



Public Health
England

Protecting and improving the nation's health

Local Suicide Prevention Planning

Helen Garnham

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Mental Health Taskforce – Suicide Prevention

Five Year Forward View for Mental Health Recommendation 3

Suicide prevention	<p>The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, contributing to a 10 per cent reduction in suicide nationally. These plans should set out targeted actions in line with the National Suicide Prevention Strategy and new evidence around suicide, and include a strong focus on primary care, alcohol and drug misuse. Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Updates should be provided in the Department of Health's annual report on suicide.</p>
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Suicide Prevention Action Plan Stocktake

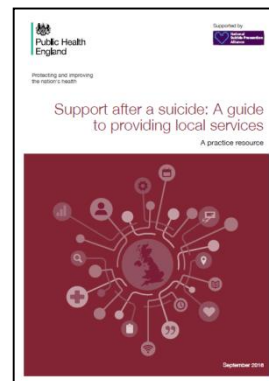
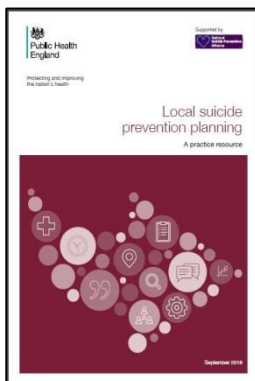
- Survey undertaken in December 2017 to assess progress towards Mental Health Taskforce recommendation
- All local authorities submitted a response
- 93% (143 out of 154) have a suicide prevention action plan and 7% are in development (11 out of 154)
- Uploaded to Healthier Lives tool and will be live on Tuesday 6th February <http://healthierlives.phe.org.uk/topic/suicide-prevention>

Progress

- January 2015 All Party Parliamentary Group on Suicide and Self Harm Prevention – 45% of local authorities have suicide prevention plans, 24% had plan in development, 30% had no plan, 1% did not respond.
- January 2017 – 76% of local authorities have suicide prevention plans, 20% had plans in development, 4% had no plan in place and no intention to develop one
- January 2018 - 93% (143 out of 154) have a suicide prevention action plan and 7% are in development (11 out of 154)

PHE Support and Guidance

- PHE, working with NSPA, have released a suite of guidance, data, and research to support local delivery.
- 9 masterclasses across England and a webinar. Total 545 attendees and 79% of local authorities represented. Also held workshops for Mental Health Champions
- Our 9 Local Centre Public Mental Health leads provide expert advice and support

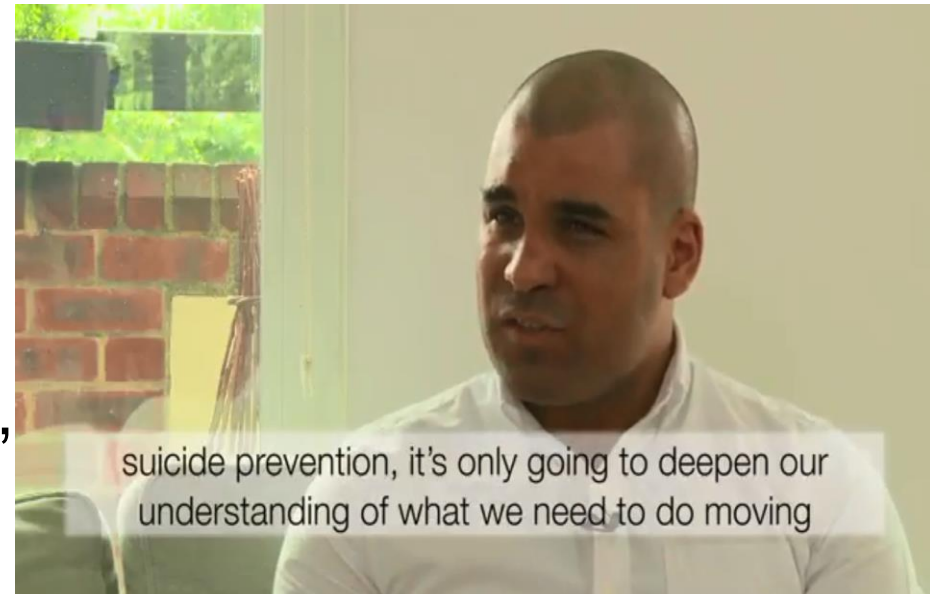


Themes from masterclass feedback

- Importance of wider context/determinants of health
- The voices and input of those who have been through suicidal crises themselves needs to be given greater consideration including support for carers.
- Greater links and collaboration needed between health & justice and wider suicide prevention systems
- Workforce development – cultivating healthy workplaces and ensuring workplaces adequately equipped to respond to staff suicides

