Committee: Health and Wellbeing Board

Date: 27th November 2018

Subject: Suicide Prevention Framework

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Tobin Byers, Cabinet Lead for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Daniel Butler, Senior Principal Public Health and Barry Causer, Head of Strategic Commissioning.

Recommendations:
For members of the Health and Wellbeing Board:

A. To consider and endorse the Suicide Prevention Framework 2018-23 and the first year's action plan.

B. To note involvement of partners to date, including the voluntary sector, CCG and Council, in the Task and Finish Group. To note the role of the Suicide Prevention Forum, the Mental Health Programme Delivery Group and CAMHS Partnership Board which will have oversight of the Suicide Prevention Framework.

C. To consider opportunities for members to champion the Suicide Prevention Framework objectives and actions as system leaders.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To present the Suicide Prevention Framework, set out the relevance of suicide prevention to Health and Wellbeing Board (HWB) partners, receive comments on the draft document and endorse the Framework.

1.2 For HWB Members to agree to actions outlined in the Framework as part of our Health in all Policies (HIAP) approach and to consider the opportunities for championing the strategic objectives and actions as systems leaders.

2 BACKGROUND

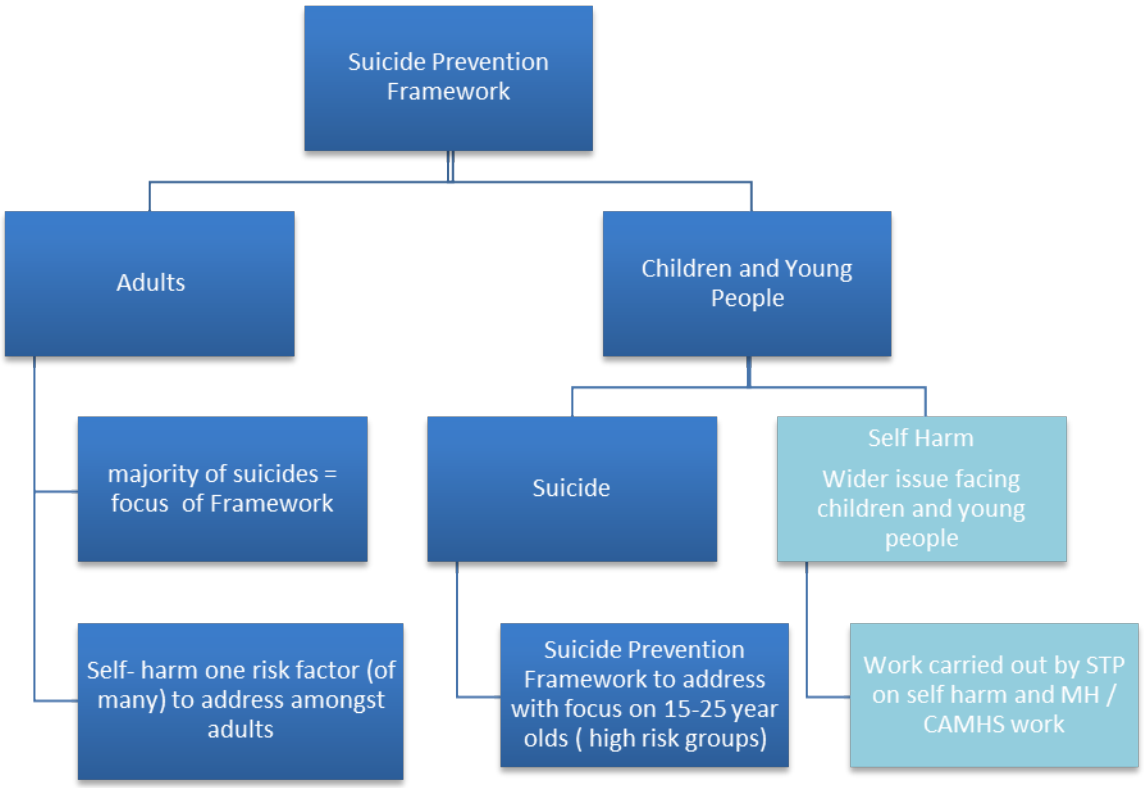
2.1 The National Suicide Prevention Strategy (2012) requires that all local authorities develop a local Suicide Prevention strategy or plan.
Local plans should have two main objectives; to reduce the suicide rate in the general population and to support those bereaved or affected by suicide.

2.2 Our approach has been to develop a 5 year Suicide Prevention Framework outlining what we wish to achieve over the five years and an annual action plan that will be refreshed each year.

2.3 A Task and Finish Group was set up in May 2018 to develop the Framework, which met three times to agree our priorities and comment on the draft

document. The Group has membership from a wide range of stakeholders (outlined at the end of this report). The Task and Finish group has been well attended and there is enthusiasm by the group to continue to work on suicide prevention as part of the development of a wider Suicide Prevention Forum.

