

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: Tuesday 13th February 2018

Title of report: Kirklees Suicide Prevention Action Plan

Purpose of report

To provide the Panel with an overview of the Kirklees Suicide prevention action plan and an opportunity to discuss and consult on activity/plans within the plan.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Yes/ no or “ not applicable” No If yes give the reason why .
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Yes/ no or “not applicable” N/A If yes also give date it was registered
The Decision - Is it eligible for call in by Scrutiny?	N/A
Date signed off by <u>Strategic Director</u> & name	22 nd January 2018 Rachel Spencer-Henshall
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Debbie Hogg
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Julie Muscroft
Cabinet member portfolio	29 th January 2018 Cllr Scott

Electoral wards affected: N/A

Ward councillors consulted: No

Public or private: Public

1. Summary

According to the All-Party Parliamentary Group on Suicide and Self-Harm Prevention (2015), developing a local action plan that is based on national and local data, is one of the essential elements to ensure successful local implementation of the national strategy.

This report is for briefing and consultation purposes. The intention is to inform the panel of the detail within the Kirklees Suicide prevention and self-harm action plan, and highlight how this issue is being tackled locally. The report will provide detail on activity and the challenges faced in tackling this important issue. The panel is being given this report for information, to give an opportunity for contribution to the plan and/or to draw attention to areas that need prioritisation.

The West Yorkshire and Harrogate Health Care Partnership (WYHCP) have recently launched the Suicide Prevention Five Year Strategy (2017-2022). The overall aim of this strategy is to develop working relationships between partner agencies to provide an evidence-based and practical framework across the WYHCP region. This framework will help reduce the frequency of suicide and minimise the associated human and financial costs, as well as the impact on others. The main targets for this strategy are to reduce suicide by 10% across the WYHCP population and by 75% in targeted areas using a 'zero-suicide' philosophy. Our local plan links to this as we are one of the partners working collaboratively under the strategy. It is an opportunity to pool resources, share good practice and submit collaborative business cases.

Suicide is a health inequality issue: there is a well-established link between suicide and poor economic circumstances. People in the lowest socio-economic groups living in the most deprived areas are ten times more at risk of suicide than those in the most affluent group in the least deprived areas.

2. Information required to take a decision

Background

In England, nearly 100 people a week died by suicide in 2015. It is the biggest killer of people under the age of 35 and the biggest killer of men under the age of 50. The rates of suicide have steadily risen in England since 2007 and in 2015; the Yorkshire and Humber region had the highest suicide rate in England. In Kirklees, between 2011 and 2013, there were 121 deaths by suicide. The table below shows how the Kirklees suicide rates compare with Yorkshire and Humber and England since 2011 (as 3 year rolling averages).

Year	Kirklees	Yorkshire and Humber	England
2011-2013	8.6	10.4	9.8
2013-2015	9.7	10.7	10.1
2014-2016	10.0	10.4	9.9

The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

Actions

To address suicide, there are a range of specific activities and broad interventions that should be delivered. The local action plan is aligned to the National Suicide Prevention strategy (in terms of the 6 work streams) and is based on intelligence gathered through the 2011-2013 Kirklees Suicide Audit. To address health inequalities, there are targeted populations within the action plan, including: -

- People in vulnerable economic circumstances
- Pregnant women
- Children and young people
- Those in contact with the criminal justice system

Please see the action plan for more detail and discussion.

Cost Breakdown

The following information highlights where costs have been incurred to support suicide prevention activity locally in 2017/18.

From District Committee Funding:

- MHFA and Youth MHFA training – £34,800, training 512 people in mental health first aid.

From Public Health Budget:

- Suicide prevention campaign development - £2,288
- Suicide prevention mental health crisis card - £1,440
- Help is at Hand suicide bereavement resource - £0 (free resource provided by DH)
- Champions Fund to run mental health anti-stigma activity in the community - £1500

The majority of the public health input is made of officer time in terms of a coordinating and influencing role – approximately 20 hours per week.

Timescale

The current action plan covers the period 2017 – 2020. Some of the activities within the work streams have defined end points, whereas some activities are on-going and need to be actioned on a rolling programme e.g. training and raising awareness of mental health. A new suicide audit to cover suicides in the period 2014-2016, is planned to commence this year.

Expected Impact/ Outcomes, benefits and risks (how will they be managed)?

The ultimate aspiration is to see a reduction in the number of suicides and the Five year forward view for mental health set the ambition that by 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. It's also important to use Outcomes Based Accountability in relation to suicide prevention. For example, our local plan cannot be responsible for achieving this reduction in suicide rates alone and therefore there is an understanding that the plan is contributing to this population target. Other activities that are outside of our immediate control can influence suicide rates e.g. mass media campaigns and coverage of suicides in the media.

The World Health Organization has said that because suicide is a relatively rare phenomenon, reductions in mortality should not be the only outcome measure for a suicide reduction programme.

Others are:

- Suicide age- standardised death rate per 100,000 population, 3-year rolling average
- Referral rates for treatment of depression
- Changes in mental health state (self-reported and in primary care)
- Hospital presentation following self-harm
- The number of people presenting with self-harm who go on to receive cognitive behavioural therapy.

Evaluation

Evaluating suicide prevention activity is difficult as we will never know if we have prevented a loss of life. Furthermore if a loss of life has been prevented, we don't know exactly what it was that prevented it. However, there are a few evidence-based return on investment approaches that have been considered nationally. These are: providing training to GP's, reducing access to the means of suicide on high rise structures and training people in recognised training programmes such as mental health first aid. MHFA was launched under the National Institute of Mental Health in England (NIMHE) as part of a national approach to improving public mental health.

