Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	29 November 2018
Officer	Elaine Hurll, NHS Dorset Clinical Commissioning Group
Subject of Report	**Dorset Suicide Prevention Strategy**
Executive Summary	A letter was sent to Chairs of Health Scrutiny Committees by Dr Sarah Wollaston, MP, following the conclusion of the House of Commons Health Committee inquiry into suicide prevention and the publication of a final report on 16 March 2017. The letter urged Health Scrutiny Committees to have a role in scrutinising the implementation of local suicide prevention plans. Dorset Health Scrutiny Committee subsequently agreed that Dorset's Suicide Prevention Strategy would be considered within their annual work programme for 2018. The report and presentation which follows set out the approach which has been taken in Dorset and the progress which has been made towards the 10% target in terms of reducing the incidence of suicides.
Impact Assessment:	Equalities Impact Assessment: The Strategy aims to support vulnerable groups in particular.
	Use of Evidence: Information taken from House of Commons Health Committee, Public Health England, NICE and NHS Dorset CCG.
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW

	Other Implications: None.
Recommendations	That Members note and comment on the report and presentation and consider whether to undertake further scrutiny and/or to make recommendations for further actions.
Reason for Recommendations	The work of the supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1. Briefing: Pan-Dorset suicide action plan and prevention at scale (April 2018) 2. Dorset Co-Produced Suicide Prevention Action Plan (March 2018)
Background Papers	House of Commons Select Committee Report, 2017 Select Committee Report: Suicide Prevention
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Dorset Health Scrutiny Committee – Review of Suicide Prevention Strategy, 2018

1 Background: Letter from the House of Commons Health Committee, March 2017

1.1 A letter was sent to Chairs of Health Scrutiny Committees by Dr Sarah Wollaston, MP, following the conclusion of the House of Commons Health Committee inquiry into suicide prevention and the publication of a final report on 16 March 2017:

https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/1087/108702.htm

1.2 The letter states:

"We noted that there is a role for local scrutiny of implementation of suicide prevention plans in the first instance and we considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities."

1.3 And makes this specific recommendation:

"We recommend that health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board."

1.4 The report includes the following on the matter of the Quality of local authorities' plans:

"19. The Secretary of State, in his ministerial foreword to the progress report, states that he is "delighted that 95 per cent of local authorities now have plans in place or in development". We are also pleased to hear of this improvement since the All Party Parliamentary Group on Suicide and Self-Harm Prevention's 2014 survey, which found that 30% of local authorities in England did not have a plan.

20. However, while it is commendable that "95 per cent of local authorities now have [suicide prevention] plans in place or in development", we do not know anything either about the quality of the plans themselves or about how well the plans are being implemented. As PAPYRUS (a charity dedicated to the prevention of suicide in young people, whose Chief Executive we met on our visit to Merseyside) notes in written evidence, "the presence of a document in a local authority is no proof of activity" and "there needs to be proper and effective accountability in delivering on local suicide prevention plans".

21. We welcome the fact that 95 per cent of local authorities have a suicide prevention plan in place or in development. However we are concerned that there is currently no detail about the quality of those plans. It is not enough simply to count the number of local authorities which report that they have a plan in place.

22. 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. In its response to this report, the Government should set out how the quality assurance process will work; who will be responsible for it; how it will report; how often it will be carried out; and when it will start.

23. We recommend that Public Health England's suicide prevention planning guidance for local authorities should be developed into quality standards against which local authorities' suicide prevention plans should be assessed."

2 Resources and Best Practice Guidance

2.1 Public Health England (PHE) – Local Suicide Prevention Planning – A practice resource

https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

This resource is aimed at local authorities and partner agencies. It sets out the context behind the need for action on suicide prevention and provides guidance and links to a wide range of publications and resources.

