

Adults and Health Select Committee

9 November 2017

Surrey Suicide Prevention Plan



Purpose of report: To provide assurance on the quality of the multi-agency Surrey Suicide Prevention Plan in response to the recommendation of the House of Commons Health Select Committee inquiry into suicide prevention.

Executive Summary

The impact of suicide on family, friends, workplaces, schools and communities can be devastating; it carries a huge financial burden for the local economy and contributes to worsening inequalities.

The House of Commons Select Committee have therefore asked all Local Authorities to scrutinise local plans to reduce suicide.

The numbers of completed suicides in Surrey is significantly lower when compared to England and the South East Region. The suicide rate in Surrey 9.1 per 100,000 of the population compared to 10.1 in England and 10.2 in the South East region. However, there is still, on average 92 deaths from suicide every year which equates to one per cent of all deaths every year in Surrey.

Local authorities in England have found access to detailed data and intelligence on suicide challenging to collect in a timely fashion. A number of organisations are potentially involved in holding this information (police, ambulance services, mental health, A&E etc) and sharing sufficient detail is prohibited by national data protection legislation and organisational policies (**see Recommendation 1**).

In Surrey, where detailed audits of completed suicides have been undertaken, the intelligence gleaned about the risk factors for suicide reflects national reports and therefore contribute little additional understanding of the issue. However, a system facilitating timely access to data on the location and means of both suicides and attempted suicides would be useful in enabling Surrey's Suicide Prevention Group to respond more proactively to reduce suicide in Surrey (**Next Steps and Recommendation 2**).

There is no single risk factor and, no single solution to prevent suicide. In Surrey, therefore, joint, collaborative efforts utilising intelligence and evidence-based interventions are being employed to reduce suicide locally. The Surrey Suicide Prevention Group will develop an all age Suicide Prevention Strategy to make clear how all partners can support efforts to prevent suicide in Surrey (**Next Steps and Recommendation 2**).

This report recommends that the Adults and Health Select Committee:

- a. raise concerns regarding national legislative constraints to proactive data sharing on suicides and attempted suicides to the House of Commons; and
- b. review progress on delivery of next steps detailed in this report in 12 month time.

Introduction

Every suicide sends shockwaves through families and communities and can take years to recover from. On average, there are 13 completed suicides every day in England. At the beginning of 2017, the Government renewed their commitment to reducing suicide nationally by 10%.

The prevention of suicide requires the coordination of efforts at individual, population and service delivery levels, therefore, multi-agency action by health, social care, the criminal justice system and the voluntary sector is nationally advocated to reduce suicide locally and nationally.

In March 2017, the [House of Commons Health Committee](#) published their inquiry into suicide prevention. There were a number of considerations for local authorities, including a recommendation that **Health Overview and Scrutiny committees should be involved in ensuring effective implementation of local authorities' suicide prevention plans**. This paper will therefore provide an overview of efforts being advanced in Surrey by a range of organisations to reduce suicide and will outline the challenges to effective implementation of the national guidance described in Annex 2.

Suicide in Surrey

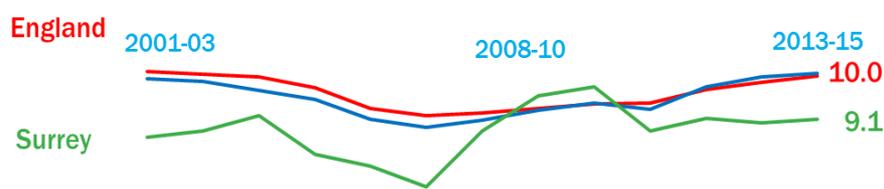
Number of completed suicides in Surrey

1. Every suicide is a tragic event affecting not only individuals but families and the local community. In Surrey, however, suicides are lower than the average across England as well as among local authorities in the South East Region.
2. The suicide rate is 9.1 per 100,000 of the population this is lower than England (10.1) and the South East region (10.2) (see figure 2). Suicide rate is twice as high among men compared to women in Surrey. Nationally, suicide rates among men are three times higher than women.
3. On average there are 92 deaths by suicide in Surrey every year with six of these among the under 25s (see figure 1). This equates to eight people a month or 2% of all deaths among people under the age of 75 in Surrey (see figure 3).