Sustainability

The following partners, policies and strategies are linked into the local suicide prevention action plan and support this work within their respective plans/organisations:

- Joint Kirklees Mental health commissioning Strategy
- Kirklees Mental Health and Wellbeing Health Needs Assessment
- Kirklees Mental Health Crisis Care Concordat
- The Mental Health Partnership Board and action plan
- The Emotional Health and Wellbeing Integrated Commissioning Group
- Public Health England Yorkshire and Humber Mental health and Suicide Prevention community of Improvement
- The West Yorkshire and Harrogate Health Care Partnership Suicide Prevention Five Year Strategy 2017-2022
- Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives
- Public Health England Mental Health Prevention Concordat

Services and agencies involved

The following services and agencies are involved in the development of the local action plan:

- South West Yorkshire Foundation Trust
- West Yorkshire Fire and Rescue
- West Yorkshire Police
- Samaritans
- CHFT
- Volunteers (lived experience)
- Recovery College
- Andy's Man club
- Community Links
- Kirklees Neighbourhood housing
- Brunswick centre
- Women's centre
- The Basement Recovery Project
- Targeted Help
- Learning services
- Commissioning and Health Partnerships –Kirklees Council
- Probation services

Members from these organisations attend the quarterly meeting on a regular basis.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

Enabling people and communities to do more for themselves and each other – increasing social networks and reducing loneliness is key for suicide prevention. This will be a key element of community plus.

People in Kirklees are as well as possible for as long as possible, in both mind and body. Suicide is the leading cause of death in men under 40.

Local people are helped to manage life challenges. Suicide prevention activities aim to reduce mental health stigma and encourage people to talk. It also aims to raise awareness of services available for people who are experiencing those life challenges.

3.2 Economic Resilience (ER)

Local authorities are well placed to prevent suicide because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing. There are also important and varied opportunities to reach local people who are not in contact with health services through on-line initiatives or working with the third sector. There is a positive correlation between recession and suicide rates, with the last peak in suicide rates being in 2008. It is important that we recognise this link and help people to build their resilience to be able to cope with financial difficulties.

3.3 Improving Outcomes for Children

Half of all lifetime mental illness starts before the age of 14 years. Suicide prevention must include activity to reduce mental health stigma amongst young people and train those that work with children and young people to be able to recognise signs and symptoms of emotional distress.

Self-harm is the single biggest indicator of suicide risk. A recent report (*Suicide by children and young people in England. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2016*) of suicides in England by people aged under 20 years who died between January 2014 and April 2015 showed that the majority (54%) had indicated their risk through previous self-harm.

3.4 Reducing demand of services

Suicide prevention activity is not just about supporting those people at crisis point. It is about improving the emotional health and wellbeing of the population, to help them cope better in difficult times. If we can help people to become more emotionally resilient from an early age, we should be able to reduce the demand on services. However, we do know which people are more at risk of suicide and therefore targeted interventions are also needed. Suicide prevention takes a proportionate universalism approach to reduce the demand on services.

The Wellness model will provide elements of this, making sure that everyone has access to emotional health and wellbeing support, but also providing more direct links to existing mental health providers.

3.5 Other (e.g. Legal/Financial or Human Resources)

N/A

4. **Consultees and their opinions**

The local action plan and group manifesto has been developed in consultation with the stakeholders that attend the quarterly Suicide Prevention action group. The action plan has joint ownership across all partners and organisations that attend (See section 2 above for the list of partners represented).

It is the responsibility of all those who attend to share resources, messages and activities planned with colleagues in their respective organisations.

5. **Next steps**

The plan is implemented by the local action group and its partners, depending on the particular activity/intervention. Some elements of the plan are ongoing and some are specific interventions aimed at targeted groups or professionals.

It is essential that there is a strong and clear quality assurance process to ensure that local authorities' plans meet quality standards. This will also enable more support to be provided to local authorities where it is needed. Public Health England have been tasked with developing quality standards which local action plans can be assessed against and this work will then be given to the regional Community Of Improvement's to assess each local authority plan.

Partnerships that are involved in overseeing the action plan are the Mental Health Partnership Board and the Emotional Health and Wellbeing Integrated Commissioning Group. The suicide prevention work has also formed part of the draft Kirklees "Whole Life Approach" for Mental Health & Wellbeing 2017-2021 strategy, to which an action plan will follow.

6. **Officer recommendations and reasons**

That the Panel engage in and support the delivery of the suicide prevention action plan.

7. **Cabinet portfolio holder's recommendations**

Cllr Scott supports the paper.

8. **Contact officer**

Rebecca Elliott – Health Improvement Practitioner Advanced
Rebecca.elliott@kirklees.gov.uk 07976194127

9. **Background Papers and History of Decisions**

N/A

10. **Service Director responsible**

Rachel Spencer-Henshall

Kirklees Suicide and self-harm prevention action plan 2017-2020

We believe that suicide is not inevitable. We can save lives and support those bereaved by suicide
– everyone has a part to play. We aim to raise awareness and create safe places.

Talk. Listen. Be kind.

Introduction

Suicide is a major public health issue. In Great Britain, there were 3.4% fewer suicides registered in 2016 than in 2015; this equates to 5,668 in 2016, a decrease from 5,870 deaths in 2015. However, in the West Yorkshire and Harrogate region, rates of suicide are increasing and higher than both the England and Yorkshire and Humber average rates. For this area, rates have increased from 9.7 per 100,000 in 2009-11 to 10.5 in 2014-16, an increase of over 8%.

