

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Wellbeing Board
<b>Date:</b>	17 March 2022
<b>Title:</b>	Hampshire Suicide Prevention Strategy Update
<b>Report From:</b>	Director of Public Health

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#### Purpose of this Report

1. The purpose of this report is to update the Board on progress of the Hampshire Suicide Prevention Strategy 2018-2021 and to highlight the plans for embedding the refresh of the Suicide Prevention Strategy into the planned Hampshire multi-agency Mental Health & Suicide Prevention Strategy. The aim is to align to the ICS Mental Health Long Term Plan developments as well as utilising the recent ICS-wide Mental Health Needs Assessment as the underlying foundation to steer this agenda forward, whilst building on all the previous work highlighted in this report.

It is also an opportunity to demonstrate the significant input that People with Lived/Living Experience of suicide have played and continue to play, in co-producing and shaping the Hampshire response to suicide prevention and support across the system.

#### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note the progress and achievements from the 2018-2021 Suicide Prevention Strategy, including enhanced activity and additional funding secured in the last year.
3. Approve the approach moving forward to embed suicide prevention across the wider mental health agenda across the System.
4. Recognise the significant importance of this agenda by identifying a senior suicide prevention champion/sponsor across each organisation to enable

mobilisation of workstreams across each HWB partner organisation. The role of the champion/sponsor is to ensure adequate resources and workforce capacity are directed to delivering the ambitions of the suicide prevention strategy and action plan.

5. Support the continuation of the approach whereby People with Lived/Living experience integrate and inform (where possible) all workstreams of the Hampshire Suicide Prevention Strategy and action plan moving forward.

## **Executive Summary**

6. This report seeks to provide an update on the Hampshire Suicide Prevention Strategy in the current context of the pandemic, the long-term enduring impact of the pandemic on mental health and suicide, the ceasing of the three-year dedicated STP Suicide Prevention funding stream, the ICS Mental Health Long Term Plan and the refresh of the next Hampshire Suicide Prevention Strategy and the recent pan Hampshire Mental Health Needs Assessment.
7. There is a well-established and quite mature Suicide Prevention Forum in place with strong partnership working across the system with over 35 active participants. The commitment and passion is clear across many organisations with People with Lived/Living Experience as an integral part of the partnership.
8. A Hampshire Suicide Prevention Strategy has been in place since 2018 with detailed action plans, this has now expired in 2021 although it is still being followed. The plan is to refresh the strategy in line with a wider mental health and well-being strategy so that suicide prevention is truly embedded across the system.
9. NHSE/I dedicated Suicide Prevention funding is ceasing from March 2022. This funding enabled a range of work to be implemented across Hampshire. Work has been undertaken with Public Health partners and ICS NHS colleagues to look at how to sustain and develop all the workstreams and embed into the Mental Health Long Term Plan and local infrastructures.
10. This has been combined with securing additional funding, where possible to develop and enhance suicide prevention work further e.g., successful applications for NHSE/I Suicide Bereavement funding for 22/23 and Health Education England Training for the Collaborative Assessment & Management of Suicidality approach in 21/22.
11. Due to the complexity of suicide prevention, a multi-agency approach needs to be taken, with all partners integrating suicide prevention and postvention

approaches and responses into business as usual. The development of sponsors/champions for each organisation is a methodology which will support this to happen as well as ensuring a sustainable approach is adopted across the system once dedicated funding ends.

## **Contextual Information**

12. Sadly, following several years of decline, the number of suicides registered in England increased in 2018 and 2019. The suicide rate in 2019 rose to 10.8 per 100,000 people - a statistically significant increase compared to the 2016 rate of 9.5 per 100,000 people. These increases have been noticeable amongst both males and females, with a statistically significant increase in the number of suicide death registrations in England in 2019, compared to 2017.
13. In Hampshire the suicide rate for 2018-2020 was 8.6 per 100,000 people, representing a slight increase from 8.4 per 100,000 during 2014-2016.
14. On 26<sup>th</sup> July 2018, the standard of proof (the level of evidence needed by coroners to conclude whether a death was caused by suicide) was changed from the criminal standard of “beyond all reasonable doubt”, to the civil standard of “on the balance of probabilities”. This has no doubt contributed to the increase in recorded suicides both nationally and locally but probably does not explain the whole story.
15. The COVID-19 pandemic has had a significant impact on the recording of suicides by coroners (both nationally and in Hampshire) due to delays to inquests. This makes measuring progress towards the original ambition of reducing suicides by 10% in 2021 from a baseline in 2016 very difficult to judge as previous pre-pandemic data is no longer comparable.
16. Whilst it is too early to provide absolute figures from the pandemic period, early indications from real time surveillance data in Hampshire (as well as nationally) have not shown a rise in the number of suicides when comparing pre and post lockdown periods.
17. The previous Hampshire Suicide Prevention Strategy was approved by the Health and Wellbeing Board in March 2018. This was a three-year strategy (2018- 2021) and has a corresponding multi-agency action plan which guides the detailed work.
18. The Suicide Prevention Forum and the corresponding strategy, action plan and workstreams cover both adult and children and young people, hence the wide membership and links with other relevant structures across the system.

