HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Suicide Prevention Plan, Progress Report 2022
Meeting date	23 May 2022
Status	Public Report
Executive summary	In 2020 both BCP Council and Dorset Council, Partners, Public Health Dorset and the Dorset Clinical Commissioning Group established a multi-agency Pan Dorset suicide prevention programme (SP) as part of the national SP programme. This report provides an update on the six key workstreams within
	the pan-Dorset programme and also progress on BCP Council's own Suicide prevention plan, one year since publication.
	Overall, there has been significant progress in promoting suicide prevention and wider mental wellbeing agendas through communications, training and support services.
	Some areas of work have been hampered by the pandemic and other factors. A new national strategy is anticipated later this year and plans locally will need to be reviewed in light of these through the Suicide Prevention Steering Group and Council's Corporate Management Board.
Recommendations	It is RECOMMENDED that:
	(a) Councillors are invited to comment on and scrutinise the content of this progress report.
	(b) To note that a new national strategy is expected this year and that plans will need to be reviewed once published.
Reason for recommendations	To enable Members to review the progress to date by BCP Council and the wider system.

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Wards	Council-wide
Classification	For Update and Information

Background

- 1.1 In 2020 both councils, Partners, Public Health Dorset and the Dorset Clinical Commissioning Group established a multi-agency pan-Dorset suicide prevention programme (SP). The programme has a shared vision that "no one will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide". The overriding ambition is to prevent death by suicide.
- 1.2 The councils and partners led by Public Health and the Clinical Commissioning Group worked together to develop this programme, which consists of six key workstreams based on the national suicide prevention strategy.
- 1.3 To support the wider programme, BCP Council published its own Suicide Prevention Plan in 2021.
- 1.4 Men are more likely to end their lives by suicide than women nationally and in the BCP area. Data from 2016-2018 identified the highest group was aged 45 59 years, making them a key target group across Dorset within the SP programme. Recognising the lag in available national data the programme aims to use real time surveillance intelligence to monitor current trends and target interventions.
- 1.5 This report provides an update on progress both on the six key workstreams within the pan-Dorset programme and BCP Council's plan.

Pan Dorset Strategy Workstream Update

2.1 The governance for the strategy is through a Steering Group and wider partnership groups. All the partners work together to ensure that the group is kept up to date with progress and challenges. Partners work together to ensure the strategy aligns with national developments.

- 2.2 A new national strategy is due to be published later in the year and the pan-Dorset Strategy will be reviewed at that point.
- 2.3 Progress across the workstreams has been generally really positive, although with some challenges in key areas.

Workstream 1 - Developing focused communication and media campaigns

- 2.4 Communications Leads from Public Health Dorset, other provider organisations and Local Authorities have been working to ensure that when suicide is being discussed in the media, or other forums, that the reporting is helpful, factual and not unhelpfully emotive.
- 2.5 The work has been recognised nationally as good practice and the team have been asked to present their work at national conferences.

Workstream 2 - Improve access to wider community mental wellbeing and suicide prevention skills and training

- 2.6 During 2021/22 the skills and training task group coordinated a pilot of the Suicide Prevention training courses available and following feedback from Partners, implemented:
 - Levels one and two suicide awareness training
 - A bereavement training offer
 - A Mental Health First Aid (MHFA) training offer for both adults and young people
- 2.7 This year, a second programme is in place with 25 courses available to December 2022.
- 2.8 Evaluation reports are available for the skills development programmes. A training feedback video is being developed by Public Health Dorset's Communications Team and will be available in due course. A suicide first aid course feedback presentation has been completed and is available on request.
- 2.9 Last year the Task group set up a network for MHFA trainers and the group plan to develop a suicide first aid network this year.
- 2.10 Bournemouth University are being commissioned to evaluate the impact of the Suicide First Aid year one rollout, to inform our 23/24 programme planning.

Workstream 3 - Establish local support from Community Partnership Groups led by VCSE organisations

2.5 **MH Alliance –** This is a collaborative partnership of VCSE organisations that work in mental health and other areas and have an interest in suicide prevention.

- 2.6 The long-term aim is to ensure that the VCSE partnership can respond to local need. The first example of this is related to the fact that most confirmed suicides are male.
- 2.7 The group created <u>Light On</u> which is a campaign to get men talking about how they feel. It is important to note that no workstream is a silo and all rely on each other so this one relied on lived experience and comms.

Workstream 4 - Establish local guidance from Suicide Prevention Champions and Lived Experience specialists

2.8 Peer specialists have been trained to deliberately use their lived experience of suicide or attempted suicides to support other people and they are now working in various areas related to Mental Health and Suicide Prevention.