2.2 Within the introduction the resource explains:

"The national strategy outlines two principle objectives: to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. There are six areas for action:

1. reduce the risk of suicide in key high-risk groups
2. tailor approaches to improve mental health in specific groups
3. reduce access to the means of suicide
4. provide better information and support to those bereaved or affected by suicide
5. support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. support research, data collection and monitoring"

2.3 The resource further notes that:

"This guidance is structured around the three main elements that the All-Party Parliamentary Group on Suicide and Self-harm Prevention recommends as essential to successful local implementation of the national strategy:

1. Establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations.
2. Completing a suicide audit.
3. Developing a suicide prevention strategy and/or action plan that is based on the national strategy and the local data."

2.4 With regard to local action, the resource recommends the following **Priorities for suicide prevention action plans:**

(Professor Louis Appleby, Chair of the National Suicide Prevention Strategy Advisory Group)

Priorities
1. Reducing risk in men, especially in middle age, with a focus on: economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use
2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people, with joint working between health & social care, schools & youth justice, and plans to address the drastic increase in suicide risk between 15 to 19 year olds
4. Treatment of depression in primary care, with safe prescribing of painkillers & antidepressants
5. Acute mental health care, with safer wards & safer hospital discharge, adequate bed numbers & no out of area admissions
6. Tackling high frequency locations, including working with local media to prevent imitative suicides
7. Reducing isolation, for example through community-based support, transport links and working with third sector
8. Bereavement support, especially for people bereaved by suicide

2.5 Within the appendices to the resource there are 'prompts for local leaders'. These prompts are key questions that the authors suggest should be asked when considering:

- The needs of local area with respect to suicide prevention – for example, what information is currently held, how do the rates of suicide compare with similar areas;
- The response to those needs – for example, what steps have been taken to deal with the issues and who is involved in this work and how are gaps in knowledge and/or services being dealt with.

2.6 NICE Guidelines (published in September 2018)

https://www.nice.org.uk/guidance/ng105

NICE (National Institute for Health and Care Excellence) recently published a new guideline on 'Preventing suicide in community and custodial or detention settings'.

2.7 NICE explain that:

"This guideline covers ways to reduce suicide and help people bereaved or affected by suicides. It aims to:

- help local services work more effectively together to prevent suicide
- identify and help people at risk
- prevent suicide in places where it is currently more likely."

2.8 Within the guidelines, there are sections on partnership working, strategies and suicide prevention action plans, and with regard to **suicide prevention strategies**, the guidelines recommend the following actions:

- Develop a multi-agency strategy based on the principles of the Department of Health and Social Care's suicide prevention strategy for England and other relevant strategies. It should emphasise that suicide is preventable, and it is safe to talk about it.
- Identify clear leadership for the multi-agency strategy.
- Consider how to measure activities to prevent suicide. Include the introduction of constructive, meaningful preventive activities (for example, education and physical activity) rather than focusing on suicide numbers alone.
- Review local and national data on suicide and self-harm to ensure the strategy is as effective as possible.
- Assess whether initiatives successfully adopted elsewhere are appropriate locally or can be adapted to local needs, or whether previously successful initiatives can be reintroduced.
- Oversee provision and delivery of training and evaluate effectiveness.

2.9 With regard to **suicide prevention action plans**, the guidelines recommend:

- Develop and implement a plan for suicide prevention and for after a suspected suicide. Ensure the approach can be adapted according to which agencies are likely to spot emerging suicide clusters (a series of 3 or more closely grouped deaths linked by space or social relationships).
- Identify clear leadership for the action plan.
- Interpret data to determine local patterns of suicide and self-harm, particularly among groups at high suicide risk (when the rate of suicide in a group or setting is higher than the expected rate based on the general population in England).
- Compare local patterns with national trends.
- Prioritise actions based on the joint strategic needs assessment and other local data to ensure the plan is tailored to local needs.
- Map stakeholders and their suicide prevention activities (including support services for groups at high risk).
- Share experience and knowledge between stakeholders. Also share data, subject to local information sharing agreements.
- Keep up-to-date with suicide prevention activities by organisations in neighbouring settings.
- Oversee local suicide prevention activities, including awareness raising and crisis planning.
- Review the action plan at a time agreed at the outset by the multi-agency partnership.