Suicide Rates (per 100,000) - Kirklees

Year	Kirklees	Yorkshire and Humber	England
2011-2013	8.6	10.4	9.8
2013-2015	9.7	10.7	10.1
2014-2016	10.0	10.4	9.9

Every suicide is a tragedy and we must continue to work collaboratively as suicide marks the ultimate loss of hope, meaning and purpose to life and it has a wide ranging impact on families, communities and society.

The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This joint Suicide and Self- Harm Prevention action plan has to address this complexity in response to the government strategy; *Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives*¹. It aims to provide an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. "Prevention Suicide in England; 2 years on" is a useful update of the national picture <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/02/Preventing-Suicide-in-England-Second-annual-report.pdf>

The national strategy places greater prominence on the support to families who are worried that a loved one is at risk and those who have to cope with the aftermath of a completed or attempted suicide. The government has also made it clear that mental and physical health have to be seen as equally important. For suicide prevention, this will mean effectively managing the mental health aspects, as well as any physical injuries, when people who have self-harmed come to A&E and other frontline services. (Refer to NICE guidance for self- harm, 2013)

¹ Department of Health "Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives"

Kirklees Suicide Prevention & self-harm action group

The local suicide and self – harm prevention group, is a multi – agency group involving Kirklees Council, NHS, statutory and voluntary sector partners. This group has played a key part in planning the 3 year draft action plan attached. The key purpose of this group is to ensure that there is a co-ordinated and integrated multi-agency agreement on the delivery of this plan that is tailored appropriately to local need and is driven by the involvement and feedback from service users.

Development of the action plan

Six priority areas for suicide prevention in Kirklees (in line with the National strategy) with objectives are set out in the plan. Priority areas 1, 2 and 3 will be prioritised across the 3 year period, whilst areas 4, 5 and 6 will be ongoing. These actions address the main suicide risks, for example being male, living alone, unemployment, alcohol or drug misuse and mental illness. Building this partnership approach will ensure that all agencies are adopting a broad approach to improve the wellbeing of people at a population level.

Reducing the risk amongst high risk groups in Kirklees, promoting mental well- being, reducing the availability of suicide methods, improving the reporting of suicidal behaviour in the media, promoting research and improving monitoring locally are key messages from the national strategy which will need to be delivered at a local level. Reducing access to methods of suicide is a priority; particularly for pharmacology, secondary mental health services, police to work more collaboratively to implement actions.

The plan also addresses work with the local media to increase the prominence given to responsible and sensitive stories on suicide and its prevention. Supporting families who are concerned for someone who is at risk of suicide and for those have to deal with the aftermath of suicide, is a key feature within the action plan.

The plan is one of the actions identified within the Kirklees Mental Health Strategy and will report to the Mental Health Partnership Board which is accountable to the Health and Wellbeing Board. It also contributes to and complements the West Yorkshire and Harrogate Health Care Partnership, Suicide Prevention Five Year Strategy 2017-2022. It's important the local action plan is aligned to these broader strategies to have greater impact across Kirklees.

Outcome Measures for Suicide Prevention

The ultimate aspiration is to see a reduction in the number of suicides and the Five year forward view for mental health set the ambition that by 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. The World

Health Organization has said that because suicide is a relatively rare phenomenon, reductions in mortality should not be the only outcome measure for a suicide reduction programme.

- Suicide age- standardised death rate per 100,000 population, 3-year rolling average
- Referral rates for treatment of depression
- Changes in mental health state (self-reported and in primary care)
- Hospital presentation following self-harm
- The number of people presenting with self-harm who go on to receive cognitive behavioural therapy.

1. Reduce the risk of suicide in key high-risk groups

Objective	Suggested steps that need to be taken	Suggested lead/partners	Timescales (RAG)	Expected outcomes	Progress to date
<p>1.0: Men:</p> <ul style="list-style-type: none"> - with depression (esp untreated or undiagnosed) - using drugs and/or alcohol - who are unemployed - who have relationship breakdown - who are socially isolated - who have low self-esteem <p>Men are at 3 times greater risk of suicide than women.</p> <p>In Kirklees 2014-16 Male rate per 100,000 is 15.2</p> <p>Female rate per 100,000 is 4.8 (both in line with national rates and slightly lower than Y and H rates)</p>	<p>Use peer communicators (outside of health settings) so that men receive information and support from trusted sources</p> <p>Undertake outreach work in community and work-based settings rather than in formal health settings</p> <p>Create Andy's Man Clubs in Kirklees; one in North and one in South</p> <p>Focus on helping men to make the link between physical and emotional health.</p> <p>Provide focussed support.</p> <p>The Basement Recovery Project – a new member of the group as of Dec 2017. Supports people in Recovery within their community.</p>	<p>Voluntary and community sector</p>	<p style="background-color: yellow;">A</p>	<p>Improved social contact</p> <p>Individuals better able to cope in times of distress</p> <p>Reduction in male suicide rate in Kirklees</p>	<p>Two Andy's man clubs have now been created; one in Huddersfield and one in Dewsbury</p> <p>Plans for 2018 include an 'Adopt a Block' initiative in partnership with the Fire service to target high rise blocks where residents are predominantly single men. Using fire risk as the intervention but delivering mental health interventions.</p> <p>Other projects funded by Community Partnerships include: Men's Sheds, Respect Judo, Froglife, Evolve, The Brunswick centre Allotment Group and St Anne's community services</p>

