

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

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Title: Suicide Prevention Action Plan

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Service: Public Health

Directorate: Health, Education, Care and
Safeguarding

Wards affected: All

1. Purpose of Report

To update the Adult Social Care, Health and Wellbeing Sub-committee of the ongoing work in North Tyneside with regard to Suicide Prevention.

2. Recommendations

The Adult Social Care, Health and Wellbeing Sub-committee is asked to note the content of this report and the suicide prevention action plan

3. Details

3.1 Background

The National Suicide Prevention Strategy was produced in September 2012 by the Department of Health and recognised that suicide is a major issue for society and a leading cause of years of life lost. The strategy outlined two main objectives: to reduce the suicide rate in the general population in England; to provide better support for those bereaved or affected by suicide.

The latest data from Public Health England 2012-2014 shows that North Tyneside's suicide rate has decreased since 2008- 2010. The current rate is 11 suicides per 100,000, similar to the rate for the North East and England. This equates to 65 deaths in North Tyneside in the period 2012-2014.

The All-Party Parliamentary Group (APPG) on Suicide Prevention undertook an inquiry into local suicide prevention plans in England and reported in January 2015. The Government's response was published in February 2015. The APPG considered there to be three essential elements to the successful implementation of the national suicide prevention strategy, each Local Authority is required to implement all elements:

- Establish a local multi-agency suicide prevention group
- Carry out a local suicide audit
- Develop a suicide prevention action plan

3.2 North Tyneside Suicide Prevention Task Group

Under the leadership of the Acting Director of Public Health a multi agency Suicide Prevention Task Group was formed with representation from North Tyneside CCG, Northumbria Healthcare Foundation Trust (Psychiatry of Old Age service, A&E and CAMHs), Northumberland Tyne and Wear Mental Health Trust, Northumbria Police, H.M. Coroner, Samaritans, MIND and Department of Work and Pensions.

The group is accountable to the Mental Health Integration Partnership Board.

The group led the completion of the Suicide Needs Assessment and an audit of suicides that occurred in North Tyneside between 2012-2014, utilising the Coroners files. An update of the audit is currently being carried out and the 2015 data will be added to the audit report.

A suicide prevention action plan was developed by the group and agreed in October 2015. The group continue to meet twice a year to monitor the implementation of the action plan, unless there is an incident or issues emerge from the audit that requires additional meetings.

3.3. Suicide prevention action plan

The North Tyneside suicide action plan addresses the six key areas identified in the Governments Strategy for suicide prevention:

- Reduce the risk of suicide in key high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

The action plan can be found in appendix 1.

Key achievements to date include:

- September 2015: training offered to a range for frontline staff that come into contact with men (key at risk group) around basic suicide awareness. The training was well attended and positively evaluated and will run again in spring 2016.
- September 2015: suicide awareness raising was carried out for suicide prevention day. Working in partnership with the sport and leisure service, licensing and the local Pubwatch scheme. Venues regularly frequented by men were targeted to raise awareness of support available; for example by displaying Samaritan's posters in men's toilet cubicles in pubs in the North Shields locality and also in football clubs around the borough. The Council supported the media campaign ran by MIND and the Samaritans.

4. Appendices

Appendix 1 North Tyneside's Suicide Prevention Action Plan.

5. Background Information

The following documents have been used in the compilation of this report:

HM Government. (2012) *Preventing Suicide in England: A cross-government outcomes strategy to save lives*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

HM Government (2015) *Preventing Suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf

All-Party Parliamentary Group (APPG) on Suicide Prevention January 2015. <http://www.samaritans.org/sites/default/files/kcfinder/files/APPG%20SUICIDE%20REPORT%2020012015.pdf>

Guidance for developing a local suicide prevention action plan Information for public health staff in local authorities PHE 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan_2.pdf

Appendix 1 North Tyneside Suicide Prevention – Annual Action Plan: 2015-16

The following Action Plan is based on the work of a Suicide Prevention task and finish group who report into the Mental Health Integration Board. The task and finish group have carried out a number of pieces of work including a Suicide Health Needs Assessment; a local Suicide Audit and an audit of current services and gaps in provision.

For the last 5 years the suicide rate in the North East of England has been consistently higher than for England as a whole. However the most recent 2012-14 data, shows that North Tyneside’s rate has reduced and we are now similar to England. The current suicide rate for the Borough is 11 per 100,000 of the population (persons). ¹ This is an annual rate but calculated for a 3 year period (2011-2013).

Suicide prevention is not the sole responsibility of any one sector of society, or of the health services alone. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

The following local action plan is based on [Public Health England Guidance](#)

Suicide prevention supporting actions log. The purpose of this log is to identify the most appropriate place for the broad range of suicide prevention activities to sit without having an unwieldy suicide prevention plan, engaging the right range of partners, embedding public mental health and avoiding duplication. It aims to provide a log of activity so that overall suicide prevention progress can be monitored through the inputs of a range of partners.