About 92 people die
by suicide every year in Surrey



Figure 1: Suicides in Surrey



Following the credit crunch in 2008, the suicide rate in Surrey peaked to above the England and South East averages, but more recently has dipped below the national and South East figures

(rates are per 100,000 population)

Figure 2: Suicide trends 2001-2015

Suicide deaths as a percentage of all deaths in each age group

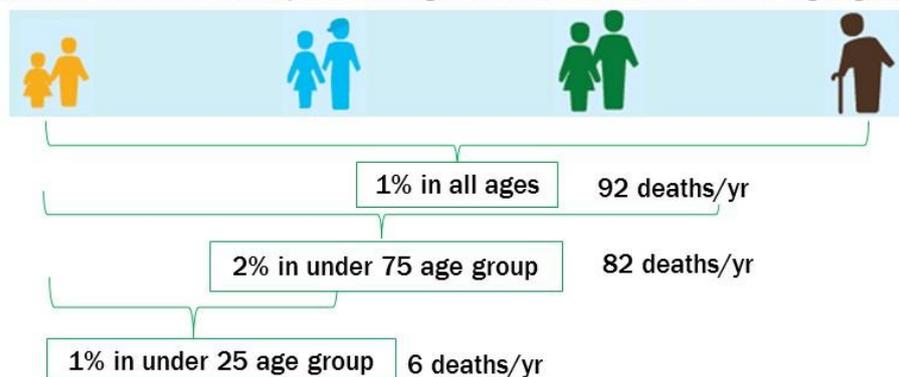


Figure 3: Suicide deaths as percentage of all deaths in each age group between 2013 and 2015

Risk factors for suicide in Surrey

4. Coroner's records on completed suicides are a source of more detailed information about the circumstances involved in a suicide. Previous audits undertaken by Surrey County Council Public Health team have confirmed that the risk factors for suicide in Surrey are in line with national evidence. These are:
 - a. existing physical or mental health problems;
 - b. being male;
 - c. a history of substance misuse;
 - d. previous suicide attempts and/or self-harm;
 - e. poor economic circumstances; and
 - f. living in an area of deprivation

In addition, national data suggests that people who have been bereaved by suicide are at an increased risk of suicide themselves.

Suicide Prevention in Surrey

5. It is clear from local and national experience and the evidence of effective interventions to address suicide (see Annex 2), that suicide prevention is not the sole responsibility of any one organisation and requires action by a range of agencies working both individually and together. Action to prevent suicide in Surrey therefore, takes place in a number of places by a number of organisations (see figure 4). This section will provide an overview of work happening in Surrey in each of the following areas:

- a. Surrey Suicide Prevention Plan
- b. Universal Emotional Wellbeing
- c. Health Services
- d. Mental Health Services
- e. Wider determinants of Health