19. Hampshire Suicide Prevention Multiagency Forum meets quarterly and reviews the actions on the Action Plan and updates from partners. Currently there are around thirty active partners from a range of sectors and reach into vulnerable populations. The Forum has increased its membership since 2018 and now includes partners from substance misuse, probation, mental health services, CCG, CAMHS, British Transport Police, Network Rail, South Central Ambulance Service, MIND organisations, Samaritans, district council reps and HMP Winchester. People with Living Experience of Suicide input into the Forum as well as providing active engagement in a range of suicide prevention workstreams.
20. The governance structure for the Hampshire Suicide Prevention Forum remains the same, although by the end of 2022 it will also be reporting directly into the Mental Health and Wellbeing in Hampshire Board.
21. The Hampshire Suicide Prevention Multi-Agency Forum also links into both the regional and national suicide prevention networks. This has proved particularly valuable throughout the pandemic with sharing good practice, monitoring issues and changes across the country in relation to suspected suicides and being able to escalate or seek advice on any issues of concern in a timely manner. Hampshire has also been acknowledged for many areas of good practice in this field at a regional level.
22. Throughout the pandemic, both in the response and recovery phases Hampshire County Council Public Health developed more intense mental health and wellbeing plans. Some of these were organisationally specific but some were for the benefit of the wider system e.g., Front line staff and volunteers' mental health and wellbeing signposting resource, multi-agency media communications, anxiety, and debt training. These pandemic mental health and wellbeing plans have now been dovetailed into the wider business as usual agenda for the multi-agency approach to mental health and wellbeing. This ensures any innovation and collaboration initiated in the pandemic can be continually built upon and enhanced.
23. The NHSE/I three-year STP Suicide Prevention Funding has been approximately £1.2m over 3 years across the Hampshire, Isle of Wight, Portsmouth, and Southampton footprint. This funding ends March 2022 although some of the workstreams are still being implemented throughout 22/23. Frimley ICS contribute an additional £32k each year to focus specifically on the NE Hampshire population. This funding will continue until March 2024.
24. A successful Wave 4 Suicide Postvention Bereavement Transformation funding bid for Hampshire, Isle of Wight ICS for £118K for 22/23 is now in place to ensure the newly awarded Suicide Bereavement Support Service can be extended to a 3 year contract.
25. Apart from the NHSE/I three-year STP Suicide Prevention Funding (covering Hampshire, Isle of Wight, Southampton, and Portsmouth) there is no dedicated suicide prevention funding specifically for Hampshire. All partners contribute to this agenda in their own way and bring to the table a range of expertise, passion, in-kind resource (through a proportion of a post being

dedicated to this agenda in some cases), the business-as-usual service delivery, a dedicated suicide prevention budget for some teams and/or organisations. These amounts vary enormously and are not consistent year on year.

26. Hampshire Public Health take the leadership responsibility for the overarching Suicide Prevention Strategy and fund a dedicated suicide prevention part-time post in addition to a suicide prevention budget from core Public Health funds. This primarily funds training and supporting the development of the PLE Bureau.
27. Many work areas have been highlighted as areas of good practice across the SE region e.g., postvention protocol, PLE Bureau, approach to Suicide Prevention training and securing additional resource for the roll out of the CAMS approach (Collaborative Assessment and Management of Suicidality) across the NHS and other partners.
28. Currently, extensive work is underway ensuring suicide prevention is embedded in future across the ICSs and NHS partners, across all council directorates, voluntary and community sector as well other partners. Suicide prevention needs to be embedded into everyone's business, especially considering the ongoing impact of the pandemic, especially in terms of mental health and wellbeing.
29. A Pan Hampshire wide Mental Health Needs Assessment for adults, comprising of both quantitative and qualitative data is due for publication in April 2022. This will be used to underpin future mental health and wellbeing strategies and approaches with suicide prevention being an integral part of these.