West Midlands - Citizens Jury

- West Midlands Mental Health Commission – 14 people recruited across age, gender, ethnicity
- 8 week process – first 4 weeks getting to know each other and building trust
- Half way through met with members of commission – equality
- Made 21 recommendations
- Benefits – meaningful long engagement, trust
- Challenges – making sure wide reach – criminal justice, complex needs



Universities and higher education institution - Worcester – Suicide Safer

- 10,000 students
- In transition, disconnected from family, health services, new pressures – exams, living independently, potential experimentation with drugs and alcohol
- Suicide safer university, city, county
- Part of multi agency partnership, audit, shared training
- Commission research, host meetings
- Skilling graduate professional work force



Adopt a Block

- West Yorkshire Fire and Rescue Service and Leeds City Council part of multi agency partnership
- Existing 'Adopt a Block' fire safety initiative – monthly inspections
- Crews help to identify at risk individuals and initiate conversations with them about help-seeking
- Signposting to relationship, debt advice, food banks and mental health as part of multi agency partnership.



Advice on prescription

- South Liverpool Citizens Advice and Liverpool CCG
- GPs and mental health professionals can refer for housing, bereavement, social isolation, relationship breakdown
- Response within 48 hours and all referrals accepted

“ The Advice on Prescription service gives our GPs an extra tool in the box for supporting people whose needs may not necessarily be medical but are absolutely impacting on how they feel. This has been particularly important in these times of austerity and local authority cuts. Our patients get fantastic support and advice and the feedback has been 100% positive. We see this type of social prescribing as a vitally important part of General Practice now and in the future. ”

Dr Simon Bowers, Fulwood Green Medical Centre

Advice on prescription

- Over 18,000 referrals made since start of service
- Last year over 80% of referred patients report increase in health and wellbeing
- Households were on average £2,150 a year better off as a result of the referral
- £10 million in additional income was secured for referred patients

Citizens Advice collects data from across its network of 300 Independent local Citizens Advice charities who give advice in 2,600 community locations in England and Wales. Explore [Citizens Advice data tool](#) to find out problems faced by people in your area.

Suicide by occupation

Men in lowest skilled occupations had a **44% higher** risk of suicide

Men in skilled trades had a **35% higher** risk

Managers, directors and senior officials **70% lower** for both sexes



In partnership with



Why are these occupations at risk?

The analysis does not provide any evidence on causation

However, there are three broad reasons why an occupation may carry a high risk of suicide:

1. people at higher risk selectively go into it, for example socio-economic determinants
2. something about the occupation adds to risk – job-related conditions
3. access to means - people in it have access to, or knowledge of, a suicide method that is more likely to be fatal.

Resources for employers

BUSINESS IN THE COMMUNITY

THE PRINCE'S RESPONSIBLE BUSINESS NETWORK

Crisis management in the event of a suicide:
a postvention toolkit for employers


In association with
Public Health England
Protecting and improving the nation's health

This is the cover of a toolkit titled "Crisis management in the event of a suicide: a postvention toolkit for employers". It features a pink header with the "Business in the Community" logo and the Prince's Responsible Business Network logo. The background is a dark, abstract image of a spiderweb. The title is in large white font, and the subtitle is in a smaller white font. At the bottom, it says "In association with Public Health England" and "Protecting and improving the nation's health".