3 The Local Response

3.1 The Dorset Suicide Prevention Action Plan

https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/Suicide-Prevention-Strategy-Action-Plan.pdf

The local Plan was published in April 2018 by NHS Dorset CCG, but is a multi-agency document developed in collaboration with:

- Dorset HealthCare University NHS Foundation Trust
- Dorset Mental Health Forum
- Dorset Mind

- The Samaritans
- Dorset Police
- Office of Dorset's Police Crime Commissioner
- Dorset County Council
- Bournemouth Borough Council
- Borough of Poole
- Bournemouth Churches Housing Association
- Public Health Dorset
- Bournemouth and Christchurch NHS Foundation Trust
- Poole NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Dorset Mental Health Alliance
- Dorset Clinical Commissioning Group
- Dorset Fire Service

3.2 In addition South Western Ambulance Service NHS Foundation Trust and NHS England have 'signed up' to the Plan. Within the introduction, it is noted that:

> "Each organisation will be responsible for their own delivery plan selecting activities from this plan that are appropriate to them. Each organisation will nominate an individual to be responsible for compliance and completion of their delivery plan and representing them at governance meetings."

3.3 The Plan includes the following milestones and governance arrangements:

All organisations to have a written plan and a named person responsible for delivery and reporting	End June 2018
Quarterly Crisis Care Concordat meetings arranged for each quarter of the year to monitor progress	April 2018
Progress reported to ICPCS Board each quarter	From April 2018
Progress reported to Health and Wellbeing Boards annually	From April 2018
Partnership development with non-statutory partners ensuring consistent representation on Crisis Care Concordat Group	By June 2018
Partnership work ongoing with the MH Alliance to ensure consistent messaging delivery of plan	From April

3.4 The key areas of work that will be undertaken in Dorset across organisations are as follows:

- Work with high risk groups;
- Promoting mental health and wellbeing in the population as a whole;
- Reduce the means of suicide;
- Post suicide intervention;
- Promoting responsible reporting.

3.5 Sitting beneath each area of work, there are actions to be delivered by all the organisations which signed up to the Dorset Crisis Care Concordat in 2015. The Crisis Care Concordat Group has recently been reviewed and will have a specific remit for suicide prevention going forwards. On 26 November an event is being held at Merley House, Wimborne. The will bring together key stakeholders to share the work of organisations, identify named leads for every action and provide updates regarding progress. The report to Dorset Health Scrutiny Committee on 29 November will include a verbal update on the outcomes of that event.

Appendix 1

Bournemouth, Poole and Dorset councils
working together to improve and protect health

Public Health Dorset

Briefing: Pan-Dorset suicide action plan and prevention at scale (April 2018)

Purpose – This briefing presents an overview of the current work in Dorset to improve the skills in mental health and wellbeing for public facing staff in the health and care system. This work forms part of the Prevention at Scale plans, within the Dorset Integrated Care System. There are clear links between this work and the pan-Dorset Suicide Prevention Plan – published this month. This briefing provides more detail about how the ongoing workforce development involves local authority partners who are signatories to the suicide action plan.

Background

The pan-Dorset Suicide Prevention Plan is published this month (April 2018), and is a national requirement to support the national suicide prevention strategy. The plan requires statutory and non-statutory organisations who are signatories to take responsibility for their actions. One of the actions most relevant to local authorities and public health commits to promoting mental health and wellbeing in the population. The local plans that will deliver this are through implementation of the Prevention at Scale (PAS) plans within the evolving Dorset Integrated Care System (ICS).

The most important work in PAS that links directly with this action is the area of workforce skills development, which is part of the PAS Living Well Programme.

The Dorset Workforce Action Board (DWAB) has developed a strategy on 'leading and working differently' with five workstreams: developing staff, supporting our staff through change, leadership, recruitment and retention. An integral part of this strategy is how we work differently as a system within our roles in terms of building approaches to prevention, staff wellbeing and resilience into the every day business of caring for people.