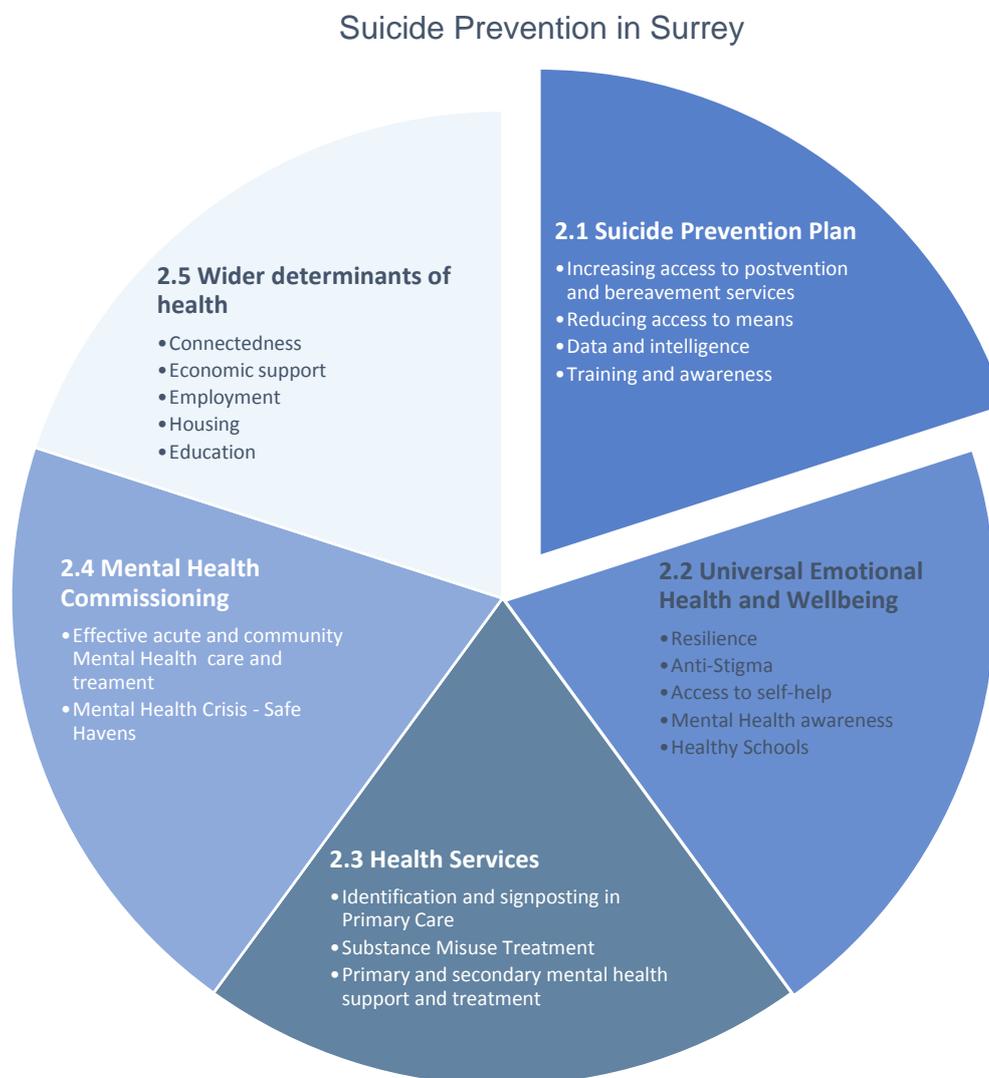


Figure 4: Suicide Prevention in Surrey

Surrey Suicide Prevention Plan

6. A Surrey- wide suicide prevention group was set up in 2008 to mobilise collective action to address suicide following a number of suicides at Deepcut Barracks and HMP High Down. Today, this group is coordinated by Public Health and has representation from a range of partners including community and acute mental health services, CCGs, the police and the voluntary sector (see attached **TOR in Appendix 1**). The role of the group is to provide intelligence and evidence to support and influence partners to engage in activity to prevent suicide and to deliver on the six multi-agency suicide prevention priorities outlined in the Suicide Prevention Plan:

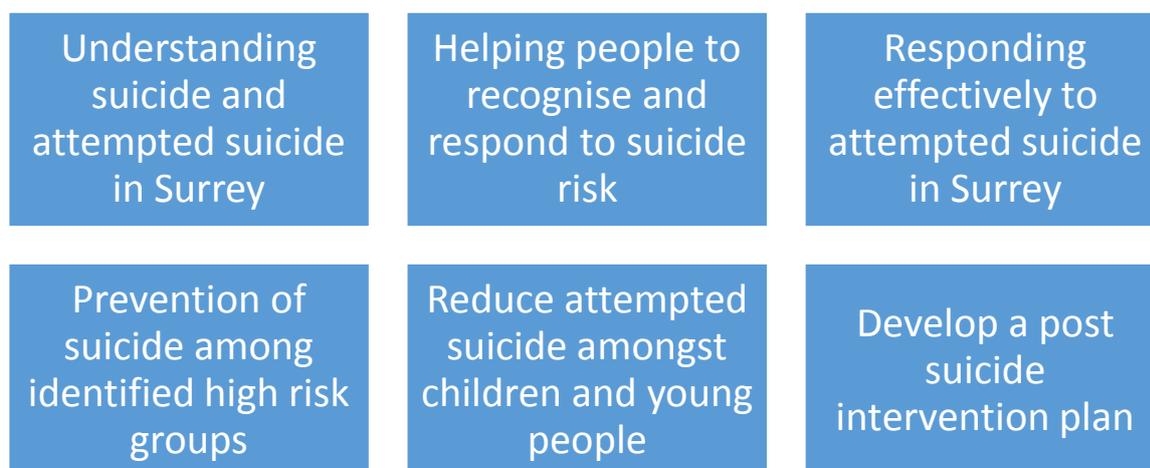


Figure 5: Surrey Suicide Prevention Priorities

7. The Suicide Prevention plan is a live document which uses evidence-based practice and local and national intelligence to identify priority areas for joint action. The priorities and key actions within the current Suicide Prevention plan and achievements to date are shown in Annex 1.

1.1 Governance of Suicide Prevention Plan

The Suicide Prevention Group oversees the development and implementation of the actions within the Suicide Prevention plan.

The group meets on a quarterly basis and reports progress to the Emotional Wellbeing and Mental Health Partnership Board.

There are a number of inter-dependencies with other partnership groups and / or organisations; members of the group are actively engaged in such partnership groups have the responsibility of linking to, sharing and gathering information to ensure that wider partners are engaged where appropriate (i.e. reporting to the Surrey Housing Alliance for actions and information specific to housing providers).

7.2 Development and Implementation of the plan

The Suicide Prevention Group regularly reviews and updates the suicide prevention plan to reflect up-to-date data, national guidance and any emerging local trends. Task to finish groups are engaged in more detailed planning against the key objectives. A Public Health Development Worker coordinates the delivery of the suicide prevention plan, gathering updates from partners on progress.

7.3 Monitoring and Evaluation of the plan

Monitoring progress - Progress against the suicide prevention plan is reviewed quarterly by the suicide prevention group.

Evaluating outcomes - The success of the suicide prevention group is reviewed annually through discussions with all involved to gather information on the outcomes achieved both individually within partner organisations and collectively through the partnership.

Evaluating impact – Impact is measured using three year rolling averages from nationally available suicide figures (PHOF) and benchmarking against other areas. Achievements can be found in Table 1.

Universal Emotional Health and Wellbeing

8. A number of initiatives and programmes are in place across Surrey to promote Emotional Health and Wellbeing, a protective factor for suicide. For example, Surrey has a Targeted Mental Health in Schools (TaMHS) approach which aims to skill up school staff in the support of pupils with emerging mental health and emotional needs and provide access to early advice and consultation from a mental health professional.
9. Surrey also has the Healthy Schools Programme, jointly funded by Public Health and Education, delivered by Babcock 4S, which supports the delivery of Personal, Social, Health and Economic Education (PSHE). The Healthy Schools Programme is part of a whole school approach to health and wellbeing and supports children and young people to be resilient and mentally healthy.
10. Public Health lead on universal and targeted work to improve emotional wellbeing among adults. This include resilience training and workshops with the public; mental health self-help resources and signposting to support services.

Health Services

11. In Surrey, a range of mental health and suicide prevention training is offered to primary care and all GP practices are provided with a directory of services to support early intervention and signposting. From 2018/19, the Department of Health is making funding available to CCGs for suicide prevention, the Suicide Prevention Group will work with CCGs to ensure this aligned to best practice and the local suicide prevention plan.
12. Surrey and Borders Partnership (SaBP) provide Public Health commissioned substance misuse treatment services in Surrey. Where suicide is a presenting risk then an assertive and coordinated approach is undertaken with Community Mental Health Recovery Services including interventions to prevent the risk of drug overdose.