	Support Kirklees to sign the 'Campaign to End Loneliness' as an approach to tackling suicide.	OPPB and Community Plus	A	Increased social connections for those people that feel lonely in Kirklees, including men.	A working group has been identified (Jan 2018) and is using the Age UK loneliness framework as a benchmarking tool.
<p>1.1: People who self-harm (is the most important risk-factor for subsequent death by suicide)</p> <p>Around 50% of people who die by suicide had a history of self-harm, in many cases with an episode shortly before their death.</p>	Ensure implementation of the NICE standards and pathways CG16 https://www.nice.org.uk/guidance/cg16 and CG133 https://www.nice.org.uk/guidance/cg133 for managing patients who self-harm.	<p>A and E departments</p> <p>MH Psychiatric liaison teams</p> <p>Janet Youd to support</p> <p>Rachel.sykes@swyt.nhs.uk</p>	A	<p>To ensure that anyone presenting with deliberate self-harming/suicidal behaviour has timely access to an assessment</p> <p>Reduce re-admission</p>	CHFT and MYHT are currently compliant with this guidance that everyone who attends A and E following an episode of self-harm should have a psycho-social assessment (if consent is given).
	Use local and regional intelligence to look at who is self-harming in Kirklees	<p>School nurses</p> <p>GP's</p> <p>Pastoral workers in schools</p>	G	<p>Increased access to therapeutic services</p> <p>Improved intelligence</p>	<p>From Hospital Episode Statistics:</p> <p>Kirklees</p> <p>2011/12: 215.6</p> <p>2015/16: 147.8</p> <p>England Rate</p> <p>2015/16: 196.5</p> <p>Y and H Rate</p> <p>2015/16</p> <p>190.3</p> <p>Local Intelligence from</p>

					Northorpe hall tells us that there have been 291 cases of self-harm as presenting issue. Highest area for self-harm was Heckmondwike ward.
	<p>Scope what is currently being delivered within schools (for teachers and pupils) around emotional health and wellbeing/resilience and identify gaps.</p> <p>- Use the suicide by children and young people in England report (May 2016) and share with partners to inform potential action.</p> <p>-involve the Kirklees Youth Council within SPAG</p>	<p>Kirklees Learning Partners</p> <p>Thriving Kirklees</p> <p>CAHMS</p>	A	<p>Increased awareness within schools about self-harm, mental health and impact of stigma</p> <p>Reduction in appropriate referrals</p>	<p>Yvonne White – Northorpe Hall. There is a training package available around awareness of self-harm currently offered to schools.</p> <p>Through the Time To Change HUB @TTCKirklees, a train the trainer session has been delivered on 16th Jan 2018 to equip staff with ideas/techniques for reducing mental health stigma in schools. Another session planned for Summer 2018.</p>

<p>1.2 People who misuse alcohol and drugs</p> <p>The co-existence of drug and/or alcohol misuse alongside a mental health diagnosis is termed “dual diagnosis” and is associated with an increased risk of suicidal ideation and suicide.</p>	<p>Scope provision for those with dual diagnosis and what exists for those with substance misuse issues and mental health problems.</p> <p>Review the PHE guidance: ‘Co-existing alcohol and drug misuse with mental health issues: guidance to support local commissioning and delivery of care.’</p>	<p>CHART Kirklees shida.khan@commlinks.co.uk</p> <p>The Basement Project Larry Eve</p> <p>Dual Diagnosis: Adam Barratt</p> <p>CLASS WiFi</p>	<p>A</p>	<p>Improved outcomes for people who have co-existing mental health and drug use problems</p>	<p>Proposed to the SPAG group to focus on this within the December 2017 meeting with TBRP attending.</p>
<p>1.3 People in the care of mental health services, including inpatients</p>	<p>Review and Implement NICE guidance on depression https://www.nice.org.uk/guidance/CG90</p>	<p>SWYFT- implementation of the Suicide Prevention Strategy 2017 – 2022 Mike.doyle@swyt.nhs.uk</p>	<p>2017-2022</p>	<p>Reduce the frequency of suicide in the population served by the Trust and to support those affected by suicide or suicidal behaviour.</p>	<p>Matt Ellis (SWYT) is a representative in SPAG and within SWYT and will be the link between MH service managers and SPAG group.</p> <p>Operational manager needed to sit on SPAG group – Sue Sutcliffe or her Deputy.</p>
	<p>Raise awareness of effective psychological support services in the community for those patients that are living with depression and other mental health conditions</p>	<p>Raise awareness with GP’s and through Provider Forums and MH Partnership Board meetings</p>	<p>G</p>	<p>Improved access to support</p>	<p>Promote these types of support within the development of crisis card.</p>

	<p>Make links with Crisis Resolution Home Treatment Teams in Kirklees to be part of the group – suicides are rising in this area as suicides within in patients have reduced.</p>	Natalie Hall	G	<p>Reduced suicide in the post-discharge period.</p>	<p>Natalie Hall now sits within the Home Based Treatment team as part of the crisis pathway which means improved risk management –see 1.4</p>
<p>1.4 People in contact with the criminal justice system</p>	<p>Continue to support the ‘Mental Health Treatment Requirements – Kirklees.’ (Includes adults aged 18 to 65 years who are due to attend court, charged with a criminal offence).</p> <ol style="list-style-type: none"> 1) Improving communication between offender management team, magistrates court and probation 2) Information sharing for service users 3) Provide speedy assessments for those in crisis 4) Carry out assessments 5) Support service users through community order 	Natalie Hall – SWYFT	<p>Extended project funding until February 2018 (funded through PCC)</p>	<p>Improved access to and delivery of MH treatment to offenders in the community</p> <p>Reduction in reoffending rates</p> <p>Will improve health outcomes for this group of offenders</p>	<p>In the first year of the project, 677 referrals were made. If this project was not in place, these people would have fallen under generic criminal justice sentencing i.e. custody or a generic community probation order.</p> <p>The TAG assessment below has been developed to see where the individual should be referred</p> <div style="text-align: center;">  <p>TAG Referral.docx</p> </div>
	<p>Mental Health nurses within the Police stations</p>	Gail Tinker		<p>Reduced use of section 136</p>	