To implement PAS effectively the workforce throughout the system must be confident in these skills as an important part of everyday roles. They must also be supported through the work place to strengthen awareness and understand how best to look after their own mental health and wellbeing.

Aim of Workforce Skills Development

The workforce offer in PAS aims to work with partners across the system to develop a coordinated health and wellbeing approach for staff, to improve their skills in healthy conversations and support for their own wellbeing.

Suicide Prevention Plan

The pan-Dorset Suicide Prevention Plan (SPP) covers five key areas highlighted as priority areas by the National Suicide Prevention Strategy, two of which are;

- Promoting mental health and wellbeing in the population through implementation of the Prevention at Scale plans.
- Working with high risk groups to increase knowledge and reduce stigma

Both areas link directly with the workforce development offer, through supporting high risk groups within the workforce and through developing staff to improve mental health awareness skills

PAS links with mental health and wellbeing

In the course of developing the scope of the workforce offer, staff from many different organisations have consistently identified mental health and wellbeing as areas for development, further training and support. The examples below show how this offer is being developed and implemented for staff through the system.

Examples of achievements to date

- Local authorities have a workforce offer in Bournemouth, Poole and Dorset, working with LiveWell Dorset and the workforce team, which includes a range of skills development for mental health first aid (MHFA), healthy conversations training and access to NHS health checks
- Skills development work has been undertaken (MHFA, healthy conversations, brief interventions) specifically with health and social care teams in Poole and Purbeck with Bournemouth to follow, MHFA training has been developed for staff working with children and rangers across Dorset
- Bournemouth have designed a mental health at work course for managers which is part of their mandatory programme. 400 Bournemouth managers have been trained so far and the offer is now open to Poole managers.
- As part of the Dementia Service Review, training has been developed in Making Every Contact Count (MECC) and Mental Health First Aid (MHFA) for a range of NHS staff teams
- Dorset and Wiltshire Fire and Rescue service's Safe and Well team have undertaken MECC training and expressed an interest in MHFA skills training
- Funding has been secured for support from PAS, Health Education Wessex and Dorset Workforce Action Board to support workforce skills development in areas for mental health and brief intervention
- Public Health Dorset are working with main NHS providers to develop workforce skills approach to improve mental health awareness
- GPs are offered training on suicide awareness skills

Sophia Callaghan & Caoimhe O Sullivan
Public Health Dorset
April 2018

Appendix:

Understanding the cross links and communication in terms of strategic commitment, senior engagement and the 'how' of delivery is in development stage across the system:

Strategic Commitment (Where)	**Senior Engagement (Who)**	**Front Line Delivery (How)**
Influencing role with PHD work stream leads DWAB leads	***Workforce engagement role with Senior leads***	***Support and coordination role by the workforce project to identify delivery mechanisms***
SLT DWAB – leading and Working Differently STP Work streams H&W Boards East and West ACS One Acute Network Integrated Community Services portfolio Health Education Wessex Speciality leads	Dorset Workforce Action Board (DWAB) Portfolio champion for PAS Dorset Health Care Royal Bournemouth and Christchurch Hospital Poole Hospital Local Authorities Dorset Bournemouth and Poole Dorset County Hospital / DWAB chair Clinical Commissioning Group Third Sector Help and Care	Health and Wellbeing Group coordination Specific staff teams DWAB planning forums Pre-op assessment teams Champion roles Organisational staff offers Working differently programmes Preceptorship programmes Apprentice schemes Live Well digital tool Pathway design forums Engaging programme managers

Appendix 2

A local action plan which supports the national suicide prevention strategy

Crisis Care Concordat
Mental Health

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Introduction

This plan outlines the Pan-Dorset approach to suicide prevention which requires statutory agencies, the voluntary sector and others including the media to work together to reduce the number of suicides and the immediate and lingering effect of someone taking their life. We need to be prepared to respond effectively and sensitively to incidences of suicide and provide timely 'postvention' measures that are individually tailored to the need.

