

Name of meeting: Health and Adult Care Social Care Scrutiny Panel

Date: Tuesday 6th November 2018

Title of report: Kirklees Suicide Prevention

Purpose of report: To provide the Panel with an update on Suicide Prevention activities since the last scrutiny panel meeting in February 2018.

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?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	N/A
The Decision - Is it eligible for call in by Scrutiny?	N/A
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall - 8 th October 2018
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N/A
Cabinet member portfolio	Cllr Musarrat Khan – Health and Social Care

Electoral wards affected: NA

Ward councillors consulted: No

Public or private: Public

1. **Summary**

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.

This report is for briefing and consultation purposes. The intention is to inform the panel on the following key aspects of suicide prevention activity and therefore does not cover all workstreams within the local plan:

- The relationship between the West Yorkshire and Harrogate Health Care Partnership (WYHCP) Suicide Prevention Strategy and the Kirklees Action Plan
- Details of the work being done by South West Yorkshire Foundation Trust (SWFT) on awareness raising
- Details of the work being led by the Trust through the West Yorkshire and Harrogate Care Partnership (WYHCP) work stream Suicide Prevention Strategy.
- The challenges of data sharing in relation to suicide prevention
- Work with primary care and GP's
- Looking at the overall financial envelope to support the Council's work on suicide prevention
- Scammonden Bridge

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.

2. **Information required to take a decision**

2.1 The relationship between the West Yorkshire and Harrogate Health Care Partnership (WYHCP) Suicide Prevention Strategy and the Kirklees Action Plan

The overall aim of the five-year suicide prevention strategy is to develop working relationships between partner agencies to provide an evidence-based but practical framework across the WYHCP region to help reduce the frequency of suicide and minimise the associated human and financial costs, and the impact on others. The strategy aims to provide an opportunity for the regions' partners to work collaboratively to prevent the death of people by suicide, whether they have had contact with mental health services or not.

The Kirklees Suicide Prevention Action Plan, makes links to the WYHCP Strategy by acknowledging that the actions within it are aligned to the WYHCP. For example, one of the high risk groups identified in the local plan are those in the care of mental health services, including inpatients. The work being led by the WYHCP strategy contributes to this significantly.

Underneath the WYHCP there is a SWFT led Suicide Prevention Advisory Network, of which Kirklees LA is a member. Part of the remit of this group is to consider how the NHS England funding for suicide prevention will be allocated across the STP footprint and what it will be used for. This will be an important piece of work for our local action plan. Wave 2 funding is expected from April 2019.

2.2 Details of the work being done by the Trust on awareness raising –

Suicide prevention training is a core objective of the WYHCP strategy. Keen to embed evidenced based training, the network are currently focusing on the internationally recognised programmes licensed with LivingWorks- suicide alertness for everyone- safeTALK, and applied suicide intervention skills training- ASIST.

To date, the network has funded both safeTALK and ASIST training for trainers, and is currently providing safeTALK training within each of the partnership districts for strategy partners throughout October and November. The plan is to develop a training strategy in collaboration with partners, for both safeTALK and ASIST, looking at other local provision, target areas and gaps.

A number of people from the WYHCP suicide strategy network have also attended the PABBS training (postvention, assisting those bereaved by suicide); all will be invited to join the postvention support scoping action plan.

2.3 Details of the work being led by the Trust through the West Yorkshire and Harrogate Care Partnership (WYHCP) work stream Suicide Prevention Strategy –

The regional suicide prevention strategy was launched in 2017, with a 5 year remit. The network is well attended by partners including Public Health, West Yorkshire Police, West Yorkshire Fire and Rescue, Yorkshire Ambulance Service, the three provider Trusts of SWYPFT, LYPT and BDCT, and the voluntary sector. There are 12 objectives with short, medium and longer term plans.

The current focus is around awareness training, understanding opportunities for postvention support for those bereaved by suicide, engaging with and supporting developments by experts by experience, supporting provider Trust collaboration around access to means of suicide, embedding Zero Suicide philosophy and data sharing and real time data (see below).

2.4 Data sharing

In the absence of a recent suicide audit, an information sharing protocol has been drawn up with support of the WYHCP, between Kirklees LA and West Yorkshire Police. This is to support the development of a real-time surveillance approach to suicide prevention. This is a marked step forward in becoming proactive in our suicide prevention approaches.

