public Health

Equalities Implications

- 9.3 The work of the suicide prevention implementation group will be all inclusive for the benefit of the community but will focus on groups at higher risk of suicide. This will take account of equality and diversity issues as it identifies the most vulnerable groups in society.

Rural Implications

- 9.4 Suicide prevention includes work in hard to reach communities or those socially or geographically isolated. The STOP suicide campaign identifies groups with increased risk of suicide to target work as does the results of the annual suicide audit. Outreach to rurally isolated communities may be required in order for suicide prevention to be fully effective.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 *List any documents and other information used to write this report. DO NOT include exempt items. Be specific as anything you list here must be available for public inspection for several years after the committee meeting.*

1. National Strategy: Preventing Suicide in England, 2012:

<http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf>

2. *Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives:* <https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

3. *Cambridgeshire and Peterborough Clinical Commissioning Group Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016*

http://www.cpft.nhs.uk/Downloads/rod%20files/2013_0816_CCG_Adult_MH_Commissioning_Strategy_2013_FINAL.pdf

4. JSNA Cambridgeshire – health and wellbeing strategy see:

http://www.cambridgeshire.gov.uk/info/20116/health_and_wellbeing_board

5. JSNA Peterborough Mental Health

<http://www.peterborough.gov.uk/pdf/HealthAndSocialCare-JSNA-Mental%20Health.pdf>

6. Suicide Prevention Strategy CPFT 2013-2016 (closed document) – for details please contact author or CPFT

7. *Emotional well-being and mental health strategy for children and young people 2014-2016 (draft strategy)*

8. *Suicides in students* <http://www.ons.gov.uk/ons/about-ons/what-we-do/publication-scheme/published-ad-hoc-data/health-and-social-care/november-2012/index.html>

9. *National Confidential Enquiry into Suicide and homicide by people with Mental Health illness – Annual report 2013*

http://www.bbmh.manchester.ac.uk/cmhr/centreforsuicideprevention/nci/reports/AnnualReport2013_UK.pdf

10. Samaritans report –men suicide and society:

<http://www.samaritans.org/sites/default/files/kcfinder/files/Men%20and%20Suicide%20Research%20Report%20210912.pdf>

11. *No health without mental health:*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215811/dh_124057.pdf

12. *Public Health Outcomes Framework*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

13. *Mental Health Crisis Concordat – Improving outcomes for people experiencing mental*

- health crisis, February 2014. Department of Health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
14. Annual Report of the Chief Medical officer 2013 – Public Mental Health Priorities: Investing in the Evidence
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf
 15. Saving Lives: Our Healthier Nation; Department of Health, 1999:
<https://www.gov.uk/government/publications/saving-lives-our-healthier-nation>
 16. Detroit model for suicide prevention:
<http://zerosuicide.actionallianceforsuicideprevention.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/PerfectDepressionCarearticles.pdf>
 17. ASIST suicide prevention training: <http://www.chooselife.net/Training/asist.aspx>
 18. Mental Health First Aid training England: <http://mhfaengland.org/>
 19. Suicide in primary care in England 2002-2011¹⁸
<http://www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/nci/reports/SuicideinPrimaryCare2014.pdf>
 20. Knapp et al 2011, Mental health promotion and prevention: The economic case.
<http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf>
 21. The Use and Impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: An Evaluation Social research: The Scottish Government,
<http://www.chooselife.net/uploads/documents/19-ASISTEvaluationFullReport.pdf>
 22. Bickley, H et al 2013; Suicide within two weeks of discharge from psychiatric inpatient care. A case control study *Psychiatric Services* 2013
<http://ps.psychiatryonline.org/article.aspx?articleID=1673604>
 23. Cox et al 2013; Interventions to reduce suicides at suicide hotspots: a systematic review *BMC Public Health* 2013, 13:214
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3606606/pdf/1471-2458-13-214.pdf>
 24. Mann et al, 2005 Suicide Prevention Strategies: A systematic Review. *JAMA*. 2005;294(16):2064-2074
 25. Support after a suicide: A guide to providing local services
<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>
 26. We are in your corner – Samaritans: <http://www.samaritans.org/media-centre/our-campaigns/were-your-corner>
 27. MHRA – Best practice for the sale of medicines for pain relief -
<http://www.mhra.gov.uk/home/groups/pl-p/documents/websitesresources/con065560.pdf>
 28. Hawton K, Bergen H, Simkin S et al (2010) Toxicity of antidepressants: rates of suicide relative to prescribing and non-fatal overdose. *British Journal of Psychiatry* 196: 354-358
 29. 'Help is at hand' a resource for people bereaved by suicide and other sudden, traumatic death <http://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>
 30. Preventing Suicide - A Resource for Media Professionals: A resource guide produced by the Department of Mental Health at the World Health Organization in 2000.
http://www.who.int/mental_health/media/en/426.pdf
 31. Media guidelines for reporting suicide – Samaritans:
<http://www.samaritans.org/sites/default/files/kcfinder/files/press/Samaritans%20Media%20Guidelines%202013%20UK.pdf>
 32. NHS England and Public Health England 'A call for Action: Commissioning for Prevention' November 2013. Available at: www.england.nhs.uk
 WHO For which strategies of suicide prevention is there evidence of effectiveness
http://www.euro.who.int/_data/assets/pdf_file/0010/74692/E83583.pdf

11. APPENDICES

- 11.1 Appendix 1: Draft Suicide Prevention Strategy 2017-2010
 Appendix 2: Three year Action Plan: Suicide Prevention Strategy 2017-20

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