2.4 Outside of the scope for the Framework is self-harm affecting children and young people. This is because self- harm is a much wider issue than its role as a risk factor for suicide and this wider work is being covered by the CAMHS and STP work streams. These work streams are however discussed in detail within the Framework.



3 DETAILS

3.1.1 The framework takes a life course approach and has five key priorities

- **Suicide Prevention in high-risk groups**; this priority focuses on how we reduce the risk of suicide in key populations. The framework focuses on middle aged and older men from lower income backgrounds and young people aged 15-19. We know risk does not end at 19 and therefore our aspiration is that our focus on younger people is those aged 15 to 25. There is a particular need to focus on young people who are vulnerable; such as those known to mental health services, youth offending, substance misuse services and those leaving care.

- **Reducing access to the means of suicide**; this theme focuses on interventions that can prevent a suicide from occurring. Our framework considers work being done on the railways, how police and South West

London St George's Mental Health Trust reduce risk in 'controlled environments', work being done in primary care to reduce risks due to medication, support that can be provided to high risk professions and potential work on building design and access.

- **Improving the mental health offer for targeted populations**; this focuses on those using mental health services who are at a much greater risk of suicide and considers how staff working with these groups are trained and how services provide the appropriate support.

- **Suicide prevention awareness and good mental wellbeing for all**; this focuses on prevention and the role that good mental health and wellbeing can have in reducing numbers moving into high risk groups (such as those with mental health conditions). It also focuses on addressing loneliness and isolation and community awareness around suicide and mental health, where people can signpost to services and feel better able to talk about mental health issues.

- **Supporting those bereaved or affected by suicide;** this theme looks at the services that are needed to support those bereaved by suicide and how this can contribute to reducing suicide risk.

3.1.2 We also include two cross cutting themes: ensuring our understanding of suicide locally is informed by evidence; and, that our plans are sustainable and have identifiable leadership.

3.1.3 Each financial year we will prioritise new key actions for the year ahead. The aim is that partners will sign up to these actions and over the life course of the Framework we will achieve the majority of outcomes.

Governance

3.1.4 The proposals for Governance will be annual reporting to the CAMHS Partnership Board (children and young people 15 - 25) and Mental Health Program Delivery Group (adults).

3.1.5 A Suicide Prevention Forum for stakeholders will also be formed. Its purpose will be to monitor progress, help progress actions, share best practice and propose new activity and ideas. Forum members will also comment on and agree the annual action plan. This will meet twice a year and we will develop more detailed Terms of Reference, making clear the ask of Forum members.

Why suicide prevention is relevant to the HWB Partners

3.1.6 HWB partners have a leadership role in promoting suicide prevention both within their organisations and with partners, community groups and residents. Our aim is for residents to feel able to talk about good mental health and be aware of organisations who can provide appropriate support.

3.1.7 Staff at HWB organisations will be engaging with individual's in high risk groups as patients, service users, clients or residents. Or they may commission services that interact with these groups.

3.1.8 HWB Members may be able to take practical steps to reduce access to the means of suicide. For example reviewing tall buildings/sites of high risk, reducing or changing medication to at risk patients and considering high risk professions (such as nurses and primary school teachers) and considering the staff wellbeing and support offer that is available to staff.

3.1.9 Merton CCG and Merton Council commission a number of mental health services relevant to suicide prevention and it is important these services consider risk factors such as the discharge process from secondary mental health services into primary care; services for those who self-harm and support for those in mental health crisis. It is also important that these services meet best practice standards and we welcome the commitment from Merton CCG that over the life course of the Framework re-commissioning of the self-harm pathway meets these standards.

3.1.10 HWB partners have a key role in promoting discussion around mental health and suicide awareness to communities and residents. For example we welcome the commitment from our voluntary sector partners to promote suicide awareness training to our residents. HWB organisations can also promote websites such as 'Good Thinking' to staff and residents, which offers free on-line resources that support mental health.

3.1.11 HWB organisations can play a key role to embed suicide prevention as part of the Health in All Policies (HIAP) approach. For example officers commissioning services could consider the use of the Social Value Act 2012 to include suicide awareness training or mental health first aid training as an additional element of the service.

3.1.12 HWB organisations can play a key role in promoting national postvention support to our patients and residents, with our overall aim that support is widely known about. For example GP's will likely interact with patients who have lost a relative or friend of the patient to suicide and be able to signpost to appropriate information.

3.1.13 HWB organisations can also play a role in identifying an appropriate staff Member to attend the Suicide Prevention Forum.