Workstream 5 - Improving bereavement support and access to local services

- 2.9 **Open Door –** is a collaborative partnership between Dorset MH forum and other VCSE partners to support people who have been bereaved due to suicide and other complex trauma such as experienced thought the pandemic.
- 2.8 To some extent this was driven by Covid but primarily supporting people who have lost someone due to suicide.
- 2.9 The service is fully operational and accepts calls then triages and warm transfers to other partners in the group to ensure the best support for the person in need.

Workstream 6 - Improving data and intelligence through access to real time surveillance data

- 2.10 Real time surveillance (RTS) data is crucial to the strategy enabling focused energy on the areas of present need in BCP and wider Dorset, reducing reliance on out-of-date ONS data, which may or may not be relevant to the BCP or Dorset context.
- 2.11 The initial work on this was seen as an exemplar for other areas around the country.
- 2.12 Unfortunately, at present key parties are unable to share this information with partners. The issues are being worked through currently between Dorset Police, Public Health Dorset and the NHS Dorset Clinical Commissioning Group.
- 2.13 Hopefully the approach can return to being the exemplar in terms of real time information driving strategy.
- 2.14 Despite the current challenges to re-establish data flows, the suicide prevention network has developed some insight for RTS with experimental data from May 2020-21. The data that we have suggests that there were no large increases during that time in lockdown.

- 2.15 The majority of suspected suicides are male, white, although there are some younger men, the main age group is 46-56 years and then 56+. The main method is hanging, in the home more than outside. Themes that emerge suggest that people had a mental health history, with some already known to mental health services, or suspected suicides due to relationship issues, or a bereavement.
- 2.16 This reinforces the continuing need to focus on this population group.

Pan Dorset Focus for 2022/23

- 2.17 The Pan Dorset Focus for the next year will be to:
 - Continue to coordinate the Network and share good practice
 - Work with Partners to support availability of RTS data
 - Deliver a targeted media and Communication Programme to support vulnerable groups
 - Improve skills and understanding through delivering of Suicide First Aid (SFA) and Mental Health First Aid (MHFA) training programmes year two and evaluate the Impact of year one delivery to inform future planning

BCP Suicide Prevention Plan Update

- 3.1 The BCP Suicide Prevention Plan spans service areas across the council and aligns to the six workstreams within the Dorset wide plan. A review of the action plan has been completed. Please refer to Appendix 1.
- 3.2 A key focus the Council has been promoting all the positive training and support opportunities developed pan Dorset for internal staff, contracted services and the wider community, including children, young people and adults requiring support, local businesses and the general public.
- 3.3 The BCP plan includes wider wellbeing objectives and activities to reduce social isolation and loneliness. This is also reflected within BCP Council's own staff's People Strategy.
- 3.4 Campaigns have been shared across multiple communication channels, covering topics such as:
 - Domestic Abuse
 - Light On Men's mental health campaign across Dorset
 - Support for people experiencing poor mental wellbeing, linking to relationships, housing, finance and unemployment
 - Promoting national campaigns
 - Every Mind Matters Children and young people
 - Get Britain Talking MIND
 - o Real Stories, Real People The Samaritans.
 - Open Door Bereavement support

3.5 Some actions within the plan have been delayed due to the pandemic and require reviewing as part of Year 2 work, this includes working with the Portfolio Holder for Tourism and Active Health who has taken on responsibility for Public Health.

Summary of financial implications

- 4.1 Both plans remain wide reaching with a high degree of employee engagement to be effective. The wider pan-Dorset suicide prevention plan has NHS England funding, some of which supports delivery of elements of the BCP Council plan.
- 4.2 There is also an enhanced wellbeing offer being developed as a system approach with NHS England. This offer is in addition to the existing BCP Council staff wellbeing offer and will be accessible to any employees in health and social care teams requiring support.
- 4.3 For BCP Council most projects continued to be managed within existing resources. The main financial implications remain officer time and commitment to support plan delivery.

Summary of legal implications

5.1 There are no legal implications, however the national strategy outlines that all council areas should have a suicide prevention strategy headed up by public health. The BCP Council plan is jointly led by Public Health and BCP Council Officers.

Summary of human resources implications

6.1 For BCP Council most project areas have been built into existing portfolios. The financial implications relate to officer time and commitment to support plan delivery and staff time to engage in training.

Summary of environmental impact

7.1 There are no negative environmental impacts associated with this work.

Summary of public health implications

8.1 Please refer to the original report in background papers.

Summary of equality implications

9.1 Please refer to the original report referenced in background papers.

Summary of risk assessment

10.1 The key risk identified in the original report related to lack of engagement by staff. However, staff engagement has been positive, although with some actions hampered as staff were diverted to responding to the pandemic.

Background papers

Health and Adult Social Care Overview and Scrutiny Committee – 18 January 2021

Appendices

Appendix 1 BCP Suicide Prevention Plan Y1 Progress Update