<p>1.5 Workplaces</p> <p>Unemployment is a significant risk factor for suicide</p>	<p>Encourage employers to promote mental wellbeing in the workplace and reduce stigma e.g. through Time to Change campaigns. Highlight national programmes of support for the SME's in Kirklees who might not have an occupational health department.</p> <p>Share the PHE and Business Community document: Mental health toolkit for employers: http://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf AND the HSE Management Standards for Stress: http://www.hse.gov.uk/stress/standards/</p> <p>Explore adding health, work and wellbeing pages to the Kirklees Business Hub website which direct businesses to useful sources of information.</p> <p>Explore how the Wellness Service might be commissioned to improve the health and wellbeing of the</p>	<p>Rebecca Elliott through Wider Factors theme- PH</p>	<p>A</p>	<p>Improvements in workplace health with employers being able to recognise the impact of poor mental health at work.</p>	<p>Kirklees Council has signed the Time to Change Pledge and now has steering group and employee champions being recruited to reduce stigma and discrimination</p> <p>We need to encourage workplaces to sign up to this through the Business Hub.</p> <p>Scope representation on group from: domestic violence, bereavement and relationship support, financial and debt issues and local citizen advice.</p>
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	working age population.				
	Promote the Mental Health Employment service who work with people and their employers around job retention and this includes how they support the individual and their employer around mental health	Richmond Fellowship	G	People focus on recovery, hope, therapeutic optimism, personal responsibility and meaning in life.	All SPAG members to promote – has been discussed at SPAG meetings.

2. Tailor approaches to improve mental health in specific groups

It is important for local areas to understand the needs of people across all the protected characteristics. National data is not routinely collected for suicide against all the characteristics, therefore local demographics need to be considered. The forthcoming Prevention concordat Programme for Better Mental health for all in 2017 will help local areas develop this further.

Objective	Suggested steps that need to be taken	Suggested lead/partners	Timescales (RAG)	Expected outcomes	Progress to date
2.0 Community-based approaches	<p>Develop and deliver a community suicide prevention awareness campaign targeting ‘the helper’ alongside those with lived experience to shape the campaign</p> <p>Development of crisis card for front line workers to raise awareness of local support services for mental health distress</p>	SPAG task and finish group - campaign	G	<p>Improved awareness of suicide prevention</p> <p>Increased calls to Samaritans</p>	<p>Graphic design finalised – ad-shells booked in key locations from 31st July onwards for 2 months</p> <p>Crisis card in development – due to be printed before end of Feb 2018</p>
	Kirklees to become a Time to Change HUB – pilot between 2017 and 2018	Rebecca Elliott, Tony Bacon, Vicki Stadnicki, Tess Owen and Jane Mackay	G	Improved campaigning at a local level and social contact	@TTCKirklees developed as a platform for awareness raising activity and conversation Train the trainer training to

				Embedding of mental health anti-stigma work in local strategies and organisational policy	<p>be delivered in partnership with Northorpe Hall to identified secondary school staff around mental health, activity and lesson plans.</p> <p>Funding from PH to be used to instigate local champion fund activities, increasing contact and conversations between those with lived experience and those without.</p>
	Pilot an 'Adopt a Block Initiative' in Kirklees	Fire Service (contact to be appointed in Jan 2018) Housing SPAG Cllr Judith Hughes	A		Case study to be shared with SPAG in Dec 17, ready to discuss pilot in 2018.
<p>2.1 Suicide Prevention training 2016-2018</p> <p>(For every £1 investment into suicide prevention through GP training then £44 is saved. DH,</p>	Scope professionals: GP's, mental health staff and community members: teachers, faith leaders, people in criminal justice system and those working with those in high-risk occupations to suicide prevention training.	Community Links MHFA PABBS	G	<p>Increased awareness of mental health and local services available to support</p> <p>Increased uptake in local services.</p>	<p><u>Gatekeeper training</u></p> <p>Currently limited funding to access any training available either locally or nationally. Between Sep 2017 and Aug 2018, Kirklees Rural, Huddersfield and Batley and Spennings Dale DC will be funding Adult and Youth MHFA – a total of over 300 people trained in MHFA</p>

