



Haverling

LONDON BOROUGH

BHR Suicide Prevention Strategy Annual Update for 2018-19

Mark Ansell

Director of Public Health, London Borough of Havering &
Chair BHR Suicide Prevention Steering Group

Dr Raj Kumar

Clinical Lead for Mental Health, BHR Clinical Commissioning Groups &
Vice-Chair BHR Suicide Prevention Steering Group

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Elaine Greenway
Consultant in Public Health
London Borough of Havering
Elaine.greenway@havering.gov.uk

1. Summary

Background

- LBH & LBBDD Suicide Prevention strategy was developed and approved Dec 17 – Jan 18. LBR also agreed to participate in a three borough arrangement Mar 18
- The BHR Steering Group that was originally formed to develop a strategy was revised. with representation from three local authorities public health teams, BHR CCG and NELFT; collectively responsible for progressing and delivering strategic actions
- In the year since the strategy was agreed there has been progress on all priority actions scheduled to be taken forward
- There have also been developments on suicide prevention at STP, London and national level
- A BHR Mental Health Transformation Board has been established; leading on strategies that make a direct contribution to suicide prevention

Summary of actions taken 2018-19

- Dissemination of information to relevant organisations in response to coroner inquests
- Suicide prevention training options collated and published, a range of BHR organisations have attended Health England Education training
- Postvention support for people bereaved/affected by support has been collated and published
- London arrangements for health-based place of safety have been revised – baseline information being gathered by NELFT
- Discharge from inpatient setting: audit of care plans undertaken
- BHR Mental Health Transformation Board established a Task and Finish Group to focus on improvements to Talking Therapy Services (increase referrals among people with LTCs, increasing capacity, increasing referrals, providing a digital option)

1. Summary - cont

Summary of actions taken 2018-19 cont

- Strengthening of system-wide approaches to suicide prevention (National / regional and STP): addressing social media content, NHS long term plan content, Good Thinking, CEPN training, Real Time Surveillance System, Samaritans support and resources for schools, commissioning of Papyrus to delivery training to schools across London

Priorities for 2019-20

Suicide Prevention Steering Group to

- strengthen governance through the Mental Health Transformation Group, whilst maintaining local reporting arrangements to Health and Wellbeing Boards as required
- hold an annual BHR summit/workshop to disseminate lessons learned (anticipated July 2019), including from 2 yrs worth of suicide tracker coroner information which will be analysed summer 2019, and themes /topics arising from published Regulation 28 reports, CDOP reports, NELFT audit on serious incidents
- update BHR stakeholders on new developments / initiatives
- engage in regional initiatives, such as the Real Time Suicide Prevention System
- promote training on suicide prevention: health and non-health professionals, and the public
- raise awareness of bereavement support
- ensure that the issue of self-harm is taken forward
- raise awareness of the impact of social media on vulnerable groups (those at risk of suicide and those bereaved by suicide); e.g. web pages / tribute pages

BHR Mental Health Transformation Board to

- widen access to Talking Therapies

2. Progress

Action 1: We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources e.g. the coroner, reviews conducted by the NHS Serious Incident processes, Metropolitan Police, London Ambulance Service, safeguarding, Child-Death Overview Panel (CDOP) etc is collated and analysed to improve our collective insight about suicide locally.

What has been done:

- Continuing dissemination of information to relevant organisations in response to coroner inquests (including Regulation 28 reports)
- Local authorities continue to disseminate learning through their own established processes, including CDOP, and serious case reviews

Next steps

Learning workshop scheduled for 2019 to which will focus on key issues from:

- 2 yrs worth of suicide tracker coroner information which will be analysed summer 2019
- Themes /topics arising from
 - published Regulation 28 reports
 - CDOP reports
 - NELFT audit on Serious Incidents

2. Progress:

Action 2: We will work to ensure that the local workforce understands the risks of suicide and their potential contribution regarding prevention. This will include elected members and officers in the local authorities, and staff and management in health organisations, schools, colleges, etc. As a first step, working with partners, we will collate information on the training available and seek to embed suicide awareness training in local statutory agencies' staff training programmes. Staff working with residents affected by debt, social isolation, homelessness and unemployment will be prioritised. In addition, we will provide information and education to local residents, so that they know what to do if they are concerned about someone who is at risk. We will seek to raise awareness of suicide prevention among local employers.

