



Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	15 JULY 2019
Title	SUICIDE PREVENTION STRATEGY
Report of	Simon Bryant, Interim Director of Public Health

SUMMARY

This report presents the suicide prevention strategy. The purpose is to review the strategy in line with the national guidance.

BACKGROUND

The strategy was signed off by the Health and Wellbeing Board in April 2019. It was informed by national guidance and local intelligence, including a suicide audit that reviews all the suicides that take place on the Island.

The key priorities have been identified as:

Theme 1 – Improve knowledge and understanding of suicide risk

Raising awareness of the groups at risk from suicide is key to prevention of future suicides. Data from the suicide audit will be used to ensure that organisations and communities are aware of risk factors for suicide and are able to support those at risk. Work for this theme is centred around promoting positive mental wellbeing through working collaboratively with the community, voluntary sector, public sector and local businesses. Work is being delivered in schools (through the PEACH initiative) and local communities (through community development projects) to support this. We are also working with local media to ensure best practice and national guidance is followed when reporting suicides.

Theme 2 – Upskilling people to deal with suicide

Improving the skills of people to support those at risk of suicide will ensure that support is available for those who need help. This will require a variety of approaches for different groups. Funding for face to face training for primary care has been secured and the training will be delivered on 4 July 2019. An e-learning training programme is also being developed for wider use.

Theme 3 – Postvention (after suicide) and bereavement support

Postvention interventions and support for those bereaved is important, as we know

people bereaved by suicide require specific support and are at increased risk of suicide themselves. Led by Hampshire and Isle of Wight police, we have ensured better availability of the 'Help is at Hand' booklet. We are also working closely with organisations that offer postvention support as part of a larger piece of work across the STP region.

Theme 4 - Improve knowledge/data at a local level

Data is important to ensure the suicide prevention plan is meeting the needs of the Isle of Wight residents. A data sharing agreement is in place and further work is being carried out to ensure specific issues and barriers are addressed in a timely manner. Live data is now being shared and monthly reports are available as business as usual.

In order to establish actions and track progress, a suicide prevention implementation action plan has been developed, and work has commenced to deliver this (Appendix 2).

In October 2018 guidance was published by the Centre for Public Scrutiny, Local Government Association and Association of Directors of Public Health " *Providing a lifeline - Effective scrutiny of local strategies to prevent or reduce suicide*". This publication provides 10 questions which scrutiny committees should ask, which are listed below alongside local answers and progress to date.

1. Is there a plan, strategy or agreed approach for the area?

Yes. This has been signed off by the Health and Wellbeing Board based on national guidance and the local suicide audit. It also recognises the strengths on the Island, with regard to strong partnership links and a collective will to reduce suicides and suicide attempts.

2. Who are the partners and what are the governance arrangements?

Partners have been identified from a range of organisations across the system. This includes mental health services, CCG, voluntary sector, Police, those with lived experience, Department for Work and Pensions and clinical leads.

The group is chaired on behalf of the Director of Public health with a number of working groups taking the plan forward. The board reports into the Health and Wellbeing Board. Terms of reference can be found in Appendix 3.

3. Are there specific groups in the community that need help and support?

There are a number of groups of people at risk from suicide, as highlighted in the national guidance. These include males, people in certain professions, LGBTQI+ communities, pregnant/postnatal women and those in the criminal justice system. These groups are a focus of the work on the Island.

4. Which individuals and organisations have been involved?

Two stakeholder events were organised by Public Health in 2017/2018. This consisted of a collaborative approach in which speakers from key partners and the wider community presented on their views and experiences. This was followed by workshops which focused on the development of the suicide prevention strategy and action plan.

5. What support is available for people bereaved through suicide?

Working with the Police, we have set up real time surveillance and referral to support. The support is informal and includes that provided by voluntary organisations who

support people bereaved by suicide. We are working with partners in Hampshire, Southampton and Portsmouth through the STP to develop an improved, coordinated offer of support for those bereaved by suicide.

6. Are there any barriers to sharing information between organisations?

A data sharing agreement is in place which means that live data is being shared and monthly reports generated. This supports data sharing at a population level to enable delivery of the suicide prevention plan and its associated actions.

7. What level of funding and resources exist to support the implementation of the plan, strategy or approach?

Short term funding has been secured from NHS England as part of the STP. This will focus on improving bereavement and postvention support, training in primary care, developing the self-harm pathway and workplace interventions.

8. Are there particular challenges and successes in the area?

Suicide Prevention is challenging. The system wide partnership has provided the energy and impetus to progress the work so far and we will continue to build on this to further reduce the risk of suicide. The STP funding secured from NHS England will also help to support improvements in this area.

9. How are ambitions for suicide reduction and prevention decided?

These have been developed by the expert partnership board, based on local evidence and national guidance. The ambitions have been ratified by the Health and Wellbeing Board.

10. Does the plan, strategy or approach represent a 'whole system' approach to preventing or reducing suicide?

Yes. The whole system has been involved in the development of the current suicide prevention strategy and there is system wide membership of the suicide prevention group.

APPENDICES ATTACHED

[Appendix 1](#) - Isle of Wight Suicide Prevention Strategy 2018 – 2021

[Appendix 2](#) - Suicide Prevention Strategy Action Plan

[Appendix 3](#) - Suicide Prevention Group Terms of Reference

BACKGROUND PAPERS

Providing a lifeline: Effective scrutiny of local strategies to prevent or reduce suicide
<https://www.cfps.org.uk/wp-content/uploads/CfPS-Providing-A-Lifeline-WEB-final.pdf>

Contact Point: Sharon Kingsman, Public Health Principal,
☎ 821000 ext 6256, e-mail Sharon.Kingsman@iow.gov.uk

SIMON BRYANT
*Interim Director of Public Health –
Hampshire & Isle of Wight*

CLLR CLARE MOSDELL
*Cabinet Member for Adult Social Care, Public
Health and Housing Needs*