<p>2011).</p> <p>Education of primary care doctors targeting depression recognition and treatment has been identified as one of the most effective interventions in lowering suicide rates</p>					<p>MHFA training taking place in Dewsbury (commissioned via Dews and Mirf DC throughout 2017)</p>
<p>2.2 People who are vulnerable due to economic circumstances</p>	<p>Collaborate with voluntary sector and community groups, such as Citizens advice, housing associations and homelessness services:</p> <ul style="list-style-type: none"> - Provide training - Increase information and support services signposting 	<p>KNH</p> <p>Housing Solutions</p>	<p>A</p>		<p>Housing Solutions undertake a vulnerability and risk assessment before placing someone in temp accommodation. This takes into account:</p> <ul style="list-style-type: none"> - History of self-harm and suicidal thoughts <p>People identified at risk would be accommodated in a setting where they are not entirely isolated.</p> <p>Many staff from KNH have attended the above offer of MHFA training.</p>
	<p>Provide supportive parenting training</p>	<p>Cathy Munro</p>	<p>G</p>	<p>To ensure that every baby born in Kirklees</p>	<p>Nurturing Parents Preparation for Parenthood</p>

	and advice to vulnerable families			<p>has the best possible start in life</p> <ul style="list-style-type: none"> •To recognise and build on mothers' and fathers' strengths and natural skills as parents •To promote joyful, communicative interactions between babies and their mothers, fathers and principal carers •To promote confident, competent parenting that supports all-round child development •To support family well-being in terms of stable relationships and enjoyment of parenting roles. 	<p>(NP Pfp) courses in place: 3 in South and 1 in North, delivered by Health visitors and midwives.</p> <p>The courses are 6 weeks in duration, 5 of which are run antenatal, and 1 postnatally. The courses cover a wide range of topics and geared up to prepare people to become parents: labour and birth, changes to relationships, impact of stress as well as more practical things related to baby (feeding).</p> <p>The courses are now part of Thriving Kirklees so will be on offer until the end of this contract.</p> <p>There is scope to make this a more targeted offer of support as currently universal.</p>
		Carol Woodhead –	G		Carol and her team provide

		Parenting Support Manager Kirklees Council			<p>supportive training and advice to vulnerable families across Kirklees. These families could be experiencing any of the following concerns:</p> <ul style="list-style-type: none"> - Violent/ abusive children - Children that have been taken away from the family
<p>2.3 Pregnant women and those who have given birth in the last year</p> <p>In 2015 the government launched a new ambition to reduce the rate of stillbirths, infant and maternal deaths in England by 50% by 2030.</p>	<p>Review the local perinatal mental health pathway</p> <p>November 2016: SWYFT has been awarded £2.1m by NHS England to provide specialist mental health support to pregnant women and new mums. The two year funding will be used to set up a specialist perinatal mental health team to support local people</p>	SWFT	A	<p>It is estimated that this service will make a difference to 2920 women a year with 730 requiring direct support from the specialist team. This will support recommendation 15 of the 5YFV which states that by 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental</p>	<p>The Specialist Perinatal team:</p> <ul style="list-style-type: none"> -Provides education and advice to local communities and the voluntary sector. This includes the development of a 'learning network' of perinatal mental health peer supporters who have lived experience of the issues. This will lead to earlier identification and treatment and care. -Provides specialist support and co-working with existing local mental health and maternity pathways. Greater specialist capacity in every locality will promote recovery

	across the BDUs			health care during the perinatal period. This should include access to psychological therapies.	and help people access care closer to their home. -Directly manages care for the most complex cases including gatekeeping the patient journey into and out of specialist Mother and Baby inpatient units.
2.4 Children and young people	<p>Improve the mental health of ch &yp, in-particular:</p> <ul style="list-style-type: none"> - Looked after children - Care leavers - Those in youth justice system - LGBT <p>Consider implementing school based awareness programmes.</p> <p>Utilise the results of the planned 2018 Young People's survey</p>	<p>Schools as community hubs – the 0-19 service actively involved with monthly strategic meetings discussing families and support needed from all services within the hub</p> <p>Val Flintoff –PHSE Learning lead</p> <p>Brunswick centre</p> <p>Probation</p> <p>Northorpe Hall</p>	A	<p>LGBT young people reporting they are better informed and have happy lives in school, at home and in the community</p> <p>LGBT young people report healthier and happy relationships and improved emotional health and well-being</p>	<p>May 2016: Suicide by children and young people in England showed:</p> <ul style="list-style-type: none"> -exam pressures -bullying -physical health problems (acne or asthma) to have greatest impact. Report shared with SPAG and CDOP <p>New Kirklees PSHE Programme of Study being recommended to all our schools: focusing on the key local priorities identified in the Kirklees Young People's Survey 2014, Kirklees Children and Young People Plan (2013-2016), Kirklees Health and well-being strategy (2013-2020) – The programme of study covers</p>

				<p>Key Stages 1 to 5 and is based on three core themes within which there is broad overlap and flexibility: Core theme 1. Health and Wellbeing Core theme 2. Relationships Core theme 3. Living in the Wider World</p> <p>Russell Oxley – young persons lead for Brunswick LGBT, running groups for LGBT young people and their parents. Funded post until 2022.</p> <p>A team of 4 police has been set up in Kirklees to provide input to young people including subjects such as Child sex exploitation, PREVENT, gangs, knife crime and mental health. Northorpe Hall and Probation delivered first input day at the Brian Jackson College last week. Further plans to provide this input to Batley Grammar school over 5 input</p>
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					days in 2018.
	<p>Improve links with Joint Calderdale & Kirklees CDOP:</p> <ul style="list-style-type: none"> -to share lessons learnt - to be aware of clusters amongst young people - to be aware of frequently used locations and/or methods - to provide better support to those affected by suicide 	Emily Parry-Harries	G	More effective suicide prevention planning.	PH consultant now chairs this panel so much stronger links in terms of sharing lessons. CDOP have also been proactive in working with POPYRUS: a charity to support young people at risk of suicide