Mental Health Commissioning

13. SaBP is the lead provider in Surrey for health and social care services for residents with mental ill-health, learning disabilities and substance misuse. Specifically related to

suicide prevention, SaBP align their work to The National Suicide Prevention Strategy and the Surrey Suicide Prevention Plan.

14. The Surrey Mental Health Crisis Care Concordat Delivery Group (MHCCCDG); a partnership of health, social care, Surrey police and non-statutory support, work together to prevent crises happening whenever possible through prevention and early intervention. The MHCCCDG partners pledge to meet the needs of vulnerable people in urgent situations and strive to make sure that all relevant public services offer high quality support to someone who appears to have a mental health problem to help move towards recovery. This includes the following actions for suicide prevention:

- Commission, deliver and evaluate suicide prevention training to key front line professionals.
- Gain an understanding of the learning from Serious Untoward Incident investigations for suspected suicides.

15. The voluntary sector also plays a key role in supporting the mental health of Surrey residents. Adult Social Care and the CCGs jointly commission community connections services. These services offer one-to-one, group and peer support, as well as activities to promote mental wellbeing and enable recovery for those who have experienced mental health problems.

16. The community connections services are a key part of the mental health pathway and are engaged with both the Mental Health crisis care concordat delivery group (MHCCCDG) and the suicide prevention group. They also deliver the four **safe havens** in Surrey alongside SABP. The safe havens are out of hour's services to support people who may be experiencing a mental health crisis or need help to prevent a crisis. Carers and family members can also access support through the safe haven.

Wider Determinants of Health

17. SCC and its partners have an important role in providing and commissioning services that protect individuals and communities from becoming at risk of suicide and improving and maintaining mental wellbeing. These include facilitating access to meaningful employment; debt advice services; community connectivity and the provision of affordable and supported housing. Membership of the Suicide Prevention Group reflects these areas of work and suicide prevention and mental health training is targeted to front line staff working with vulnerable individuals. Training supports staff to identify those vulnerable to suicide, raise awareness of mental ill health, promote mental wellbeing, reduce mental health stigma and signpost to appropriate services.

Challenges and Gaps

18. Whilst there has been traction across a number of areas within the Surrey Suicide Prevention Plan there are some areas of best practice that have been challenging to implement:

Data and Intelligence:

19. Due to data protection laws, the small numbers involved and the time taken to formally record a death as a completed suicide, Surrey Suicide Prevention Group does not have timely access to detailed information about the means, circumstances, location or demographics involved. More in-depth understanding about the specific factors involved in each suicide is held by the coroner. However, as detailed in section 1, completed

audits of coroner's reports is resource intensive and intelligence gleaned is in line with national findings.

20. A priority locally is therefore to establish a means to record and report data on location and means of suicide so that the suicide prevention group can respond accordingly.

Funding constraints

21. There is as lack of dedicated resources to coordinate and galvanise multi-agency engagement in collective suicide prevention intervention delivery and evaluation.
22. There is limited funding for the provision of suicide prevention training for all relevant front line staff across Surrey.

Support for those bereaved by suicide

23. There is limited support for families and significant others bereaved by suicide in Surrey.

Governance and accountability for suicide prevention

24. Work contributing to suicide prevention happens in a variety of places and there is currently no clear accountability/governance for all of this work. This should be addressed by the development of a Surrey Wide Suicide Prevention Strategy (see **Next Steps**)
25. The Suicide Prevention group has traditionally focused on adults, the involvement of Children and Young People's services would be required to develop a suicide prevention strategy across the life course.

Conclusions

The responsibility for reducing suicides is held by several different organisations including Mental Health Services, local authorities, CCGs and Surrey Police.

Surrey's current Suicide Prevention Plan includes evidence based priorities for multi-agency community-based actions to reduce suicide.

There is no dedicated resources to coordinate or implement suicide prevention efforts in Surrey.

SCC's Public Health and SaBP are committed to jointly developing a strategy for suicide prevention in Surrey to make clear recommendations to all partners on their role in reducing suicide risk.

