

PAPER H

Isle of Wight Health and Wellbeing Board

1. The Isle of Wight Suicide Prevention Strategy 2014-19 Bi-Annual Action Plan Report

1.1 General publication

1.2 Date of Board – 28th September 2016

1.3 Author of the Paper

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2 Summary

2.1 The Isle of Wight Suicide Prevention Strategy 2014-19 identified a number of key priorities;

- 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.

2.2 The Suicide Prevention Steering Group has undertaken the following actions:

- Formation of Mental Health Alliance:
 - 16 partner organisations have joined so far
 - Robust governance, policies and protocols now in place for Third Sector partners delivering services
 - Partners lead on various stakeholder groups reviewing unexpected deaths and near misses, the suicide prevention data and analysis is shared with partners.
 - Public Health have completed the regular suicide audit.
 - Mental Health Crisis Care Concordat Action Plan is being delivered and monitored through the Isle of Wight Mental Health Crisis Concordat Steering Group.
 - Community Mental Health Services (CMHS), were reviewed, redesigned in 2015 and new 24/7 single point of access for 18-65 implemented in April 2016.

- Serenity and SIMs
- Training needs were identified and training courses delivered;
 - All police officers now receive mental health awareness, stress and anxiety training.
 - Public Health commissioned services includes an element of mental health support and training.
 - Each Jobcentre now has a Disability Employment Adviser
- MLFL website launched in November 2014, directory page included.
- Local media agencies event has resulted in supporting the signposting of national helplines and locals services for people that are affected local media reporting.
- The Big White Wall (IOW) programme is now live
- SilverCloud, Positive Mindfulness and self-referral to Improved Access to Psychological Therapies (IAPT).
- Samaritans have put up notice information boards at Culver Down and Tennyson Down.

3. Decisions, recommendations and any options

- 3.1 To note report - The Isle of Wight Health and Wellbeing Board are requested to note the progress on the Isle of Wight Suicide Prevention Strategy 2014-2019 Action Plan.

4. Relevant Information

- 4.1 Legal

N/A

- 4.2 Finance

N/A

- 4.3 Equalities and Diversity

- 4.3.1 The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

http://wightnet.iow.gov.uk/equality_diversity/Default.aspx

http://wightnet2000.iow.gov.uk/staff/personnel_services/images/Diversitypages2011-12v2Apr2011.rtf

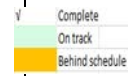
- 4.4 Partners who may be affected by the report;
- 4.4.1
- Isle of Wight CCG
 - Isle of Wight Trust
 - Isle of Wight Ambulance Service
 - Isle of Wight Local Authority
 - Police
 - Isle of Wight Prison Service
 - Probation Services
 - Samaritans
 - Public Health
 - Department of Working Pensions (DWP)
 - CALM Zone
 - Isle of Wight Mental Health Alliance (Richmond Fellowship - My Time)
 - Age UK
- 4.5 Key Performance Indicators that will be monitored
- 4.5.1 Suicide Audit Regular Reporting
- 4.5.2 At least 60% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral – National Constitutional Target
- 4.5.3 At least 75% of people with relevant conditions to access talking therapies in six weeks and 95% of people with relevant conditions to access talking therapies in 18 weeks - National Constitutional Target
- 4.5.4 The number of people with a serious mental illness who have a health check and follow-up intervention increases from 30% to 50% - National Constitutional Target
- 4.5.5 The number of suicides reduces by 10% per year
- 5. Supporting documents and information**
- 5.1 The Isle of Wight Suicide Prevention Strategy 2014-19 can be viewed or down load using the following link:
- <http://www.isleofwightccg.nhs.uk/Downloads/Consultations/Suicide%20Prevention%20Strategy%20for%20consultation.pdf>
- 5.2 See appendix 1 – The Isle of Wight Suicide Prevention Strategy 2014-19 Action Plan, produced by the Isle of Wight Suicide Prevention Steering Group.
- 5.3 See appendix 2 – Isle of Wight Suicide Prevention Steering Group Terms of Reference.

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Appendix 1 – The Isle of Wight Suicide Prevention 2014-19 Action Plan.

