



Health and Wellbeing Board  
6 December 2018  
**Promoting emotional well-being and mental health priority  
Status Update – Suicide Prevention**

**Purpose of the report:**

1. To provide the Board with an update on the development of Surrey Suicide Prevention Strategy
2. To provide the Board with an update on the work of the Mental Health workstreams from the three Sustainability Transformation Partnerships (Frimley ICS, Sussex and East Sussex STP and Surrey Heartlands STP).

**Recommendations:**

For the Health and Wellbeing Board:

- a) To approve the Suicide Prevention Strategy for Surrey
- b) Commit partners to joint delivery of the Suicide Prevention strategy
- c) To provide strategic oversight of the implementation of the strategy, holding partner organisations to account for their contribution to the delivery of the actions and recommendations contained within

**Performance Overview:**

**Suicide Prevention**

**Introduction**

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.

The national suicide prevention strategy for England was published in 2012, setting out key areas of evidence based action for local areas (HM Govt, 2012). At the beginning of 2017, through the NHS Five Year Forward View for Mental Health, the Government

reiterated their commitment to reducing suicide nationally by 10% by 2020 (NHS England, 2017).

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. A paper was presented at the Adults and Health Scrutiny Committee in November 2017 which included the following actions:

- Surrey and Borders Partnership NHS Foundation Trust (SABP) and Public Health in partnership with Surrey Clinical Commissioning Groups (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 the Health and Wellbeing Board:
  - hold all partners to account for their involvement in the delivery of suicide prevention including committing resource to support this agenda,
  - identify a suicide prevention ambassador to champion suicide prevention within member organisation and lead the implementation of key recommendations within the Suicide Prevention Strategy

**The new Surrey Suicide Prevention Strategy** will help meet Priority 3 of the Surrey Health and Wellbeing Strategy: Promoting emotional well-being and mental health.

Surrey County Council Public Health and SABP have led on the development of an all-age suicide prevention strategy for Surrey - drawing upon national and local evidence/data and together input from the multi-agency Suicide Prevention Partnership (as agreed at the November 2017 Adults and Health Scrutiny Committee).

The strategy is aligned to the national target of achieving a **10% reduction in suicide by 2021** through the coordinated actions of partner organisations. Feedback from our partners has resulted in us making zero suicide the ultimate ambition for Surrey, recognising that suicide is not inevitable and we all have an important role to play in moving closer to achieving a zero suicide ambition.

The strategy encompasses six priority areas which are aligned to the National Suicide Prevention Strategy:



Public Health are leading on implementation of Priorities 1, 2 and 3; Surrey and Borders Partnership NHS Foundation Trust have taken the lead on Priority 6: Prevention of suicide among identified high risk groups particularly those with known mental ill health. Lead organisations for priorities 4 and 5 are yet to be agreed.

The strategy includes actions for the multi-agency Suicide Prevention Partnership and makes a series of recommendations to partner organisations on their role in reducing suicide risk. The draft strategy went out to public consultation (June- Sept 2018).

**STP Mental Health Workstreams**

There are three Sustainability and Transformation Partnerships (STPs) that relate to our Surrey population:

- Frimley Integrated Care System (ICS)
- Surrey Heartlands
- Sussex and East Surrey (SES)

Each of these partnerships have mental health as one of their priorities and have established workstreams that have delivery plans for mental health. The delivery plans all have a strong focus on supporting good mental and physical health for its population and to support the delivery of the NHS Five Year Forward View for Mental Health (FYFVMH).

The national Mental Health Five Year Forward View deliverables are described in brief below:

PROGRAMME	KEY PERFORMACE INDICATORS
Children and Young People	Increased access to evidence based treatment
Children and Young People	Eating Disorders meeting standard for accessing treatment
Children and Young People	Specialist Commissioning inpatient stays appropriate place and length of stay

Perinatal	<b>More women have access to specialist perinatal mental health services</b>
<b>Increasing Access to Psychological Therapies (IAPT)</b>	<b>IAPT Expansion to meet 19% and integrate with Long Term Conditions</b>
IAPT	<b>Maintaining Core Standards of recovery and wait times</b>
<b>Adults and Children and Young People</b>	<b>Early Intervention in Psychosis</b> treated with a NICE approved care package within <b>two weeks</b> of referral
<b>Adults and Children and Young People</b>	<b>Liaison - All acute hospitals to ensure they have all-age liaison services</b> (national target by 2021), 50% to meet CORE24 standard.
<b>Adult Mental Health</b>	<b>Reduction in inappropriate Out of Area Acute Admission Placements against locally set trajectories</b>
<b>Adult Mental Health</b>	<b>Physical health and Sever Mental Illness</b> to receive complete list of physical checks and follow up
<b>Adult Mental Health</b>	<b>Individual Placement and Support (IPS)</b> services – access is increased
<b>Adult Mental Health</b>	<b>Achieve and maintain dementia diagnosis rate of at least two-thirds</b> of the estimated number of people with dementia
<b>Adult Mental Health</b>	Deliver against local multi-agency action plans (incl. trajectories) to <b>reduce suicides by 10% by 2020/21</b>
<b>All</b>	Deliver the Mental Health Investment Standard
<b>All</b>	Ensure that all in scope providers in footprint submit <b>complete and accurate</b> data to NHS Digital
<b>All</b>	<b>All STPs to deliver against comprehensive mental health workforce plan, in line with required increase in access, capacity and capability across STP footprint</b>