3. Reduce access to the means of suicide

Objective	Steps that need to be taken	Lead	(RAG)	Expected outcomes	Progress to date
<p>3.0: Reduce the level of risk of suicide at identified high risk locations in community and mental health settings</p>	<p>Use the most recent local data to identify how and where people in Kirklees are most likely to take their own life.</p> <p>Hanging: 45% Poisoning: 31% Drowning: 6% Standing in front of a train: 5% (Kirklees has 2 train stations in the most frequently used train stations in England: Slaithwaite and Dewsbury).</p> <p>After own home, river/lake/canal and railway stations were the most frequent locations used to take your own life in Kirklees.</p> <p>Improve partnerships in Kirklees between Network Rail, motorway network, Samaritans, WY Police & British Transport Police Andrew.Roberts@BTP.pnn.police.uk</p> <p>Promote crisis line numbers at</p>	<p>Suicide prevention action group.</p> <p>Network rail Caroline.Kington@networkrail.co.uk / Samaritans</p>	<p>A</p>	<p>Reduction in completed suicides</p> <p>Support given to people in a crisis</p>	<p>Contact made with Samaritans to ascertain what outreach work is taking place at the priority train station locations: jaynewakefielddirector@gmail.com Jayne attends the SPAG meetings regularly</p> <p>A contact within WY Police (Nicola Pringle) has now been identified to work on real time surveillance sharing so that local authorities are able to respond in a more timely fashion to clusters and/or trends</p>

	<p>high risk locations.</p> <p>Work with colleagues in Housing who come into contact with people who live in high rise accommodation who may be experiencing risk factors for suicide:</p> <ul style="list-style-type: none"> - Give crisis cards - Staff to attend MHFA training <p>Develop a data sharing agreement with local partners to contribute to a suicide audit database (real-time surveillance)</p>				<p>Asad Bhatti – Head of Asset management for KNH Kirklees Council is developing an Asset Strategy. We have asked for suicide prevention to be incorporated into the strategy e.g. to provide areas for social interaction, to consider lighting and to consider barriers in any high rise buildings.</p>
3.1: Improve safe prescribing to restrict access to some toxic drugs.	Discussion with prescribing teams/CCG's.	CCG's	October 2015.	Reduction of self-harm and suicide from overdosing on medication	Latest suicide audit (2011-2013) findings have been shared (October 2015) with both CSG's with regards to drugs used in overdoses in Kirklees.
3.2: Local authority planning;	Discussion with Planning / Highways department and ascertain what measures they are taking to address this and to embed suicide prevention within planning as part of Health and Safety.	Public Health/ Planning	Early 2017	Reduction in suicides from high rise buildings.	<p>Simon.taylor@kirklees.gov.uk Head of Development Management</p> <p>As part of the council's Highway Design Guide, Supplementary Planning Document, the following steps/measures have been suggested as considerations</p>

	<p>Share Preventing suicides in Public Places https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing suicides in public places.pdf</p> <p>Use local intelligence to build a local picture of high risk public places for suicide and take steps to tackle this</p>			<p>within any highways planning:</p> <ul style="list-style-type: none">➤ Increase opportunity and capacity for human interaction➤ Provide amenities and recreational opportunities to improve the health and wellbeing of the whole local community➤ Hard engineering (physical barriers) from high rise buildings can be highly effective to prevent suicide, but should be implemented with other 'soft' measures (see above)➤ The infrastructure should lend itself to human interaction as this is the best defence against isolation and hopelessness➤ In quieter areas, use lighting to help make places more visible
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4. Provide better information and support to those bereaved or affected by suicide

Objective	Steps that need to be taken	Lead	Time scales (RAG)	Expected outcomes	Progress to date
4.1: Provide effective and timely support for families bereaved or affected by suicide;	<p>Commission a suicide bereavement service for people in Kirklees. Options:</p> <ul style="list-style-type: none"> - A regional collaborative approach - A bespoke Kirklees approach to train up existing peer supporters with lived experience <p>Utilise http://www.nspa.org.uk/wp-content/uploads/2017/01/NSPA-postvention-framework-20.10.16.pdf to help do this work.</p>	LA, CCG's	A	<p>Improved support for those bereaved of suicide.</p> <p>Improved health and wellbeing of those who are bereaved of suicide.</p>	<p>Currently a gap in Kirklees. Nearest support is kirklees@cruse.org.uk but this is support for generic bereavement. Nearest SoBS group is Bradford.</p> <p>Scoping paper across Y and H has been written by PH. Will be taken to AsDPH's in December. Outcome: agreed to support but to what extent depends on local priorities.</p>
	Provide local undertakers with this link along with the link to 'Help is at Hand.'	Rebecca Elliott	G	Improved support for those bereaved of suicide	Email was circulated to all undertakers in Kirklees and letters written (Feb 2017) to those that wanted this communication. Most we spoke to had NOT heard of this resource.