#### **Progress against key strands of the strategy:**

##### **Crisis Intervention (Reduce the risk of suicide in key high-risk populations including those who self-harm)**

30. During 2020 Hampshire Public Health Team also developed a repository web page entitled Mental Wellbeing Hampshire. This includes links to support and help for those in crisis themselves or supporting others. [Crisis prevention | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/health-social-care/crisis-prevention)
31. Early in the pandemic, Hampshire Suicide Prevention Forum Partners expressed a commitment to develop a multiagency mental health and suicide prevention communications plan to co-ordinate and target messages to more at-risk populations such as young people, older people, those who have been bereaved, men. The Hampshire multiagency mental health and suicide

prevention group meets every 6-8 weeks and has developed a comms plan to meet these needs.

32. A subgroup of organisations and agencies specifically focusing on suicide prevention met to focus on co-ordinating the messaging and comms for World Suicide Prevention Day 2021. There was agreement to share the same signposting to crisis intervention and suicide prevention services/support and this led to a 300% increase in visits to the crisis support page. Hampshire County Council Public Health team developed targeted comms to young men and middle-aged men with signposting to the NHS crisis support services in HLOW and Frimley systems.

33. The Suicide Prevention Strategy 2018-2021 also included an action to provide frontline practitioners with training to manage suicidal conversations. Up until 2021, Samaritans were commissioned to deliver face to face training sessions (and during 2020 these became online sessions) to enable participants to increase confidence, skills and knowledge to support those experiencing suicidal ideation. During 2019-2020 Managing Suicidal Conversations one full day and two-three training sessions were promoted to the following workforce/volunteer groups in every District:

Commissioned Services such as Inclusion, Hampshire Domestic Abuse Service, HCC Workforce including AHC Social Care, Children's Services, Education, Trading Standards, Countryside Service, Reception staff, District Local Authorities including Housing, Environmental Health, Community Teams, Reception, Parking Attendants, Other stat/public sector orgs including Probation, Jobcentre Plus, Housing Associations, University staff, NHS staff including social prescribers, National Parks and to the VCSE sector including volunteers from a range of organisations, e.g. Street Pastors, Two Saints, British Red Cross, MIND, SSAFA, Royal British Legion, Church Leaders, Hostel Staff, Richmond Fellowship, Citizens Advice, Community First, Forestry Commission.

34. During 2020 a review of the Suicide Prevention Training took place to develop a more sustainable model and as a result, since 2021, Hampshire Public Health has commissioned the National Centre for Suicide Prevention & Education Training to deliver some direct-to-participant training and Train the Trainer Suicide First Aid course. As a result, there are currently six active Trainers in Hampshire delivering sessions to a wide range of agencies/organisations (including Winchester University, HMP Winchester, Hampshire Constabulary, VCSE sector, District LA colleagues) with a further 12 Trainers who are coming to the end of their training and who will be ready to deliver sessions from May 2022.

35. Further training has been developed by Adults' Health & Care workforce development staff with support from Public Health Hampshire and this training will be rolled out to adult social work teams during 2022.

36. To address the need to support those working with at-risk children and young people, Public Health Hampshire will also be delivering some suicide awareness sessions to agencies/organisations working with children and young people, from September 2022.
37. Closer partnership working has also developed with agencies supporting other at-risk populations, such as the Domestic Abuse service, the Hampshire Constabulary Lesbian and Gay Liaison Officers, NHS Veterans' services, Winchester Trinity, and other Homelessness Providers.
38. Working in conjunction with Hampshire Trading Standards team, Public Health Hampshire has also developed a survey to assess and identify the mental health and wellbeing needs of the farming/agricultural sector in Hampshire; a population that also was found to be at higher risk of mental ill-health and/or suicide for several reasons. The survey will run until 11<sup>th</sup> March after which time the results will be analysed, and a multi-disciplinary working party will assess the next steps.
39. Hampshire Public Health led a successful multiagency bid to Health Education England to roll out training to 100 members of NHS and community-based staff in the Collaborative Assessment for the Management of Suicidality (CAMS) Training. This work will be completed by Winter 2022 and an evaluation report will be made available.
40. Hampshire Public Health worked in tandem with key support agencies across Hampshire to develop a training course to help agencies/organisations to identify and support the mental health needs of individuals in combination to their debt/financial worries. The training has been delivered by Escalla and has been well-received, with additional funding found to enable it to continue. A Mental Health & Money Partnership has been set up as a spin-off of this training for networking and sharing good practice across Hampshire.
41. Hampshire Public Health led a workstream to ensure health and local authority partners utilise a joined-up, co-ordinated approach to treating and supporting those with co-occurring conditions. This culminated in the development of, and appointment, to a new Pan Hampshire post to establish best practice in supporting those with co-occurring conditions.