Log

Priority	Local Action	Document/Evidence	Governance/Reporting arrangements
1. Reduce the risk of suicide in key high risk groups	Improve depression care pathways and identification of depression in primary care.	CCG Operational Plan and Commissioning Intentions	Mental health integration board to receive and review annual suicide audit report, crisis concordat and flag any issues.
	Implement the Crisis concordat action plan	Crisis concordat action plan	Accountability to Health and Wellbeing board who will receive, review and challenge
	Assess/evaluate liaison	Mental Health Strategy	

¹ Calculated against the European Standard Population (ESP2013 PHOF)

Priority	Local Action	Document/Evidence	Governance/Reporting arrangements
	<p>psychiatry services</p> <p>Awareness raising campaigns and promotion of voluntary sector existing support to improve mental health and wellbeing.</p> <p>Local implementation of time to change anti stigma campaign.</p>	<p>Community safety action/delivery plan</p> <p>A & E Emergency Care Mental Health Assessment</p> <p>Communications strategy.</p> <p>JSNA / HWBS</p>	<p>an overarching annual report of suicide prevention progress</p>
<p>2. Tailor approaches to improve mental health in specific groups including children and young people, men, people with a history of self harm, LGBT, people in contact with the criminal justice system and supporting those with existing mental health conditions.</p>	<p>Development of local training offer (in addition to the training provided by NHCFT and NTW for their own staff) to enhance the mental health skills in the wider health workforce and voluntary sector (to include public mental health and suicide prevention training).</p> <p>Deliver events to raise awareness of high suicide rate in men on World Suicide Prevention day annually in September and World Mental Health day in October</p> <p>Improve Children's public</p>	<p>JSNA</p> <p>Children and Young People's Plan</p> <p>Children and Young People's Emotional health and wellbeing strategy.</p> <p>Community strategy</p> <p>Healthwatch documents.</p> <p>Crisis concordat action plan</p>	<p>Accountability to Health and Wellbeing board who will to receive, review and challenge an overarching annual report of suicide prevention progress</p> <p>Mental health integration board to receive and review annual audit report and flag any issues.</p> <p>Children and Young People's Partnership.</p> <p>Community Safety Partnership.</p> <p>Healthwatch.</p>

Priority	Local Action	Document/Evidence	Governance/Reporting arrangements
	<p>mental health in order to develop children's resilience by</p> <ul style="list-style-type: none"> • Developing the CYP mental health strategy. • reviewing and refocusing the SLA between Public Health and School Improvement • strengthening CAMHs in schools • Strengthening the work of school nurses <p>Deliver workplace health initiatives through BHAW scheme – to reach and engage with vulnerable groups.</p> <p>Self Harm training resources in schools – via CAHMS/School Nursing</p> <p>Promote the Phoenix Detached Youth Club Self Harm Pack.</p> <p>Targeted mental health improvement work with key</p>	<p>Voluntary sector plans.</p> <p>NPSA Suicide Prevention Toolkit</p>	

Priority	Local Action	Document/Evidence	Governance/Reporting arrangements
	groups such as. those out of employment, those at risk of domestic abuse, veterans, long term conditions by voluntary sector partners		
3. Provide better information and support to those bereaved by suicide	<p>Promote access to Cruse Bereavement support services</p> <p>Assess the current support for families bereaved by suicide, including voluntary sector support and financial advice/support.</p> <p>Promote the use of the Help at hand resource through the Coroners Office and via the police.</p>	Help at Hand Resource	Accountability to Health and Wellbeing board who will to receive, review and challenge an overarching annual report of suicide prevention progress across strategies and plans
4. Support research, data collection and monitoring	Annual refresh of the North Tyneside Suicide Audit. Work with the Coroner to identify case files and analyse and track trends, means of suicide and any hotspots. Provide surveillance data and disseminate findings to	March 2016	<p>DPH, CCG</p> <p>LA Public mental health lead, Data Analysts, CCG Mental health lead.</p>

Priority	Local Action	Document/Evidence	Governance/Reporting arrangements
	relevant stakeholders to inform local action.		Public Health
	Work with PHE and regionally across the North East network to enable local and regional comparisons.	March 2016	
<p>5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour</p>	<p>Ensure there is a coordinated and consistent approach for all external communications following a suicide.</p> <p>Develop a guidance paper for all media contacts across key partners (STC, CCG, Police, Elected Members etc...) on messages to relay when speaking about completed suicides in North Tyneside (utilising the principles of the Samaritans media).</p> <p>Pro- active media engagement to ensure that local</p>	Dec 2015 – July 2016	<p>Communications leads NTC, CCG, police, education, Foundation trusts and LA Public Mental health lead.</p>

Priority	Local Action	Document/Evidence	Governance/Reporting arrangements
	<p>organisations are signed up to sensitive and responsible reporting. Obtain a list of key contacts in each North Tyneside media organisation to get signed up to the Samaritans guidance.</p> <p>Monitor any local reporting after completed suicides to assess if local media organisations are adhering to the guidelines.</p> <p>Monitor social media after completed suicides.</p>		
<p>6. Reduce access to means of suicide</p>	<p>Continue to monitor any local suicide hotpots through the annual audit and take action as necessary</p>	<p>March 2016</p>	<p>Public Health</p>