Milestone Narrative	Action	Lead	Rating	Start Date	End Date	Status	
							
Tier 1	Action						
Individuals and their families have access to information and are aware of the services available to them	Scope the information available and how people access this information	Suicide Awareness and Prevention Working Group	√			Implemented	MLFL website to be launched in November 2014 - Directory page included
	Signposting: Develop a directory providing information and advice on services, self-help and available resources for professionals and service users	My Life A Full Life	√			Implemented	MLFL directory, website launched: http://www.islehelp.org.uk/
	Scope the development of the mental health alliance to provide coordinated and collaborative activity of the voluntary sector to support at risk groups	CCG/ MH Alliance	√			Implemented	Mental health alliance has been formed (relationship between Public sector and third sector).

	Develop public awareness campaign focusing on mental health (including suicide): e.g. toilet doors in bars improving people's confidence to raise the issue and access support	Public Health		Unable to implement	No funding available to promote this awareness campaign
	Time to Change – Awareness days that address the issues, reduce stigma, change cultures and signpost people to resources available at key locations: e.g. stands in the hospital, in the town	Public Health	√	Implemented	Awareness days held and scheduled in the future
	Targeted information to groups at risk of self-harm – consults and explores creative ways of reaching and engaging at risk individuals. Create a timeline of actions to be delivered	Trust	√	Implemented	I wish Group support group - being supported to develop into support group.
People are informed appropriately by the media and feel that the information is respectful to the needs of those affected	Media awareness day for Suicide Prevention on the Isle of Wight	CCG/Public Health	√	Implemented	Complete Taken place on 15th May 2015 Well attended event, presented by Samaritan's and Police, supported by Trust and CCG. Outcomes: Media have opened communication channel regarding future

					governance/advice and agreement that contact details for people after sensitive articles.
	Responsible reporting by local media to reduce the risk of additional suicides - National Guidelines are followed by local media - Guidance and advice on responsible reporting of incidents by local media organisations	CCG/Public Health	√	Implemented	Following workshop communications to hold media to account.
	Working with local media agencies to support the signposting of national helplines and locals services for people that are affected by articles		√	Implemented	Presented at local media day.

Employers recognise when staff are emotionally vulnerable and know how to support them to recover	Employers of large organisations on the island are engaged in supporting staff with their emotional wellbeing: e.g. support to staff during redundancy, HR policies and procedures internally to recognise vulnerable staff at risk of self-harm and sign post and support appropriately	Chamber of Commerce	√	Implemented	No Barriers, OSEL - prioritise a day on employment and mental health.
		DWP	√	Implemented	Jobcentre Plus provides support to employers with employees at risk of redundancy. This includes signposting to relevant organisations.
	Improve the mental health and wellbeing of the Police Force - MILO (mental illness liaison officer): is a mental health liaison service within the police to identify and support police officers with anxiety and mental health risks	Police	√	Implemented	All police officers on Mental health Awareness course, stress and anxiety course commissioned and sleep deprivation questionnaire has been circulated to officers. Establish the chaplaincy.

	Improve the skills in the general population of recognising the signs of someone at risk and how to support them appropriately	Public Health		Unable to fully implement	Will need to use Public Health England Materials as no funding is available from PH budget for MH. All specifications for public health commissioned services will include an element of mental health support etc.
	o Mental Health first aid courses: different length courses to meet the employers needs				
	o ASIST (Applies Suicide Intervention Skills) training focuses on suicide awareness and is intended as 'suicide first-aid' training.				
	Jobcentre Plus staff have a role in supporting people with health conditions including mental health issues to stay in work. They work with employers to make reasonable adjustments whilst people are recovering.	DWP	√	Implemented	Each Jobcentre has a Disability Employment Adviser (DEA) on hand to support people to retain their current employment or to find alternative employment.
People are involved in the development and feedback of services	Development of Mental Health Service Users and carers forum with the Service User & Carer Link Co-ordinator	NHS Trust	√	Implemented	Group set up with regular meeting taking place.