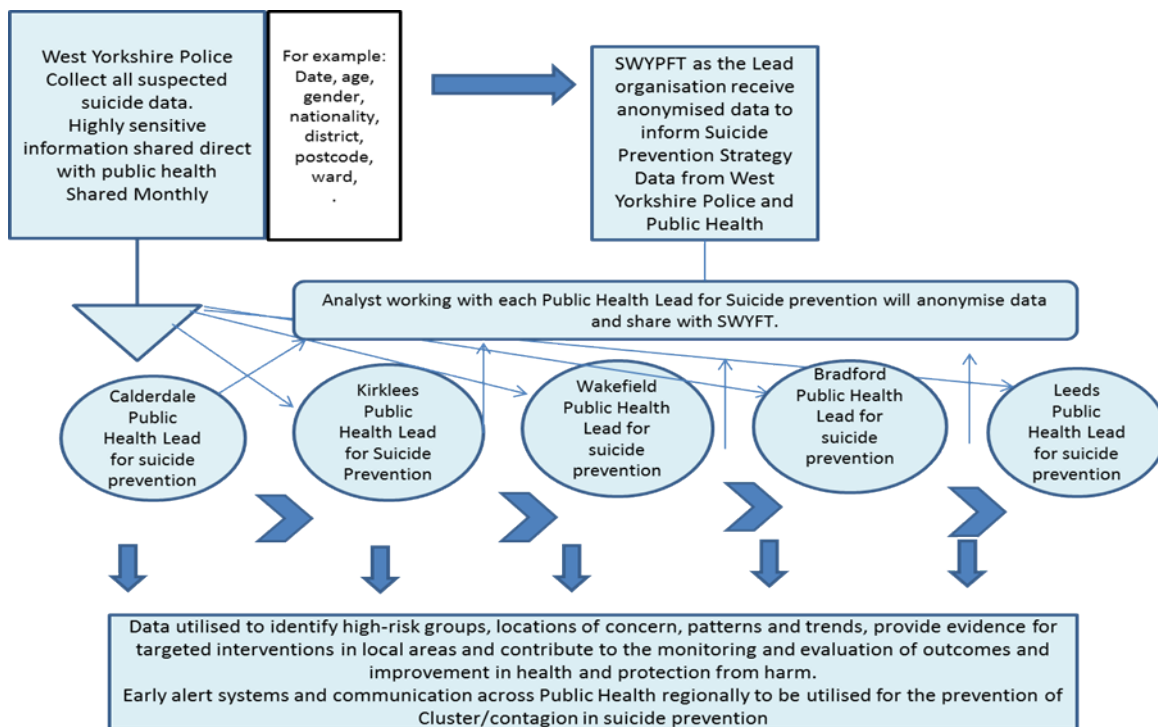


Figure A: shows the model for real time surveillance data for West Yorkshire

Earlier this year, Kirklees LA volunteered to be part of a pilot exercise in partnership with Public Health England (PHE) and Huddersfield University to test our response to a potential suicide cluster amongst students. The outcomes of this exercise have been used in the development of the new PHE guidance on how to respond to a suicide cluster which is expected to be published before the end of this calendar year. Real time surveillance will facilitate the ability to respond to a potential cluster.

2.5 Work with primary care and GP's

This strand of work is to form one of the priority actions for 2019. We know from our previous audit that 54% of suicides had been seen by their GP on one or more occasions in the three months prior to their death. Plans for next year include:

- Identify the mental health GP champion in Kirklees
- Promote the mental health resources on On-line Support and Clinical Advice Resource (OSCAR) system
- Use the real time surveillance to update GP's on suicide activity
- Consider developing an alert system for those patients that present in primary care with at risk behaviours/conditions
- Consider doing a Practice Protected Time (PPT) event with a focus on suicide prevention
- Consider suicide prevention awareness training for primary care

2.6 The overall financial envelope to support the Council's work on suicide prevention

It is difficult to put an exact cost on what is spent on suicide prevention as outcomes in this area are embedded across a number of different commissioned services; in addition there is dedicated officer time and then a small budget (6k) for ad hoc initiatives.

There are other aspects of Public Health work which will contribute to the mental wellbeing agenda, e.g. community hubs, Thriving Kirklees and the Wellness model.

As above (point 2), we are waiting for notification of the amount to be allocated to the WYHCP from the NHS England funding.

2.7 Scammonden Bridge

Highways England has, in line with its new suicide prevention strategy, recently completed a feasibility study on options for alternative physical measures at Scammonden bridge. They are now working on a design which includes proposals to replace the existing bridge barriers with a pedestrian barrier and separate safety barrier nearer the road. It is hoped this work will be funded from a new suicide prevention budget. Work will now start on the detailed structural assessment, design and construction.

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 50.

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.

The Kirklees Young People Survey (2018) informs us that 156 out of 2,007 (around 40% of Kirklees' year 9's) that said they cut or hurt themselves (7.8%) as a way of coping and dealing with problems and girls were three times more likely to say this than boys.

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 (eg 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. This includes the following partners:

- 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
- Huddersfield University
- Job Centre Plus
- CCG's

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. This peer challenge took place on 24th September 2018. We are awaiting the outcomes of this exercise. We would like to get sign off of the local action plan from our Health and Wellbeing Board once amendments have been made following the peer review process.

There is an additional Sector-led Improvement (SLI) self-assessment process that has been launched by the Association of Directors of Public Health (ADPH), Local Government Association (LGA), Public Health England (PHE) and Department of Health of Social Care (DHSC). This self-assessment tool is intended to help councils identify where they are with plans and action and help us identify good practice which can be shared and the support and resources that could be offered in future through an SLI offer. This is not mandatory but should be completed by 1st November.

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 raise the profile of and contribute to the local suicide prevention action plan.

7. Cabinet portfolio holder's recommendations

Suicide has a devastating effect on a much wider basis than just individuals. It has a detrimental impact on families, friends and wider communities. Given the current climate of austerity and the established link between poverty and suicide, it is now more important than ever that relationships continue to be developed between partner agencies and that regional strategies are synergised with local plans across the partnerships. I welcome the development of a real-time surveillance approach to suicide prevention. This is a marked step forward in becoming proactive in our suicide prevention approaches. I welcome works to establish alternative physical measures at Scammonden Bridge.

8. Contact officer

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9. Background Papers and History of Decisions

Contact officer came to Scrutiny Panel in February where the suicide prevention action plan was discussed and the items discussed today were raised as items to bring back to panel.

10. Strategic Director responsible

Rachel Spencer-Henshall Corporate Strategy and Public Health