	All to promote 'Help is at Hand' regardless of work area. Disseminate to community settings such as: libraries, primary care and community centres and council bereavement services: Paul Hawkins http://www.supportaftersuicide.org.uk/help-is-at-hand	SPAG members	G	Improved support for those bereaved of suicide	Resource has been circulated to SPAG group. Dec 2017-now have actual hard copies to distribute to SPAG group. Jane Clifford is coordinating.
	Promote the 'Facing the Future' pilot taking place between Samaritans and CRUSE in Wakefield. August 2016 is the next session start date. Need to be 3 months bereaved before can access the 6 sessions. Awaiting evaluation of pilots already undertaken. www.facingthefuturegroups.org	SPAG members	R	Improved support for those bereaved of suicide	Awaiting evaluation of pilots. Kirklees residents would have to travel. Scope whether we could pilot something similar here in Kirklees.
4.2: Information/support for people concerned that someone is at risk of suicide	Promote the Samaritans number: 116123 as the first point of contact for anyone who is concerned about someone being at risk of suicide. Samaritans can take 3 rd party referrals and will then contact the person thought to be at risk. Ensure Samaritans number is visible at local Kirklees train stations where higher numbers of suicide take place	Samaritans	G	Increased support for those at risk of suicide and those concerned about those at risk.	Promoted on Campaign and crisis card.
	KNH have a publication named 'door to door' (twice a year) which reaches 22,500 households and an internal staff briefing 'briefly speaking' (weekly bulletin) which reaches 900 staff. Utilise these communication channels to spread messages and raise awareness.	KNH	R		

	Scope the development of a crisis card for front line workers to give out to those working with vulnerable people and for those who are concerned about family or friends.	SPAG group	G		Final version to be printed by end of Feb 2018
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5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Objective	Steps that need to be taken	Lead	Time Scales (RAG)	Expected outcomes	Progress to date
<p>5.1: For all editors of local media to be familiar with national and local guidelines for reporting suicide and suicidal behaviour</p>	<p>Share guidelines written to support the media in the reporting of suicide and suicidal behaviour in the media.</p> <ol style="list-style-type: none"> 1) Samaritans: Media guidelines for reporting suicide http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide 2) Leeds: Covering Suicide; Brief Guidelines for those working in or with the news media http://www.leeds.gov.uk/docs/CoveringSuicide.pdf <p>Ensure that those working in local media are aware of the local Suicide Prevention action group and ensure they are aware of local sources of support and contact details of helplines when reporting mental health and suicide stories.</p> <p>Share guidelines with all those contacts that work in communications and ask these colleagues to share with local press officers to highlight the following:</p> <ul style="list-style-type: none"> - Encourage a positive report on the deceased person - Do not sensationalise the suicide or suicide method - Protect bereaved families from intrusion - Avoid referring to suicide in the headline of the story - Avoid terms such as 'successful', 'unsuccessful', or 'failed.' - Restrict coverage of methods used 	<p>Suicide Prevention group – All Communication officers: Council, NHS and voluntary and community sector</p>	<p>A</p>	<p>Media coverage in Kirklees will be non-sensationalist and will mention sources of support.</p> <p>General public are more informed about mental health Reduced stigma and discrimination</p>	<p>Shared with Council comms lead – Jan 2017 Awaiting outcome of this and contact names of local media for future reference.</p> <p>Plans for joint work between SPAG and Samaritans to deliver media training to local media in Kirklees -2018.</p>

5.2: Minimise the stigma associated with mental health conditions and suicide across Kirklees.	<p>Develop a suicide prevention campaign using the suicide audit data and information to inform the content and delivery.</p> <p>Develop a communications plan to support this with timescales, including liaising with local media and development of crisis card.</p>	Suicide prevention group	G	Improved emotional health and wellbeing	Initial brainstorm taken place on 27 th June 2016 - completed
	Promote sign up to @TTCKirklees by all SPAG members and networks.	SPAG	G	Reduced mental health stigma	Twitter account live as of Nov 2017. Encourage SPAG members to follow. Kirklees Council comms is actively following and retweeting.

6. To promote local research and knowledge on suicide and suicide prevention

Objective	Steps that need to be taken	Lead	Timescales (RAG)	Expected outcomes	Progress to date
6.1: Reliable, timely and accurate suicide statistics	Conduct suicide audit for period 2014-2016	Rebecca Elliott and Owen Richardson	A	Effective suicide prevention	Meeting with Bradford coroner took place in early

for suicide prevention and self-harm		Bradford Coroner		planning and collaborations	Feb 2017. Access to records granted but suicide verdicts only. New audit is due to commence in 2018.
	Routinely use the suicide prevention fingertips profile https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide to understand local trends in Kirklees: <ul style="list-style-type: none"> - Suicide data - Related risk factors - Related service contacts 	RE and SPAG	G	Effective suicide prevention planning	Carried out again at Dec 17 meeting.
	Develop an Information Sharing Protocol for Kirklees	Conversations now happening West Yorkshire Police (Nicola Pringle) to look at data sharing on a more formal basis.	A	Effective and more timely suicide prevention planning	This has been recognised as a priority within the West Yorkshire and Harrogate Health and Care Partnership strategy
	Develop a local suicide response plan and apply emergency planning principals to test the robustness of local plans and processes for handling a suicide cluster https://www.gov.uk/government/	RE and Y and H regional task and finish group to test a community response plan focusing on:	A	To ensure a measured and effective response to suicide clusters.	Kirklees to be used as a pilot site to carry out the real time suicide response to a cluster – Summer 2018

	publications/suicide-prevention-identifying-and-responding-to-suicide-clusters	<ul style="list-style-type: none"> - Chyp - Adults - Surveillance systems - Methods - comms 			
6.2: Disseminate existing research/evidence on suicide prevention	<p>Routinely identify and promote evidence based practice on suicide prevention and incorporate findings in the Suicide Prevention action plan.</p> <p>Utilise the regional mental health and suicide prevention group to determine the evidence base practice on suicide prevention and what works and apply these findings to a local level where appropriate.</p>	Suicide prevention and self- harm group via regional group.	G	Consistent approaches across Kirklees embedded within one action plan.	<p>New Local Suicide prevention planning: A practice resource has been shared: December 2016.</p> <p>Ongoing via Rebecca Elliott as and when received.</p>