What has been done:

- Information about available training has been collated and is published on LBR website. Training options including free online training. LBR will continue to maintain this and keep up to date. LBH and LBBD webpages link to the resource.
- Training funded by Health Education England and set up by Tower Hamlets CCG has been promoted to organisations and agencies across BHR

Next steps

- Distribute widely the resource that collates training opportunities, including to local employers and voluntary and community sector

3. Progress - cont

Action 3 We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support.

What has been done:

- Information about available sources of support has been collated and is published on LBBB website. LBBB will continue to maintain this and keep up to date. LBH and LBR webpages link to the resource. This is in addition to the national publication available via NHS Choices *Help is at Hand*

Next steps

- Distribute as appropriate the resource that collates details of available support
- The NHS Long Term Plan sets out the need for support for people bereaved by suicide. Further work to be done to understand where the local offer might be improved.

Action 4: We will strengthen the support that is available to individuals who are in crisis and identified at immediate risk of suicide, including the effectiveness of the place of safety arrangements, and the ongoing support that is subsequently provided.

What has been done:

- London arrangements for health-based place of safety have been revised – NELFT gathering baseline information on what this means for BHR residents
- NELFT conducting an audit of care plans to support discharge from inpatient setting

Next steps

- Health-based place of safety arrangements are being monitored by NELFT to understand whether new arrangements meet needs of BHR residents
- Findings from the NELFT audit being presented to steering group (including recommendations being made as a result)

2. Progress

Action 5: We will review the care of patients that self-harm. This will commence once Action 4 is completed/sufficiently progressed.

What has been done:

- Action not yet commenced

Next steps

- It has been proposed that this work would be best tackled either through STP Steering Group, or through the BHR Mental Health Transformation Board.

Action 6: We will work to ensure that effective assessment of suicide risk is incorporated into the routine care by GPs of patients known to be at increased risk of suicide e.g. patients with significant long term health problems, depression etc.

What has been done:

- Engagement with GPs re frequent attenders at A&E
- BHR Mental Health Transformation Board has established a Task and Finish Group to focus on improvements to Talking Therapy Service. So far:
 - A pilot programme has been commenced to increase referrals among people with long term conditions to Talking Therapies. The pilot is commencing in Havering and initially focusing on diabetes and COPD.ption
 - BHR CCGs and NELFT working together on a programme to increase capacity
 - Promote Talking Therapies widely
 - Commission a digital option (in addition to traditional Talking Therapy services)

2. Progress – Overview of system changes

There has been an increased focus on suicide prevention nationally and regionally:

- Government / social media action on removing content re suicide
- NHS long term plan – prevention of mental ill-health / social prescribing / bereavement support
- STP Steering Group established
- London initiatives
 - Good Thinking
 - CEPN training
 - Real Time Surveillance System (as per following slide)

Thrive LDN co-ordinating real time surveillance system

- “Real-time suicide surveillance is a system that enables consideration of interventions required after a death has occurred where the circumstances suggest suicide in advance of the coroners conclusion.” (PHE 2016)
- Be responsive to a potential suicide or contagion
- Enable those affected and bereaved by suicide to receive support in a timely manner
- RTSS have been established elsewhere in the country
- Complement the role of other strategic safeguarding boards
- Agencies: Police, Ambulance, Safeguarding, Children’s Services, Mental Health Services, GPs

Where this has been in place elsewhere:

- High level multi-agency commitment
- Universal services have increase understanding about the effects and aftermath of suicide
- Support provided to bereaved families
- Organisations such as Samaritans, and services such as Educational Psychology have provided additional support
- Knowing when to act and who to involve

Limitations

- unlikely to be informed about deaths of local residents when they occur outside London
- appreciating that the coroner makes the ultimate decision re evidence of intent – so some suspected suicides may result in an open, accidental verdict, or misadventure

4. Priorities for 19-20

- Suicide Prevention Steering Group to
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- BHR Mental Health Transformation Board to
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