### **Data, research, and monitoring**

42. Suicide audits have been carried out annually with exception of the last year due to the pandemic. A 2-year suicide audit is due to be completed soon.
43. The annual audit of deaths by suicide continues to help us understand our local picture. Benefits of the local collection of these data, are that it enables

us to review available information on risk factors associated with each case such as mental health service use, GP consultations, long term conditions, criminal record, drug and alcohol use. It can also highlight information on patterns of risk and potential gaps in service.

44. A HIOW Real Time Surveillance (RTS) Working Group meets monthly to review the real time data of suspected suicides. This enables the data to be monitored and for clusters, contagion and or patterns to be observed. It also enables insight into learnings that different services and/or partners may benefit from.
45. The HIOW RTS is a police-led and Public Health surveillance programme, with a Police funded post in place, to ensure this is centrally co-ordinated and embedded within the system. The ambition is to widen this out to include further key partners NHS Trust, GP, Blue light services, transport agencies and other partners information if available. This would ensure completeness of information to understand patterns of suicidal behaviour (including occupation group, location, adverse life circumstances)
45. A real time postvention response has been running in Hampshire for the past 2 years for children and young people. All schools and colleges have been circulated the schools and college postvention response, this should be instigated directly after a death of a young person which is a suspected suicide.
46. An automated RTS system is currently being trialled to establish whether it is 'fit for purpose' for Hampshire. The aim will be to extend the current RTS system to enable other partners to contribute meaningfully to a flow of information regarding a suspected suicide. This will enable a more immediate and appropriate postvention response to be given to all ages of suspected suicides. This will also highlight potential areas of greater prevention approaches.

#### **Communications, supporting the media in delivering sensitive approaches to reporting suicide and suicide behaviour**

47. The media guidelines for journalists working with suicide have been circulated to all local media and various dialogue and encouraging the use of positive signposting to local support services is underway.
48. It is acknowledged that further work is needed to develop work with the media across the system. The Hampshire multiagency mental health and suicide prevention group meets every six to eight weeks to progress the comms plan. This is the vehicle to be used to develop this work further to ensure consistent crisis intervention messaging are rolled-out at regular intervals during the year.



49. Engagement with a journalist with a suicide prevention specialism is planned to enable a shared expertise of communications and good practice amongst journalists pan Hampshire.

### **Reducing access to the means of suicide**

50. Partners from Network Rail, British Transport Police and South Western Railway continue to highlight the work they are doing across the rail network. This includes providing real time surveillance and data concerning incidents, training of platform staff across the rail network, platform lighting and signage.
51. Network Rail has also led some work to improve safety of the railway bridges close to Winchester Railway Station and surveillance/vigilance is in place to mitigate the risk of people accessing the track.
52. Hampshire Highways Team also remain vigilant to any unsolicited posters/signage appearing on road bridges, with such signage taken down. Further work is planned to ensure that those who wish to help support people who are experiencing suicidality are supported in other ways other than through unsolicited signage.
53. Hampshire Public Health has offered support and guidance and useful national and regional contacts to the Ripple Charity which was established during 2021. Ripple aims to save lives by offering a range of support options for those searching online for information about taking their life. More information about Ripple can be found here [Ripple Suicide Prevention \(ripplesuicideprevention.com\)](https://ripplesuicideprevention.com)

### **Provide better information and support to those bereaved and/or affected by suicide**

54. In 2020, Hampshire Public Health led a Pan Hampshire Task and Finish group to ascertain the level of suicide specific support that was available across the footprint and, importantly to identify gaps in provision. This work identified that most postvention provision was delivered by the voluntary sector, that there was a gap in provision specific to children and young people and there was no single point of contact for those bereaved and/or affected by suicide in Hampshire.
55. An extensive consultation and development piece of work was carried out with oversight from a HIOW Suicide Bereavement Support Steering Group. Central to this was input from the People with Living Experience of Suicide Bureau Clinical Psychologist from Solent NHS Trust and the Rowans Hospice, Public Health, Southern Health NHS Trust, Survivors of those Bereaved by Suicide (SOBS), NHS commissioners and managers.
56. A market engagement event took place in September 2021 with potential providers actively engaged in the process of finding out more about the service provision outlined in the service specification. A contract award was made to Listening Ear (the provider of the postvention and bereavement

support agency in several locations in England) for an all-age Suicide Bereavement Support Service (SBSS).