Across Dorset, Bournemouth and Poole each year an average of around 70 people (40 from Dorset, 20 Bournemouth and 10 from Poole) die by suicide. Men account for more than two in every three of these deaths. The suicide rate is highest in Bournemouth at 12 per 100,000 compared with Poole and Dorset (9 and 10 per 100,000 respectively). The Dorset suicide rate has been increasing since 2007 while trends in Bournemouth and Poole have been more variable.

Risk factors across Dorset, Bournemouth and Poole that are significantly higher than the England average include social isolation, long term health problems or disability, marital break-up and hospital admissions for self-harm. Bournemouth and Poole both have higher rates of severe mental illness and higher alcohol specific hospital admissions than the England average. In addition, Bournemouth has close to double the level of crack cocaine and/or opiate use, higher rates of Looked After Children, and higher deaths from alcohol.

Across Dorset, Bournemouth and Poole, approximately 23% of possible or confirmed suicides were currently or recently involved with specialist mental health services and 77 % were not involved with mental health services at the time of their death (based on data from July 2016 to March 2017 inclusive). This high percentage having had no contact with specialist mental health services is broadly in line with national averages. In contrast, close to two in three people who die by suicide are in contact with their GP in the year before their death (63%), with 45% having seen their GP in the month before their death. Suicide risk also rises with increasing number of GP consultations.

The economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million (2009 estimates). This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering. What is more difficult to quantify is how long the effect of the suicide is felt by families, friends, colleagues and the wider community. We all need to dismantle the stigma attached to suicide and the all too often felt sense of isolation by those feeling vulnerable.

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

The Dorset plan should be read in conjunction with the national suicide strategy because this plan was developed to align with the key themes in the national strategy. It is also closely aligned with the Mental Health Prevention Concordat. The overarching aim of the plan is to meet the national target of reducing the number of suicides in Dorset by 10% against the baseline average of 70 by 2020/21.

The plan was developed with many key partners such as health and care services, Local Authorities, Police, community based and voluntary organisations and the delivery of the plan will be achieved in the same way. Although the signatories to the plan are all statutory partners because of their formal accountability for the reduction in suicides, the range of partners involved in supporting and promoting and delivering the plan are many and varied and they are all acknowledged with thanks and listed at the end of this document.

Across Dorset there is strong commitment to delivering this plan and delivering it in partnership. Once published these partnerships will be strengthened and formalised so that the reach of the plan is as wide as possible and the messages consistent.

Each organisation will be responsible for their own delivery plan selecting activities from this plan that are appropriate to them. Each organisation will nominate an individual to be responsible for compliance and completion of their delivery plan and representing them at governance meetings.

The key high level milestones are:

All organisations to have a written plan and a named person responsible for delivery and reporting	End June 2018
Quarterly Crisis Care Concordat meetings arranged for each quarter of the year to monitor progress	April 2018
Progress reported to ICPCS Board each quarter	From April 2018
Progress reported to Health and Wellbeing Boards annually	From April 2018
Partnership development with non-statutory partners ensuring consistent representation on Crisis Care Concordat Group	By June 2018
Partnership work ongoing with the MH Alliance to ensure consistent messaging delivery of plan	From April

Specific and SMART outcomes will be developed as each organisation develops their plans and we consolidate them as part of the crisis care concordat working group

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Area of work	Actions	Outcomes	By whom
Work with high risk groups	• Ensure that all staff know about the high risk groups especially those their organisation comes into contact with • Ensure that suicide and suicide risk is discussed and talked about openly and routinely • Talk about mental health routinely in organisations to reduce stigma and increase knowledge about mental health • Staff training to include suicide as a topic including information about high risk groups • Identify options for delivering training and information to GPs and practice staff regarding identifying and treating depression and talking about suicidal feelings with patients • Review self-harm in terms of the care pathways and responsiveness to people who self-harm	• Fewer deaths of people in high risk groups • Stigma related to discussing suicide reduced • Increase knowledge about mental health and reduced stigma related to mental health • Reduce fear related to suicide and talking about suicide • Increase in the number of services that are prevention and recovery focussed • Knowledgeable and understanding workforce	All organisations signed up to the CCC especially those that have public facing activity
Promote mental health and wellbeing in the population as a whole	• Implementation of the Mental Health Acute Care Pathway • Implementation of the pan-Dorset Sustainability and Transformation Plan Prevention at Scale plans, in line	• Increased population wellbeing • Better access to services • Reduction in suicide attempts and deaths	All organisations signed up to the CCC especially those that have public facing activity

