

# Communities Committee

Item No.

<b>Report title:</b>	<b>Suicide Prevention Plan</b>
<b>Date of meeting:</b>	<b>7 March 2018</b>
<b>Responsible Chief Officer:</b>	<b>Dr Louise Smith, Director of Public Health</b>
<b>Strategic impact</b> <p>Top tier local authorities responsible for public health are advised by Public Health England to have a suicide prevention strategy and action plan in place. Evidence suggests that preventing suicide is achievable. In 2016, government nationally set out an ambition to reduce suicide by 10% from 2016 to 2021.</p> <p>The Norfolk Suicide Prevention 'I am (really not) okay' strategy and action plan (2016-2021) were endorsed by Communities Committee in January 2017. The Norfolk Strategy adopted the national target with a view to reducing the suicide rate further in later years.</p> <p>The actions of the partnership contribute to meeting the County Council priority of starting a new relationship with Norfolk families. It aligns with the commitment in NCC's Public Health Strategy 2016-17 to support a multi-agency suicide reduction strategy and plan.</p>	

## Executive summary

Suicide is an important public health issue and a priority for Norfolk, given our relatively high local rate (12.4 suicides per 100,000 people, which is higher than the national average of 10.1) equating to around 77 suicides in Norfolk each year. Further details of local characteristics can be found in the Norfolk suicide prevention audit, a comprehensive review of suicides in the last ten years, undertaken by Public Health and considered by Committee in 2016.

A county-wide, multi-agency partnership has made good progress on implementing Norfolk's suicide prevention strategy and action plan, such as developing and publicising resources to support both people in crisis and professionals. Plans for 2018-19 include improving data collection and use to inform delivery.

### Recommendations:

1. That members note progress to date on the implementation of the Norfolk Suicide Prevention Strategy and action plan
2. That members endorse proposed actions for 2018-19.

## 1. Proposal

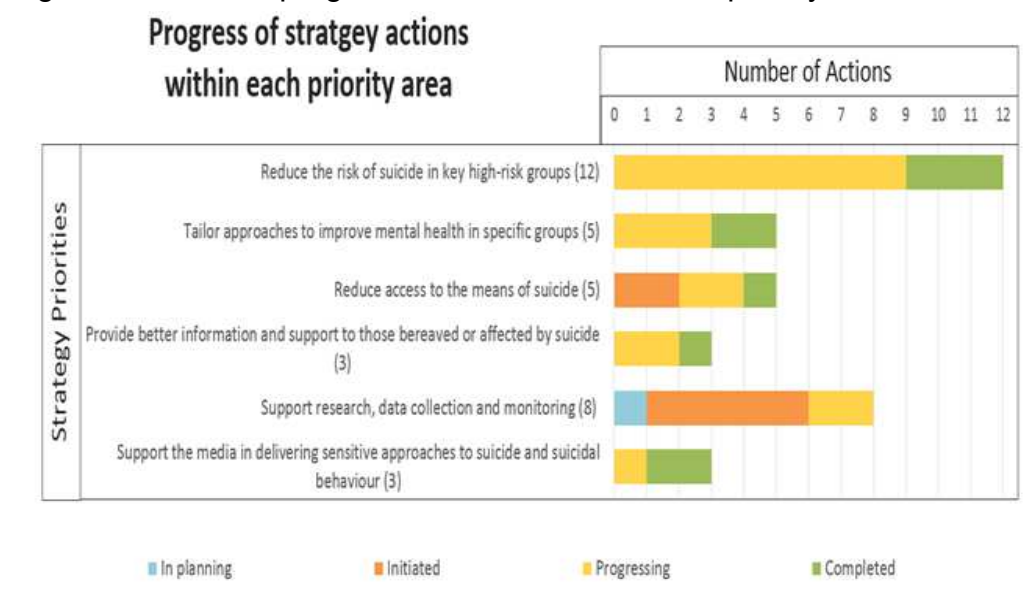
### 1.1. Progress to date

Norfolk's Suicide Prevention Strategy 2016-2021 identified six milestones to be achieved in 2017-2018. All milestones identified have either been achieved or are on track to be achieved early in 2018.