57. From April 2022, the SBSS will work across the ICS and provide a single point of access for those requiring support including emotional and practical help and guidance particularly in the time from bereavement until the inquest. The service will also provide counselling for those bereaved by (suspected) suicide. In addition, the service will also provide information and training sessions to build knowledge and capability across the system to improve support offered to those bereaved and affected by suicide.

### **Consultation and Equalities**

58. An extensive workshop took place in June 2021 with partners to identify progress, map delivery, identify priorities and issues to inform the future strategy. As a result, a more focused approach was agreed moving forward with the setting up of three multi-agency Action Groups: Crisis, Communications & Data. All these group are to be embedded into the current infrastructures within the system to ensure maximum impact, leverage, and influence. Direct alignment of the ongoing suicide prevention crisis care related aspects have been agreed to report directly into to the ICS Crisis Care Board.
59. Various consultations have taken place as an integral part of each workstream for higher risk groups (as detailed in points 28-39).

### **Co-Production**

60. 2019 saw the development of the People with Living Experience of Suicide Bureau with the coming-together of those committed to bringing about positive change and co-production in a range of suicide prevention workstreams. A comprehensive training programme took place and members now meet monthly and provide expertise to ICS and Hampshire-focused workstreams.
61. The People with Lived/Living Experience Bureau is a central tenet to the Suicide Prevention Strategy and action plan. Each workstream can utilise the expertise of the PLE Bureau. It is encouraged that all new developments involve the PLE Bureau from the inception of a project and consider the PLE bureau as an equal partner in co-production and as a critical friend to ensure we are not overlooking critical elements of any new service or development.
62. The PLE Bureau have been instrumental in shaping and being an active part of the following workstreams: developing the specification and awarding the contract for the all-age Suicide Bereavement Support Service, allocation of the Innovation Funds, shaping and advising on suicide specific training, developing GP specific training for working with suicidality, communications and resources advice, trialling a prototype of a web-based browser to block harmful content, Self-Harm support, No Wrong Door Transformation.

63. A plan is now in place to enable further development of the Bureau and individuals. There is a deep commitment to ensure that all suicide prevention/postvention workstreams benefit from input from People with Living Experience of Suicide.

## **Conclusions**

64. Extensive work has been developed and implemented across the suicide prevention agenda across the whole system in Hampshire (Local Authority, NHS and community and voluntary sector) throughout the duration of the 2018-2021 Suicide Prevention strategy.

65. Dedicated funding (STP Suicide Prevention NHSE/I) across Hampshire, Isle of Wight, Portsmouth, and Southampton enabled a significant amount of this work to take place. As this funding is now ending, embedding the suicide prevention work firmly across the system and across business as usual for all partner organisations is critical.

66. It is more important than ever to continue our sustained effort to the suicide prevention agenda given the known impact of the pandemic has had on the mental health and wellbeing of the population, particularly more vulnerable populations.

## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

### Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
<a href="#">Suicide prevention: Policy and strategy - House of Commons Library (parliament.uk)</a>	January 2022

### Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

2.1 The work highlighted in this report (both in the past and for the future) has a positive impact on groups with protected characteristics and those who experience inequalities. In particular, through the suicide audit, Real Time Surveillance and data shared with us by our key partners, we identify those who are at greater risk of suicidality. This has led to the following actions;

- Development of a suicide prevention primary care training pack
- Development of a Bereavement by Suicide Service
- Development of a new ICS-wide post to support those with co-occurring conditions
- Live survey to identify and assess the mental health wellbeing needs of the farming/agricultural sector in Hampshire.

- Targeted mental health comms to specific populations, known to be at higher risk of mental ill-health and/or suicidality: eg young men and middle-aged men, those experiencing bereavement, those people who are lonely/isolated and young people experiencing stress.
- Roll-out of suicide prevention training support to the District Safeguarding Leads, HMP Winchester, Hampshire Domestic Abuse Service, Trinity Housing and University of Winchester settings.
- Roll-out of Collaborative Assessment for the Management of Suicidality Training across the ICS.
- Improved linkage with Hampshire Constabulary Lesbian & Gay Liaison Officers to support their work and ensure the needs of the LGBTQ+ communities are assessed and included in suicide prevention workstreams.

2.2 The Suicide Prevention Plan for 2022-2025 will include actions to further develop workstreams to support at-risk populations, those with protected characteristics and those experiencing inequalities.