Prisoners who pose a risk to themselves, to others and/or from others are identified and supported	Staff must identify prisoners at risk of self-harm and/or suicide based on the risks and triggers. They must also check relevant documents for evidence of risk, e.g. the Person Escort Record, pre-sentence reports, NOMIS, and clinical records. Staff should also be aware of age related documentation such as Asset, ROSH (Risk of Serious Harm) and PIF (Placement Information Reports) which are all relevant when identifying risk of self-harm to self in under 18 year olds.	Offender Management Service	√	Implemented	All are now standing arrangements which are in place and ongoing.
	Prisoners identified as at risk of harm to self must be assessed using Assessment, Care in Custody and Teamwork (ACCT) procedures.		√		
	Staff, prisoners and visitors are aware of the risk identification, assessment and management procedures		√		
	<ul style="list-style-type: none"> o Governor/Directors must ensure that staff who have contact with prisoners are aware of the procedures by which prisoners' risk of harm to self, to others and/or from others is identified, assessed and managed. 		√		

	<ul style="list-style-type: none"> o All visitors must be provided with information that outlines the procedures in place for the identification, assessment and management of prisoners at risk of harm to self, others and/or from others. 		√		
	Information is identified, recorded and shared with stakeholders - Information may become available throughout a prisoner's time in custody which may affect their risk of harm to self, others and/or from others. It is vital that this information is recorded and shared to inform proper decision making.		√		
	Contracts/Service Level Agreements (SLAs) with third party providers reflect the need for multi-disciplinary working in relation to at risk prisoners		√		
Tier 2	Actions				
High risk individuals are identified and	NHS 111 call handlers use a mental health risk screening tool	NHS Trust/NHS	√	Implemented	Now routine

given the correct support quickly		England			
	Informal education programmes developed that aim to support young people in coping with feeling bad - Schools: Support given to schools and colleges to develop workshops on mental wellbeing and resilience	Public Health		Unable to fully implement	Will need to use Public Health England Materials as no funding is available from PH budget for MH. All specifications for public health commissioned services will include an element of mental health support etc.
People have a choice of services that meet their needs	E – mental health solutions are piloted e.g. Helios, psychology online	NHS Trust	√	Implemented	On - going Silver cloud now available in all secondary care services and primary care iow.silvercloud.com/signup protocol developed for high risk
	A safe online community for people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals.	Public Health	√	Implemented	. (currently only for 16-24 year olds, under review to extend service)

Prisoners at risk or posing a risk are engaged positively in their assessment, management and recovery where safe to do so	Prisoners at risk or posing a risk are involved in the assessment and management processes where safe to do so	Offender Management Service	√	Implemented	All are now standing arrangements which are in place and ongoing.
	<ul style="list-style-type: none"> The most effective way to assess and manage risk is through a multi-disciplinary process, in which the prisoner is involved. Every effort must be made to encourage the prisoner's full participation, where it is safe to do so. Where this is not possible, reasons must be recorded in the appropriate document, e.g. ACCT. 		√		
	Prisoners at risk or posing a risk are managed according to the level and type of risk they pose, up to and including constant supervision.		√		
	<ul style="list-style-type: none"> Prisoners at risk of harm to self must be managed using Assessment, Care in Custody and Teamwork (ACCT) procedures 		√		
	At risk prisoners are encouraged to engage positively with the prison regime and interventions to contribute to the reduction of risk		√		

	Some prisoners who are at risk of harm to themselves or from others may withdraw from the prison regime. Staff must engage with these prisoners to encourage their participation in the regime and to reduce their risk of social isolation.		√		
Tier 3	Actions				
Information relating to suicide is collected and analysed which will inform agencies in the prevention of suicide	Access to the means of suicide is reduced where possible - Incidents on the Island to be mapped to determine if there is a pattern between suicide attempts and location	Police	√	Implemented	Signs erected on Culver and Tennyson. There is no other identified frequent location other than Culver Down
	Annual audit of suicide and open verdicts and this would feed into the JSNA	Public Health	√	Implemented	Annual audit complete and shared
	Development of multi-agency case review group that would meet bi annually to reflect on incidents and monitor patterns and dispel learnings	CCG	√	Implemented	MS attends unexpected group which reviews in depth case. Bi annual group to be set up to explore lessons learnt include DWP. Serenity has a sub group to look at near misses.