	with Mental Health Prevention Concordat, including increasing access to e.g. MHFA training / Five ways to wellbeing, and improved working across systems • Implementation of emotional wellbeing and mental health strategy for children and young people		
Reduce the means of suicide	• Consider suicide prevention measures when reviewing planning applications • Audit suicide hotspots in Dorset • Hospital, prisons, care centres to review ligature points and potential high risk areas • Ensure robust risk assessment procedures for all areas where suicide could occur	• Fewer deaths by suicide • Greater awareness and knowledge about Dorset's suicide hot spots • Reduction in the number of hotspots through proactive response to audit • Fewer deaths in hot spot areas • Risk assessment will ensure accountability within organisations for the strategy and action plan	All organisations signed up to CCC that have planning or public health and safety responsibilities

Post suicide intervention	• Map existing bereavement services and support pathways • Develop pan Dorset information pack for those affected by suicide – would say this needs to be a single org to co-ordinate and links to the packs already available • Ensure policies and procedures are in place seeking to prevent suicide in all care, residential or detention settings • Ensure policies and procedures cover staff because staff members working in the organisations could also be in the high risk groups	• Postvention support in place across Dorset • Better care for people in aftermath of suicide • Accessible information about suicide and the impact of suicides • Better information about organisations that can support people who are bereaved due to suicide • Support for staff who might also be in one of the high risk groups	All organisations signed up to the CCC with public facing activity
Promote responsible reporting	• Develop a pan Dorset shared protocol that is proactive and reactive and includes social media • Communications teams in all CCC organisations to work with local media to promote responsible sensitive reporting about suicide, in line with Mental Health Media Charter https://twitter.com/MHMediaCharter • Communications teams in CCC organisations to work with media organisations to ensure that they	• Clear and unsensational information in the public domains about suicide and the impact of suicide • Shared understanding about the impact of suicide and shared set of values when reporting suicides and the impact of a death by suicide • Social media influenced by the shared understanding about suicide and the impact of suicide	All organisations signed up to the CCC that interface with the media and have communications teams in contact with local and national media

	provide information about support organisations dealing with suicide		

Acknowledgements

Many organisations have been party to the development of this plan and will be pivotal to the delivery of the plan and they are listed below.

Dorset HealthCare University Foundation Trust
Dorset Mental Health Forum
Dorset Mind
The Samaritans
Dorset Police
Office of Dorset's Police Crime Commissioner
Dorset County Council
Bournemouth Borough Council
Borough of Poole
Bournemouth Churches Housing Association
Public Health Dorset
Bournemouth and Christchurch NHS Foundation Trust
Poole NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust
Dorset Mental Health Alliance
Dorset Clinical Commissioning Group
Dorset Fire Service

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Documents of interest

National Suicide Strategy https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

National Mental Health Prevention Concordat https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

Dorset Crisis Care Concordat http://www.dorsetccg.nhs.uk/aboutus/clinical-delivery-groups/crisis-care-concordat.htm

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Organisation signed up to Dorset's Suicide Prevention Plan

NHS Dorset Clinical Commissioning Group

South Western Ambulance Service NHS Foundation Trust

Dorset Mental Health Forum
promoting wellbeing & recovery

Dorset HealthCare NHS University NHS Foundation Trust

Dorset Mental Health Alliance
For a Mentally Healthy Dorset

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Poole Hospital NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust

Dorset Police

DORSET POLICE & CRIME COMMISSIONER

NHS England

Bournemouth Borough Council
Building a Better Bournemouth