- 1.2. Milestone 1: develop guidance which emphasises safety planning and making the environment safe – this has been developed and published online.

- 1.3. Milestone 2: develop a web resource to support people in crisis, their families, friends and professionals. The webpages [www.norfolk.gov.uk/iamokay](http://www.norfolk.gov.uk/iamokay) went live at the beginning of September and have been very well received by partners and the public, with 3867 unique visits to the website, 285 unique visits to the family and friends' page and 249 unique visits to the professionals' page.

- 1.4. Milestone 3: hold a multiagency suicide prevention learning event to equip those working with vulnerable adults and children in Norfolk with the skills, knowledge and confidence to support those affected by suicide, with a focus on prevention. Attendees at the successful event held in September 2017 provided positive feedback and recommendations for future areas for learning.
- 1.5. Milestone 4: deliver a campaign to raise awareness and reduce stigma. A social media campaign ran over four weeks in December and January, attracting additional interest in the website with a further 1765 clicks recorded. The Norfolk 'I am (really not) okay' branded resources include:
  - Safety planning guidance and diary
  - Keeping Safe leaflet
  - Training framework
  - Posters and a pull up banner
  - Press releases and magazine articles
  - Sponsored Facebook posts.
- 1.6. Milestone 5: ensure countywide access to suicide prevention training. Training now available includes:
  - 20 minute online training available to anyone that enables people to identify when someone is presenting with suicidal thoughts or behaviour and how to signpost them to services or support
  - An accredited two day, interactive training course that prepares staff working directly with those at risk of suicide, to provide suicide first aid interventions.
- 1.7. Milestone 6: A pack is under development to help families and carers to support loved ones.
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- 1.8. The action plan details 36 actions across six priorities to be completed during the five year term of the strategy. The action plan was updated at the Suicide Prevention Implementation Group meeting in November 2017. At this time:
  - 35 (97%) of the actions had been initiated
  - 26 (72%) of the actions were progressing
  - 35 (19%) of the actions had been completed.
- 1.9. Fig1 illustrates the progress of actions within each priority area of the strategy.



#### 1.10. **Plans for 2018/19**

The Suicide Prevention Implementation Group will:

1. Work with Norfolk & Waveney STP with the ambition to develop implementation projects with the NHS.
2. Consider potential action on the new priority on reducing self-harm, recently added to the National Suicide Prevention Strategy.
3. Establish a new multi-agency task and finish group with a focus on self-harm and suicide data to: a) improve data collection, monitoring and reporting; b) respond to emerging trends; c) improve information sharing and referral pathways and d) share good practice.
4. Hold a second Suicide Prevention Learning Event, close to World Suicide Prevention Day in September. Potential areas of focus include:
  - a. Bereavement by suicide
  - b. Self-harm and emotional wellbeing
  - c. Suicide in children and young people
  - d. Suicide in prisons
  - e. Suicide in Black, Asian and Minority Ethnic groups
  - f. Suicide prevention training e.g. guided e-learning session
5. Develop action plans specific to each partner organisation/service detailing actions to be taken at different levels within the organisation/service i.e. organisation or service level, management level, staff level, customer/service user level, across other partnerships and networks.
6. Monitor the progress of the action plan, revising and creating new actions where required.
7. Continue providing communications, advice and support for 1) people considering suicide, their families and friends, and professionals and 2) people bereaved by suicide.

## **2. Evidence**

2.1. Suicide is an important public health issue and a priority for Norfolk, given our relatively high local rate (12.4 suicides per 100,000 people, which is higher than the national average of 10.1) equating to around 77 suicides in Norfolk each year. Further details of local characteristics can be found in the Norfolk suicide prevention audit, a comprehensive review of suicides in the last ten years, undertaken by Public Health and considered by Committee in 2016.

2.2. The National Suicide Prevention Strategy for England was published in 2012 setting out six priorities for action:

- 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 research, data collection and monitoring
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

In the 2017 progress report on the strategy, a seventh priority of 'reducing rates of self-harm as a key indicator of suicide risk' was included.