All of the three STPs have full delivery plans where they monitor and report on the performance of all the above FYFVMH deliverables. As these are numerous and largely business as usual, all of the STPs mental health work streams have identified specific areas that they are giving current focus to.

Frimley ICS have three priority areas within their delivery plan of: reducing out of area placements for people with acute mental health need as an in-patient; improving the crisis and urgent care pathways for people with mental health needs and ensuring all areas have access to a specialist community perinatal mental health service.

Sussex and East Sussex STP are currently working on 6 main areas: adult and children 24/7 crisis and urgent care; adult patient flow; rehabilitation pathway; suicide prevention; recovery colleges; and integrated physical and mental health care.

Surrey Heartlands STP current focussed work is grouped in 5 main areas: 24/7 crisis and urgent care; introduction of a specialist community perinatal mental health service, Integration of mental and physical health through piloting the integration of mental health in 3 primary care home networks, physical health checks for people with a severe mental illness and integrating IAPT in with Long Term Conditions; suicide prevention; and dementia diagnosis rates.

All three STPs are working on their enabler work streams to ensure that finance is aligned to work programmes and the mental health investment standard and that a mental health dashboard will be underpinning the reporting.

## Key Achievements and Outcomes

### 1. Suicide Prevention Strategy Consultation

The strategy consultation received over 200 responses (from a range of methods including Surrey Says online survey, focus groups, 1-1 interviews and input from key partnership members/groups).

#### 1.1 We Asked

How can we reduce suicide by 10% by 2021 through the coordinated actions of our respective organisations?

1. How can we aim for Zero suicides amongst those in Surrey health system?
2. How can we target high risk groups?
3. Who should lead on the areas the strategy?

#### 1.2 You Said

The main themes from the consultation responses:

1. Zero suicides are difficult to achieve.
2. There is no robust process to learn from suicides as a partnership.
3. There is no details on how the new strategy will be funded
4. There is not enough emphasis on how you will reduce suicide in carers, prison leavers and veterans
5. Campaigns should be co-designed with people from high risk groups
6. Suicide is everyone's responsibility

#### 1.3 We Did

Whilst we may not have always been able to fully address every concern, we have listened and will be amending the Surrey Suicide prevention strategy to reflect the feedback from the consultation:

- Carers' sections
- High risk groups to reflect veterans and prison leavers
- Details on how we will seek to fund the strategy
- Exploring support for a proposed working group - Learning from suicides and significant suicide related events

### 2. Governance

The Suicide Prevention Partnership will oversee the delivery of the strategy and ensure organisational commitment to the strategic

aims. The Partnership will be jointly chaired by a senior leader in public health and in Surrey and Borders.

A number of sub-groups will be responsible for the development and delivery of a priority action plan and report to the Partnership.

The Suicide Prevention Partnership will also report progress annually to the Health and Wellbeing Board.

### **3. Monitoring and Evaluation**

Measuring the impact of local strategies on suicide rates is challenging due to the small numbers involved and the nature of how suicide are recorded.

The data and intelligence sub-group will develop a set of metrics to measure progress and impact of the Suicide Prevention Strategy which will be agreed with the Suicide Prevention Partnership and will form the process of reporting to the Health and Wellbeing Board and the STP Mental Health workstreams.

Monitoring progress – Progress against the suicide prevention plan will be reviewed quarterly by the Suicide Prevention Partnership and the sub-groups.

Evaluating outcomes - The success of the Suicide Prevention Partnership will be reviewed annually through discussions with all involved on the outcomes achieved both individually within partner organisations and collectively through the Partnership. An annual report will be developed by the Data and Intelligence sub-group.

Evaluating impact – Impact will be measured using 3 year rolling averages from nationally available suicide figures (PHOF) and benchmarking against other areas.

### **STPs Mental Health Delivery Plans**

From the key deliverable areas across Surrey from each of the STPs the notable key achievements and outcomes in this reporting period have been:

- October 2018 saw the commencement of a specialist community perinatal mental health service for Surrey Heartlands and Surrey Heath populations. This service completes the aim of ensuring all the population of Surrey and North East Hampshire and Farnham can access a specialist service increasing the number of women and families who require this specialist support.
- A mental health Single Point of Access is being rolled out by Surrey and Borders across Surrey and North East Hampshire and Farnham for all adults. This will be starting in the East of the county from October 2018 and will be complete across the whole area by end of March 2019. This will help ease access for people needing to seek routine or crisis mental health support and will also introduce increased resource

with a rapid response service for people in a mental health crisis.