BUSINESS IN THE COMMUNITY

THE PRINCE'S RESPONSIBLE BUSINESS NETWORK

Reducing the risk of suicide:
a toolkit for employers

Click here to read the toolkit 

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Supported by
SAMARITANS

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Further resources

- Information sheets – working with coroners, evaluating suicide prevention activity, socioeconomic deprivation
- Case studies
- ‘A guide to suicide prevention’ – slideset
- Films – on lived experience and responsible reporting of suicide
- Infographics including figures and quotes

<http://www.nspa.org.uk/home/our-work/joint-work/supporting-local-suicide-prevention/>



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Thank you

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Local Suicide Prevention Plans

Opportunities for Sector Led Improvement

January 31st 2017

National Suicide Prevention Alliance Conference

Prof Jim McManus,

Director of Public Health, Hertfordshire County Council

Association of Directors of Public Health SLI Board

Jim.mcmanus@hertfordshire.gov.uk

www.hertsdirect.org



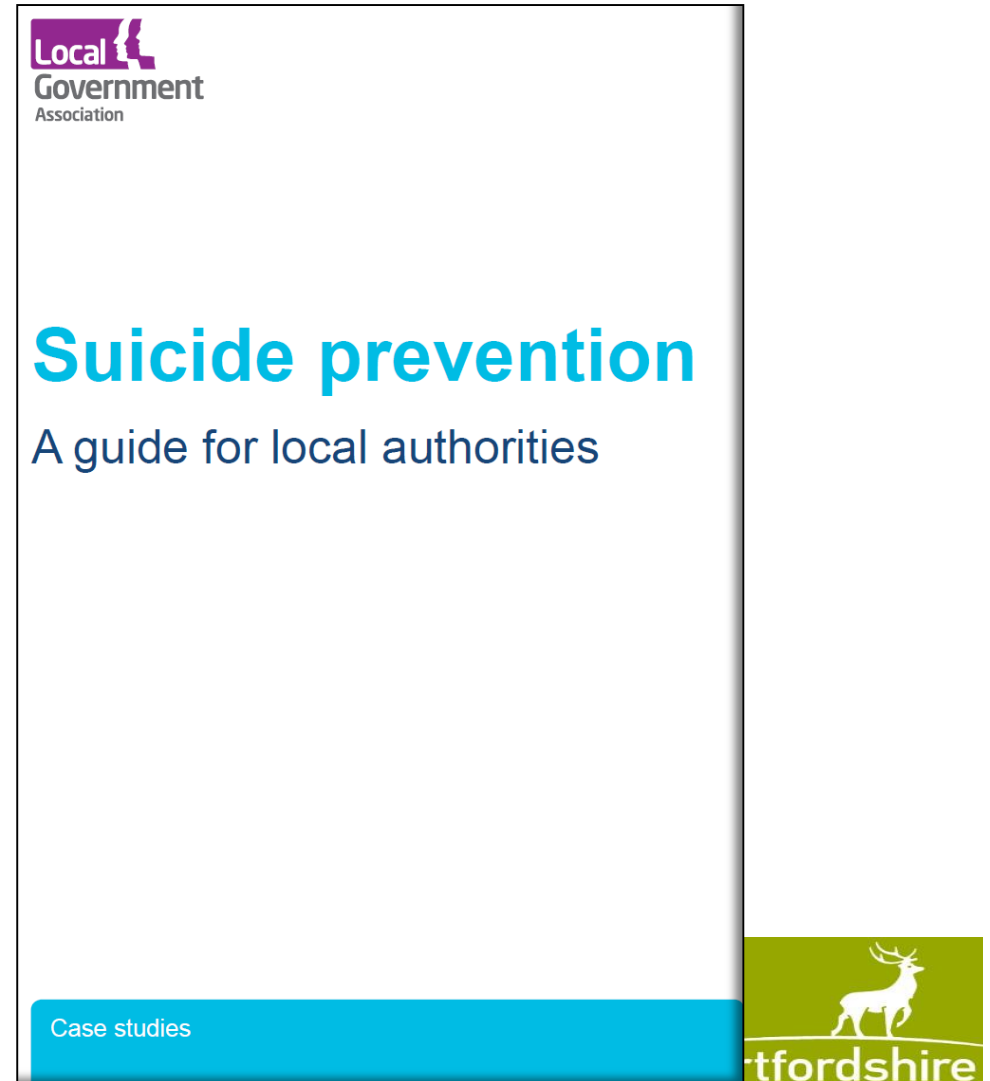
Some key points

- Suicide prevention is one stream of a public mental health approach
- Important to keep connections between these agendas
- Co-production, local scrutiny and Sector Led Improvement are key approaches