NEXT STEPS

3.1.14 Following HWB endorsement we will

- Make final amendments to the document including a Councillor / CCG foreword.

- Publish and launch the Framework as part of our wider work on 'Thrive Merton'. This will take place in early 2019, where we implement 'Thrive London' principles and projects for good mental health at a local level.

- Brief Merton and Wandsworth's Clinical Oversight Group on the Framework during January 2019, including discussion on how primary care can contribute to the action planning and Forum.

- Develop a Suicide Prevention Forum that will bring partners together every six months to discuss how we can work in partnership to contribute to the outcomes of the Suicide Prevention Framework.

4 ALTERNATIVE OPTIONS

4.1. N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. The Framework document has been developed with advice from an extensive range of stakeholder organisations outlined in Appendix A of the Framework document.

5.2. Engagement has also taken place with the Promote and Protect Young People Group, Safeguarding Board, Mental Health Programme Delivery Board, Local Medical Council and CAMHS partnership.

5.3. The Framework document has been to the Mental Health Forum and sent to the CCG's Clinical Oversight Group for comment (outside of meetings).

5.4. We have also sent the Framework out to all secondary head teachers and asked for comment/feedback.

5.5. The need to produce a Framework document within a relatively short timescale and meet Public Health England requirements (to have a document in place by 2018) has meant there has not been widespread consultation with service users/residents.

5.6. We will look to invite organisations representing service users to the Suicide Prevention Forum, who will be able to help steer our action plan in future years.

6 TIMETABLE

The framework has been developed under the following timescales

Activity	Date
Steering Group Meeting 1 – prioritising issues (1), reviewing evidence.	10th May 2018
Steering Group Meeting 2 – prioritising issues (2), agreeing structure	18th July 2018
Steering Group Meeting 3 – consultation with steering group on 1st draft	3rd October 2018
Consultation with Steering Group Members on final draft	
Community and Housing and Children School and Families DMT for comment/sign off	25th October 2018
Paper to Mental Health Programme Delivery Board	8th November 2018
Paper to Corporate Management Team, Merton Council	13th November 2018
Sign off at Protect and Promote Board (Children and Young People)	13th November 2018
Sign off at Merton's Health and Wellbeing Board (Adults)	27th November 2018
Information (post sign off) at Clinical Oversight Group (LDU)*	January 2019

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. Public Heath has funded Imagine Independence £6.5k for the 2018/19 financial year for a first tranche of Mental Health First Aid and suicide awareness training.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. The National Suicide Prevention Strategy "Preventing suicide in England: a cross-government outcomes strategy to save lives" (2012) requires all local authorities to develop a suicide awareness strategy or plan. Public Health England are monitoring local authorities on their plans. The Prime Minister's latest announcement (9th October 2018) reinforced the requirement for local authorities to have an action plan in place.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. The Framework is likely to have positive impacts in terms of disability (mental health, long term conditions), gender (most suicides are in men although women are more likely to attempt suicide), age (young people, middle aged and older people) and sexual orientation (LGBTQ).

10 CRIME AND DISORDER IMPLICATIONS

10.1. It is important that we differentiate suicide and suicide prevention from crime and disorder. The language around suicide should also refrain from using 'commit' or 'committed' as organisations working on suicide prevention highlight this is linked to the historic criminal offence of suicide, which is stigmatising and hurtful for families who have experienced a family member kill themselves.

10.2. People in the criminal justice system are at greater risk of suicide and joint work with probation services is required on suicide prevention.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. N/A

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix A – Suicide Prevention Framework

13 BACKGROUND PAPERS

List of Task and Finish Group Members

- Paul Angeli, Children's, Schools and Families, Merton Council
- Andrew Beardall, South Thames College
- Patrice Beveney, Merton CCG
- Harry Biggs-Davidson, Papyrus
- Gemma Blunt, Adult Social Care, Merton Council
- Vere Bowyer, Metropolitan Police
- Jessica Buckpitt, South Western Railway
- Daniel Butler, Public Health, Merton Council
- Elizabeth Campbell, Westminster Drug Project
- Barry Causer, Public Health, Merton Council
- Ayda El-Deweiny, Job Centre Plus
- Beau Fadahunsi, MVSC
- Alessandro Finistrella, South Western Railway
- Charlotte Harrison, South West London and St Georges Mental Health Trust
- David Hobbs, Mental Health Forum
- Joy Horden, Samaritans
- John Horwood, Clarion Housing Association
- Richard Jackman, DWP
- Steve Langley, Housing services, Merton Council
- Barry Milward, Govia Thameslink
- Dr Andrew Otley, Merton CCG Clinical Lead
- Andy Ottaway Searle, Direct Provision, Merton Council
- Ben Rowe, South Thames College
- Rosa Treadwell, Public Health, Merton Council

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