2.3. The national strategy recognises that no one organisation is able to directly

influence all of the complex factors that may lead to someone taking their own life. Reflecting this locally, a multi-agency partnership has developed and is implementing the Norfolk Suicide Prevention Strategy 'I am (really not) okay' and action plan (2016-2021). These focus on preventative activities, early help and improving services to prevent avoidable suicide. Actions are aligned to the priorities in the national strategy.

- 2.4. The strategy's implementation is driven by the Suicide Prevention Implementation Group (SPIG). This group reports to the Mental Health Strategic Board which oversees the Mental Health Crisis Care Concordat, bringing those with key actions and responsibilities together to implement the action plan. The Strategic Board will provide regular updates on progress to the Norfolk Health and Wellbeing Board.
- 2.5. The SPIG meets on a quarterly basis to monitor progress and steer development of actions. To support the delivery of the Norfolk Strategy three task and finish groups have been established:
  - Suicide bereavement support (Postvention)
  - Men's wellbeing network (Mensnet)
  - Farming community wellbeing network.

These groups engage the wider partnership in suicide prevention activities, focussing on priority and high-risk groups.

- 2.6. In line with national guidance, Norfolk County Council (NCC) Public Health led the development of the strategy, co-ordinates implementation of the action plan, regularly publishes an audit of suicides and leads suicide prevention communication activities on behalf of the partnership.
- 2.7. Public Health and Norfolk and Suffolk NHS Foundation Trust also attend the quarterly East of England regional suicide prevention leads network, sharing good practice and expertise, and enabling collaboration across the region. NCC Public Health co-chair the regional network with Public Health England.
- 2.8. The local suicide prevention audit provides evidence of which groups are most at risk locally and the factors which influence them. This informs targeting of activities, for example engaging better with men and farming communities.
- 2.9. Professionals are encouraged to take a strengths based approach to safety planning and to reduce access to the means of suicide. These methodologies are based on current preventative practice promoted nationally, and in keeping with safeguarding principles in Norfolk

### **3. Financial Implications**

- 3.1. It is estimated that the economic cost of each death by suicide of someone of working age is about £1.67m. This covers the direct cost of care, indirect costs relating to loss of productivity and earning, and intangible costs associated with pain, grief and suffering.
- 3.2. Funding of £6,000 has been identified from within the Public Health budget to support suicide prevention work in 2018-19. This funding will be used for training, for campaigns to increase awareness and reduce stigma, and to run a second Suicide Prevention Learning Event. These will serve to initiate or 'pump prime' activities across partner organisations and assist agencies in using existing resources to address suicide risks as part of their business as usual.

### **4. Issues, risks and innovation**

- 4.1. Norfolk suicide rates are relatively high compared to national benchmarks. This means that even if we see improvement in local rates, Norfolk may remain a relative outlier for a time. The current economic climate is challenging and

suicide is strongly linked to economic circumstances which means that external and national factors may drive further increases in suicide rates despite local efforts.

- 4.2. Current public health investment proposals are modest, but aim to support wider multi-agency work, multiplying the gains on the investment.
- 4.3. Suicide prevention relies on multiple interventions and the involvement of many organisations and individuals. It is therefore difficult to demonstrate a linear relationship between any one action and outcomes. The strategy contains a number of innovations for Norfolk – bringing on board a variety of statutory and voluntary sector partners, such as the National Farmers Union and Cruse Bereavement Care, to widen our approaches to this difficult issue. Encouragingly there is some evidence that this form of multi-faceted multi-agency approach can be associated with reductions in suicide in a given area.

## **5. Background**

- 5.1. The Suicide Prevention Audit (2016) and Suicide Briefing Paper (2017) are on Norfolk Insight <http://www.norfolkinsight.org.uk/jsna/adult-health-wellbeing/adult-health/mental-health>.

The Suicide Prevention Strategy and action plan, and all 'I am (really not) okay' branded resources are available at [www.norfolk.gov.uk/iamokay](http://www.norfolk.gov.uk/iamokay).

## **Officer Contact**

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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