Suicide Prevention – making links

- Linking to other plans
- Over 100 local authorities now have an elected member mental health champion
- How do we make existing plans better
- Sector Led Improvement – learning from each other

www.hertfordshire.gov.uk



Mechanisms

- Scrutiny – over 50 LAs have used or are planning to use their scrutiny function to look at suicide plans
- Partnership – co-produce with families, experts, council
- Sector Led Improvement – a major opportunity we should use
- All three are important, I want to focus now on SLI

Two big opportunities/needs

- System wide public mental health plan – build resilience as just one task of this
- Competencies, training and skills in every place
- The National Co-ordinating Centre for Mental Health programme on competence development is VERY important in this context

Historical Context

- History of performance assessment in local authorities
 - Audit Commission
 - Comprehensive Performance Assessment
Comprehensive Area Assessment
- National agreement – Sector Led Improvement

Sector Led Improvement principles...

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in the area
- Councils are primarily accountable to local communities (not government or the inspectorates), and stronger accountability through increased transparency helps local people drive further improvement
- have a sense of collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers etc).

Public Health SLI Framework

- ADPH indicates that the purpose of SLI is to “provide confidence both to internal and external stakeholders and the public as well as demonstrate continuous improvement to public health practice”.
- So overall, public health SLI fulfills two main requirements:
 - continuous improvement and
 - assurance.
- <http://www.adph.org.uk/category/phsystem/sli/>