Vulnerable individuals who are at risk of self-harm are identified and supported appropriately	Appropriate risk assessments are carried out for all people on admittance	NHS Trust	√	Implemented	<p>RAID scoped to expand mental health liaison team in the St Marys Hospital. Resilience funding being applied for to expand the hours and capacity of the team.</p>
	Individuals of all ages who have self-harmed receive the right support at the right time - Self-harm liaison team support older people		√		
Prisoners affected by incidents of self-harm, violence or a death in custody are identified, risk assessed, managed and supported where appropriate	Prisoners who self-harm must be managed using the ACCT procedures	Offender Management Service	√	Implemented	
	Prisoners have access to identified peer support schemes in relation to managing the risk of harm to self		√		
	<ul style="list-style-type: none"> o Peer support schemes can be an effective tool to complement the support given by staff to at risk prisoners. Peer support schemes must not replace or undermine good staff/prisoner relationships 		√		

Appendix 2

TERMS OF REFERENCE

NAME OF GROUP: **Suicide Prevention Working Group**

1. MAIN PURPOSE

1.1. Aims and Objectives

- 1.1.1 The Suicide Prevention Working Group has been formed with representatives from the stakeholder organisations on the island to:
- 1.1.1.1 Review the Suicide Prevention Strategy 2014-19 for the Island
 - 1.1.1.2 Drive the development and delivery of the Action plan for the Isle of Wight Suicide Prevention Strategy
 - 1.1.1.3 Monitor the implementation and reporting of the action plan for the Suicide Prevention Strategy
- 1.1.2 These terms of reference describe the role and working of the Suicide Awareness and Prevention Working Group.
- 1.1.3 This Working Group is set up to monitor the implementation of the action plan.

2. MEMBERSHIP AND QUORUM

2.1 Membership

- 2.1.1 The current membership of the Suicide Awareness and Prevention Working Group comprises of representative from key stakeholder organisations including but not exclusive to:
- 2.1.1.1 IoW CCG
 - 2.1.1.2 IW NHS Trust
 - 2.1.1.3 Local Authority
 - 2.1.1.4 Police
 - 2.1.1.5 Public Health
 - 2.1.1.6 Voluntary sector organisations
 - 2.1.1.7 Isle of Wight Prison Service (MHP)

2.2 Attendees

- 2.2.1 Other agencies may be asked to attend at the discretion of the Suicide Awareness and Prevention Working Group for example when the group is discussing areas that are the responsibility of that agency.

2.3 Quorum

- 2.3.1 No business shall be transacted at a meeting of the Suicide Awareness and Prevention Working Group unless one fourth of the whole number is present including:
- Chair or designated deputy

3. ATTENDANCE AT MEETINGS

3.1 Commitment to attend

- 3.1.1 It is expected that all members will attend every meeting.
- 3.1.2 When a current member is unable to attend a meeting they may appoint a deputy to attend on their behalf.
- 3.1.3 A register of attendance will be recorded in the action notes of every meeting.

4. FREQUENCY OF MEETINGS

- 4.1 The Suicide Awareness and Prevention Working Group shall meet once every three months to drive the development and delivery of the Suicide Prevention Strategy Action Plan.

5. SUICIDE PREVENTION WORKING GROUP PROCEDURE

- 5.1 The Agenda shall be set by the Chair in conjunction with members. It will be circulated 5 working days prior to the meeting. Action notes will be made and circulated after each meeting.

- 5.2 CCG shall provide administrative support via action notes
- 5.3 The Suicide Awareness and Prevention Working Group shall set responsibilities for tasks within the project scope

6. DUTIES AND ADMINISTRATION

6.1 Scope

6.1.1 The Suicide Awareness and Prevention Working Group will:

- 6.1.1.1 Review the Islands Suicide Prevention Strategy 2014-19
- 6.1.1.2 Develop and deliver the action plan for the Suicide Prevention Strategy 2014-19
- 6.1.1.3 Monitor the implementation of the action plan for the Suicide Prevention Strategy 2014-19

6.2 Out of Scope

7. INFORMATION GOVERNANCE

7.1 Data shall be shared in accordance with each organisations information governance policies and procedures.

8. ACCOUNTABILITY

- 8.1 The Suicide Prevention Steering Group will report every 6 months to the Health and Wellbeing Board.
- 8.2 All communication must be agreed by all parties before release of communication.

9. MONITORING COMPLIANCE WITH TERMS OF REFERENCE

9.1 These Terms of Reference will be regularly reviewed to ensure that the Suicide Prevention Steering Group is carrying out its functions effectively.

10. BENEFITS REALISATION

10.1 The Suicide d Prevention Working Group will monitor the delivery of benefits and achievement of objectives of the project.