



Date of Meeting: 26th June 2019

Lead Member: Councillor Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Caoimhe O Sullivan, Public Health Senior Registrar, Public Health Dorset

Executive Summary:

The pan-Dorset Suicide Prevention Plan was produced by the Crisis Care Concordat group and published in April 2018. It is a national requirement to support the national suicide prevention strategy. Both statutory and non-statutory organisations are signed up to the plan and they are required to take responsibility for their actions. Key areas of focus are to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This report provides an update on progress to date on suicide prevention in Dorset.

Equalities Impact Assessment:

An EQIA is underway and due to be presented for review to the Suicide Prevention Steering Group in September 2019.

Budget:

No

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW (Delete as appropriate)

Residual Risk LOW (Delete as appropriate)

Other Implications:

Cross-cutting plan across the entire health and care system, including the voluntary sector and local communities

Recommendation:

The Board is asked to note progress to date on implementation of the pan-Dorset Suicide Prevention Plan

Reason for Recommendation: The Health and Wellbeing Board has a key role in ensuring effective implementation of local suicide prevention plans.

Appendices: N/A

Background Papers: N/A

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1. Introduction

- 1.1 The Cross-Government national suicide prevention strategy for England was first published in 2012 which incorporated five key recommendations from the Health Select's Committee's (HSC) inquiry into suicide prevention. Since then, the strategy has been refreshed which includes the January 2017 update where an achievement target of a 10% reduction in suicides between 2015 and 2020/21 was recommended.
- 1.2 In 2015 the Crisis Care Concordat was established and in Dorset a number of statutory organisations signed up to the CCC. The CCC had two work streams one was to implement the Mental Health (MH) Acute Care Pathway (ACP) and the other to develop and implement the Suicide Prevention Plan (SPP) for Dorset.
- 1.3 Dorset launched the SPP work in March 2018 and each organisation had to develop their own action plans based on the pan-Dorset SPP. In November 2018 the signatory organisations and other partners and stakeholders met to sense check progress and agree the way forward for the Dorset wide SPP work for the next year until December 2019.

2. National Strategy, Target and NHS Long Term Plan

- 2.1 The latest national suicide prevention strategy (2017) outlines two principle objectives; to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This is to be achieved by addressing six key areas plus two further areas added more recently:
 - To reduce the risk of suicide in key high-risk groups
 - To tailor approaches to improve mental health in specific groups
 - To reduce access to the means of suicide
 - To provide better information and support to those bereaved or affected by suicide (postvention support)
 - To support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - To support research, data collection and monitoring
 - To reduce rates of self-harm as a key indicator of suicide risk
 - To ensure a zero suicide ambition for mental health inpatients
- 2.2 In addition, locally it has been agreed that two further areas will be added:

- To explore digital & innovative opportunities to support reducing suicides
- Ensuring a Dorset wide leadership approach (leadership, partnership, alliance and co-production) to suicide reduction programme

2.4 For noting at this point, nationally the number of suicides has reduced however there has been a recent increase in the numbers which are thought to be related to changes in criteria for reporting of suicide by Coroners.

2.5 The NHS Long Term Plan has included the following particular areas under the SPP work and these are described below:

- Expanding children’s mental health for 0-25 year olds
- Improving mental health crisis with a 24/7 new model of care
- Specialist perinatal services to women who are in need post the birth of their baby
- Specialist community teams to help support children and young people with autism and their families
- Integrated models of primary and community mental health care for adults with severe mental illnesses and support individuals who self-harm
- Post-crisis and bereavement support
- Quality improvement programme for Inpatient Zero Suicide ambition

2.6 The above are to be included in the SPP plan but will be monitored elsewhere in terms of how they are being delivered. For example, the 0-25 work will come under CAMHS transformation and the inpatient zero suicided ambition will be monitored through the contract. The updates will come to the SPP Business Meetings so that the group is updated on progress.

3. Progress to date

	Key Area Aim	Actions Completed
1.	Reduce suicide in high risk groups	<p>Children and young people 16% (n=60) schools awarded funding as part of Whole School Approach to physical activity, improving emotional and mental health of children and young people.</p> <p>120+ school facing staff trained in mental health first aid. Promotion to families and children around use of green spaces has been ongoing. (includes activities/volunteering opportunities). Particular focus on more vulnerable communities/cohorts.</p> <p>Dorset Council introduced a new education psychology service set up as part of crisis response unit to schools.</p> <p>Audit of Children and Young People counselling services underway. Link with Kooth development www.kooth.com</p> <p>Scaling use of Chat Health and digital approaches</p>
		Substance Misuse