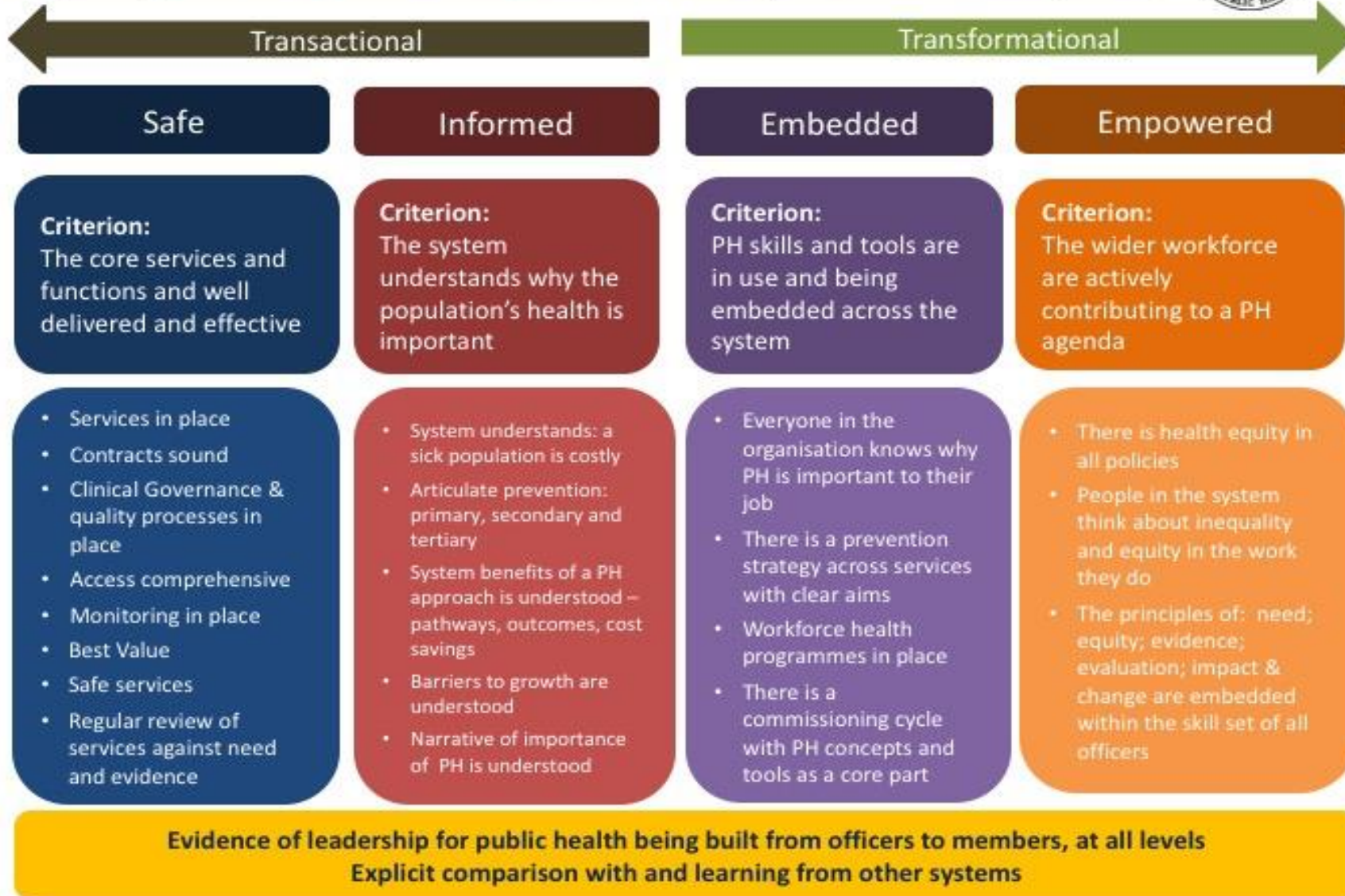
SLI in Public Health

- National report coming out soon
- National SLI Board – ADPH, PHE, LGA
- Four domains model “safe” to “empowered”
- Lead in every Region of England
- Activity plan in every region of England
- Public Health peer challenge
- Ambition to develop suicide and public mental health plans into these

What good looks like:

Improving the Public's Health is integral to the work of public services in this place

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Spectrum of activity on improvement

- Self assessment (planned for suicide)
- Improvement topic groups (eg finance, health protection)
- Specific projects (suicide prevention)
- Peer Challenge – various forms, intensive
- Protocol for intervention in authorities where there is significant underperformance

Peer Challenge

- 7 externals visit you for three days
- More thoroughgoing than old inspection
- Complements existing statutory inspections
- Can be very challenging eg Northamptonshire finance challenge
- Authorities usually publish results
- Elected members and partner agencies always involved

What does whole system look like?

Critical Success Factors

1. A clear shared view of the system
2. Ability to focus up and down from system to particular issues
3. Leadership across the system
4. Understand need using data and peoples knowledge
5. Agreed and set outcomes
6. Identified and prioritised interventions across the four domains
7. A balanced scorecard approach to this
8. Multiple actors, multiple partnerships, shared vision – a programme approach
9. Evaluate and iterate

Suicide Prevention SLI (Proposed)

- A national exercise to look locally and regionally at what LAs are doing and what they feel they need help with
- Identifying themes of what action and support is needed
- Creating a programme of supporting local authorities improve their plans and outcomes, monitored by national board (from problem solving groups to benchmarking, peer challenge and more)

Suicide Prevention Plans in the East of England –remember these are not statutory

- Hertfordshire, Milton Keynes, Norfolk and Suffolk local authorities have plans covering their individual localities.
- Cambridgeshire and Peterborough have a combined plan.
- Southend, Essex and Thurrock have produced a pan-Essex plan.
- The plan for Bedford, Central Bedfordshire and Luton covers the Bedfordshire CCG area.
- All localities have multi-agency partnerships with core representation from local authorities, CCGs, mental health services, Police, Coroner's Offices and a range of local statutory and community and voluntary sector organisations as appropriate i.e. Criminal Justice System, healthwatch, Samaritans, MIND, Citizens Advice Bureau. Network Rail are more closely involved in those areas with higher incidences of suicide on the railways.

Governance arrangements in the East of England –Suicide Prevention Leads Network

- Hosted by PHE – East of England
- Co-chaired by Liz Barnett (Norfolk County Council) and Claire Parker (PHE – East of England)
- Core representation includes leads from all Local Authorities, Mental Health Clinical Network, Suffolk Coroner’s Service, Norfolk Constabulary, East of England Ambulance Service, Norfolk and Suffolk NHS Foundation Trust, Network Rail, Samaritans
- Terms of reference are based around the 6 key areas for action highlighted in the national suicide prevention strategy