

Southend Health & Wellbeing Board

Agenda
Item No.

Report of
Deputy Chief Executive (People)

to
Health & Wellbeing Board

on
21st June 2017

Report prepared by: Liesel Park
Public Health & Health Intelligence

For information only		For discussion	X	Approval required	X
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Suicide Prevention Strategy for Southend, Essex and Thurrock “Let’s Talk About Suicide”

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1. To present the draft Suicide Prevention Strategy for Southend, Essex and Thurrock “Let’s Talk About Suicide”.

2. Recommendations

- 2.1. That the draft suicide prevention strategy and associated actions are agreed.

3. Background & Context

- 3.1. The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to often unexpected nature of the death as well as the delays in investigation and conclusion.
- 3.2. Mental health is a key factor in suicide, yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with. As such, there is no one solution to preventing suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of those risks.
- 3.3. In 2012, the government of the day published a report entitled Preventing Suicide in England, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The All-Party Parliamentary Group (APPG) on Suicide and

Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015 recommended that all local authorities have in place suicide audit work, a suicide prevention plan and a multi-agency group to implement the plan. This is now seen as a political imperative, with all areas recommended to have multi-agency suicide prevention plans in place by the end of 2017.

3.4. Preventing Suicide in England identified six key areas for action to deliver the objectives:

- 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 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

3.5. Our actions are set out to mirror those of the national strategy. The action plan set out by the strategy reflects the on-going and intended work of a multitude of organisations and partnerships articulated in a range of documents. These include the SET Mental Health and Wellbeing Strategy, Crisis Care Concordats, safeguarding plans and SET Local Transformation Plan for children and young people's mental health.

3.6. The intention of this suicide prevention strategy, in this first year, is to collate and cross reference the strategic intent and action plans of various local groups and organisations that have a role to play in suicide prevention.

3.7. In addition to the actions already intended by the relevant organisations and partnerships, the strategy makes some additional recommendations that will be taken forward by task and finish groups and report into the Suicide Prevention Implementation Programme Working Group for the Mental Health and Wellbeing Strategy.

3.8. Its approach is to recommend that the actions are owned by the responsible organisations and partnerships, with annual oversight by the Health and Wellbeing Boards and an annual summit focused solely on suicide prevention. This approach still allows for local flexibility whilst maintaining a pan-Essex overview, especially for those partners that cross boundaries.

4. Health & Wellbeing Board Priorities / Added Value

4.1. Part 5 of the strategy signposts the key partnerships, agencies, strategies and actions which have relevance for suicide prevention. These contribute to the following ambitions of the Southend Health and Wellbeing Strategy:

- Ambition 1: Promoting children's mental wellbeing

- Ambition 3: Improving mental wellbeing
- Ambition 4: A safer population
- Ambition 9: Maximising opportunities and promoting opportunities to thrive

5. Reasons for Recommendations

- 5.1. This approach recognises the complex geography of Southend, Essex and Thurrock with overlapping boundaries and jurisdictions which require both local and shared approach to suicide prevention. It still allows for local flexibility whilst maintaining a broader overview for those partners who cross local boundaries.
- 5.2. The three upper-tier local authorities in greater Essex have agreed to work in partnership as a pragmatic measure to working more effectively, reducing duplication and creating better outcomes for our populations. Southend, Essex and Thurrock (SET) have used a common tool for the suicide audits, and have jointly analysed the results in order to gain a richer understanding of the causal factors, means and circumstances of deaths; and also to identify any ‘hotspots’ in our wider geography.
- 5.3. The Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-21 identifies suicide prevention as a priority. There is a Strategy Implementation Work stream for this priority that will oversee the delivery of the Suicide Prevention strategy, thus linking the objectives and delivery of the two strategies together (see Appendix 2).
- 5.4. The strategic approach to suicide prevention follows the six areas for action in the national “Preventing Suicide in England” (HM Government, 2012) strategy.
- 5.5. The Mid and South Essex Sustainability and Transformation Plan identified reducing suicide and self harm as one of three key priorities for mental health. This has also provided a better link to clinical leadership for the partnership.

6. Financial / Resource Implications

- 6.1 The strategy will be delivered within existing resources.

7. Legal Implications

- 7.1. None

8. Equality & Diversity

- 8.1. The strategy was informed in its development by an audit of all suicides in Southend, with data collected on a suite of characteristics, in order to identify any specific actions for common factors or groups with specific characteristics.

9. Background Papers

- 9.1. N/A

10. Appendices

1. SET Draft Suicide Prevention Strategy
2. SET Mental Health and Wellbeing Strategy
Implementation Work-stream Brief



SET_Strategy_Implementation_workstream

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p>Ambition 1. A positive start in life A. Children in care B. Education- Narrow the gap C. Young carers D. Children’s mental wellbeing E. Teen pregnancy F. Troubled families</p>	<p>Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer</p>	<p>Ambition 6. Active and healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p>
<p>Ambition 7. Protecting health A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p>	<p>Ambition 9. Maximising opportunity A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p>