		<p>Public Health completed a review of substance misuse services. Actions now being developed to improve the pathway and support for service users.</p> <p>Assessment process and engagement of opiate users has changed in Bournemouth and higher numbers are being seen in treatment.</p>
2.	Tailor approaches to improve MH in specific groups	<p>Staff MH First Aid Train the Trainer programme rolled out across Dorset, mainly aimed at frontline staff but training now being rolled out to wider system.</p> <p>Staff Wellbeing Plans developed with stakeholders, including hospital trusts, councils, Tricuro and Dorset Fire & Rescue. BCP, training on going for managers in mental health.</p> <p>The Fire Service has implemented TRIM – Trauma Risk Management, a support service for staff who are exposed to traumatic events as part of their role.</p>
		<p>Adults with LTC/mental health problems DC developing more appropriate accommodation as part of Building Better Lives for those in need.</p> <p>Retreat was opened in Bournemouth as part of mental health acute care pathway. All staff receive ASIST training in suicide first aid. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.</p> <p>Standard Operating Procedure implemented for midwives and health visitors to provide consistent information and advice during pregnancy and the early weeks of their baby’s life including promoting positive maternal mental health.</p> <p>Pan-Dorset Antenatal & postnatal education package prioritising emotional wellbeing and mental health.</p> <p>Steps to Wellbeing have been running and expanding the long term conditions pathway, specifically supporting people with diabetes, COPD, chronic pain and fibromyalgia.</p> <p>Police have just gone through process of looking at understanding the personal and situational factors that make people more vulnerable to crime and unsocial behaviour. Looking to respond to the threat of harm to individuals and looking at resources. Working to get mental health incorporated into their first aid training. Police are also a high risk group. Strategy and delivery plans in draft waiting to be signed off.</p>

		<p>Contracts Public Health Dorset contracts – professional development requirements re. mental health and suicide prevention to be included within contracts as services are re-procured. Parental mental health and young people’s mental health included as key priorities within Public Health Nursing service specification.</p> <p>DC social care is looking at service specifications and quality standards, and doing a self-evaluation looking at risks associated with services as part of contracts.</p>
3.	Reduce access to means	Door sensors now in DHC children’s unit with plan extend wider to adults.
4.	Postvention support	Poole Hospital Mental Health Group set up specifically for survivors of suicide to support and signpost.
5.	Zero suicide ambition for MH inpatient settings which is linked to the national strategy.	<p>Dual diagnosis -training has been rolled out across the CMHTs and agreed further roll out shortly to inpatient staff.</p> <p>Hosting My Wellbeing Plan launch which is new care plan in place looking at a crisis and a personal health plan. Looking at the RIO risk proforma along with this as a prediction tool to ensure staff spend less time filling in tick boxes and more time with person.</p> <p>Trained 45 people to recognise early warning signs; specifically car parks in Poole having a big impact on people.</p> <p>Work with families linking with local authorities to have a more formalised plan between families and CMHT. To have a link worker for every CMHT, cross working and joining up the child aspect.</p> <p>Review of clinical environments for ligature risk and have issued ligature release equipment to high risk wards.</p>
6.	Leadership	<p>Poole hospital set up a mental health steering group with suicide prevention as a standing item and work programme.</p> <p>Public Health Leadership – Caoimhe O’Sullivan Public Health Senior Registrar chairing steering group meetings.</p>

4. Forward Planning

- 4.1 The SPP meetings will be held every 3-4 months over the year. The meetings will be split into part 1 business and part 2 partnership meetings. The business meetings

will take forward the statutory organisation requirements linked to the Crisis Concordat, the SPP national strategy and NHS Long Term Plan.

- 4.2 The partnership group is a wider network of partners and stakeholders that support the development and delivery of the Dorset plan whilst sharing knowledge and expertise across Dorset. Each partnership event will be themed and the themes identified by the partnership group and by the end of the year most of the strategy areas will be covered.
- 4.3 The most recent suicide prevention event was in April 2019. The business meeting covered prevention plan updates and then addressed 3 key themes of the strategy; communications & media, data and hot spots. The partnership meeting focussed on people and their personal experiences with 4 speakers sharing their stories. This was followed by group discussions.
- 4.4 The next business meeting will focus on high risk groups e.g. agriculture workers and focus specifically on post suicide bereavement support. The next partnership meeting will focus on children and young people. The aim of the approach as said, is to ensure that all the agreed areas in the SPP are covered during the course of the year.
- 4.5 At the end of each year a review session will be held to confirm what has been delivered against the plan and what is to be delivered over the following year.
- 4.6 At the last meeting it was agreed that a detailed analysis of suicide activity in Dorset would be developed and this work will enable prevention work to be targeted in the right places to make a tangible difference. This will be a turning point in the progress of the SPP because there will be understanding about people who have ended their own lives including how, where and when and this will enable targeted work pan-Dorset.
- 4.7 Currently each organisation signed up to the CCC and SPP has their own plan. Over the year the intention is to bring all the individual plans into one Pan-Dorset Suicide Prevention Plan. This will highlight all the progress and put the spotlight on future work that will be developed and delivered.

5. Conclusion and recommendation

- 5.1 The SPP is gradually taking shape and all involved in the work are committed to ensuring that there will be a reduction in the number of deaths by suicide across Dorset.
- 5.2 The detailed analysis of suicide activity will be completed by September 2019 and this will give focus and drive on specific locality areas. The understanding about how, where and when will give the business and partnership groups a real opportunity to target resources.
- 5.3 The Board is asked to note progress to date on implementation of the pan-Dorset Suicide Prevention Plan