- A Local Contracted Service with Primary Care has been agreed across the Surrey Heartlands CCGs for providing physical health checks to people with a severe mental illness and suicide prevention training in primary care. This follows a successful introduction of the commissioned service in NEHF CCG. This work is expected to contribute to reducing our life gap for people with severe mental illness that has seen males on average die 22 years before the general population and females 16 years.
- The integration of mental health and physical health has seen successful work in Surrey Heath for the older age services with the mental health team working integrated with the local integrated hubs and NEHF CCG further developing their approach with mental health practitioners in primary care. Agreement to support and pump prime fund for a year three test site areas, one in each of Surrey Heartlands CCG areas has been reached and has been co-designed to integrate mental health into the Primary Care Home model. This model intends to make greater coordinated use and access to the whole system of mental health and wellbeing provision that is commissioned in Surrey. Both Frimley and Sussex and East Surrey ICS/STP have expressed interest in the model and lessons will be shared across our whole Surrey and NEHF footprint.

### **Key Challenges**

Key challenges around the suicide prevention strategy are:

1. There is limited financial resource to support the Suicide Prevention agenda in Surrey and delivery will therefore rely on all partners contributing staff capacity to develop and deliver actions plans. It is therefore, imperative to the success of this strategy that all Health and Wellbeing Board partners are engaged.

(Surrey did not receive any of the national funding awarded to the eight STPs in England worst affected by suicide. However Surrey Public Health are supporting bids from the Sussex and East Surrey STP and Surrey Heartlands ICS for the second round of national Suicide Prevention funding. This strategy provides a framework for the implementation of any funding made available locally.

2. Collation and sharing of data and intelligence on suicide and attempted suicide is challenging due to the small number of cases in Surrey. It is therefore, difficult to measure the impact of the strategy actions on reducing suicides locally. The data and intelligence subgroup will explore metrics that can be used as indicators of the impact of this strategy.

Key challenges around the STP/ICS Mental Health Deliverable Plans are:

- A significant challenge and risk area for all three of the STPs around mental health is the workforce with a decreasing number of trained workforce entering into mental health but with a national increase in workforce to deliver the mental health transformation expected. Therefore a focus is taking place on these workforce plans and alternative, innovative roles and pathways to mitigate the risks identified.

### **Conclusions:**

There is no single risk factor and no single solution to prevent suicide. The responsibility for reducing suicides is therefore held by several different organisations including Mental Health Services, Local Authorities; CCGs and the Police.

With the right multi-agency partnership approach and senior leadership across all organisations, there are significant opportunities to implement the evidence based strategy to reduce the risk of suicide locally and to address the risk factors that may contribute suicide.

All three of our STP/ICS areas Mental Health Workstreams have completed and are implementing their Delivery Plans to achieve the mental health Five Year Forward View ambitions and have innovative work taking place that will support transformation for mental health.

These Delivery Plans have some common themes across the three STP/ICS's but do have risks of different funding availability and pace and scale of developments. To monitor and manage this risk there is continuity of representation across all 3 STP/ICS's at a senior management level from the CCG Mental Health Collaborative and SABP.

### **Next steps:**

- The new 2019-2022 Suicide Prevention Strategy will be published by Jan 2019 (taking into account the consultation feedback)
- The new Surrey Suicide Prevention Strategy Partnership will be set up early 2019 to oversee development and implementation of the strategy
- Public Health are having discussions with local STPs/ICSs around funding to deliver the suicide prevention strategy and are supporting the Sussex and East Surrey STP and Surrey Heartlands ICS bids for the second round of national Suicide Prevention funding.
- Monitoring of the STP/ICS Delivery Plans will take place on a quarterly basis with progress reported.

- Mental Health Dashboards are being developed to support the STP/ICS reporting.

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**Sources/background papers:** All-Party Parliamentary Group on Suicide and Self Harm<sup>i</sup>. (2013) II Party Parliamentary group on Suicide and Self Harm. (2013). *The future of local suicide prevention plans in England*.

1. NHS England Five Year Forward View for Mental Health, A report from the independent Mental Health Taskforce to the NHS in England. February 2016<sup>ii</sup>
  2. House of Commons Health Committee (2017), suicide prevention inquiry publications.<sup>iii</sup>
  3. 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*<sup>iv</sup>
  4. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives , January 2017<sup>v</sup>
  5. Public Health England (2016). *Local suicide prevention planning: A practice resource*<sup>vi</sup>.
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