Recommendations

It is recommended that the Adults and Health Select Committee:

- i. responds to House of Commons Health Select Committee citing concerns regarding national legislative constraints to proactive data sharing to enable local identification of someone who could potentially be 'at risk' of suicide.
- ii. reviews progress of the next steps in 12 months' time.

Next Steps

With the aforementioned recommendations considered it is anticipated that the following will be achieved over the next 12 months:

Governance and funding

- To request that the Health and wellbeing Board to:
 - Promote the involvement of all partners in the delivery of suicide prevention including committed resource to support this agenda;
 - identify a suicide prevention ambassador to champion suicide prevention within their organisation and lead the implementation of key recommendations within the Suicide Prevention Strategy.
- SaBP and Public Health in partnership with Surrey CCGs to lead the development of an all age Suicide Prevention Strategy for Surrey to ensure a whole systems and coordinated response to suicide.
- To request that CCG funding for Suicide Prevention be aligned to the Surrey Suicide Prevention Strategy and coordinated via the Surrey Suicide Prevention Group

Data and intelligence

- SCC to explore opportunities to implement 'real-time' reporting of location and means of suicide via the Multi Agency Safeguarding Hub (MASH) for attempted suicide and self-harm.
 - SCC Coroner's office and the Suicide Prevention Group to work together to achieve improved and efficient data reporting including rapid summaries and data audits.
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Glossary of terms

ASIST - Applied Suicide Intervention Skills Training

Two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

CAB – Citizen Advice Bureau

A network of 316 independent charities throughout the United Kingdom that give free, confidential information and **advice** to assist people with money, legal, consumer and other problems.

MHCCC- Mental Health Crisis Care Concordat (Delivery Group)

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The MHCCC Delivery Group (MHCCCDG) monitors and reviews progress of a local multi-agency action plan for delivery of the recommendations and standards of the Crisis Care Concordat.

NICE – National Institute for Clinical Excellence

Provides national guidance and advice to improve health and social care.

NCISH - National Confidential Inquiry into Suicide and Homicide

UK's leading research programme in this field, the Inquiry produces a wide range of national reports, projects and papers – providing health professionals, policymakers, and service managers with the evidence and practical suggestions they need to effectively implement change

PSHE – Personal, Social, Health and Economic education

PSHE education is a school subject through which pupils develop the knowledge, skills and attributes they need to keep themselves healthy and safe, and prepare for life and work in modern Britain

SaBP – Surrey and Borders Partnership NHS Foundation Trust

Surrey and Borders Partnership NHS Foundation Trust is the leading provider of health and social care services for people of all ages with mental ill-health and learning disabilities in Surrey & North East Hampshire and drug & alcohol services in Surrey, Hounslow and Brighton

SPSG - Suicide Prevention Strategy Group

Suicide Prevention Group is a subgroup of the Mental Health Partnership Board. The Surrey prevention strategy group develops a plan which aims to reduce suicides and attempted suicides in Surrey.

TaMHs- Targeted Mental Health in Schools.

The TaMHS approach aims to skill up school staff in the support of pupils with emerging mental health and emotional needs and provide access to early advice and consultation from a mental health professional.

Sources/background papers:

1. All-Party Parliamentary Group on Suicide and Self Harmⁱ. (2013) All Party Parliamentary group on Suicide and Self Harm. (2013). *The future of local suicide prevention plans in England*.
2. NHS England Five Year Forward View for Mental Health, A report from the independent Mental Health Taskforce to the NHS in England. February 2016ⁱⁱ
3. House of Commons Health Committee (2017), suicide prevention inquiry publications.ⁱⁱⁱ
4. House of Commons Health Committee. Suicide prevention Sixth Report of Session 2016–17 *Report, together with formal minutes relating to the report. 7 March 2017*^{iv}
5. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives , January 2017^v
6. NICE (NG58) Coexisting severe mental illness and substance misuse: community health and social care services^{vi}
7. Public Health England (2016). *Local suicide prevention planning: A practice resource*^{vii}.
8. Public Health England (2017) Better care for people with co-occurring mental health and alcohol/drug use conditions

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

