


Health and Wellbeing Board Wednesday 20 th December 2017	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Suicide Prevention Strategy – draft for consultation	

Lead Officer	Somen Banerjee, Director of Public Health
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Executive Key Decision?	No

Summary

The national Five Year Forward View for Mental Health¹ requires that all local authorities should have a multi-agency suicide prevention strategy in place by 2017 and reviewed annually thereafter.

The Tower Hamlets Suicide Prevention Strategy was developed by the Public Health department, with input from the multi-agency suicide prevention steering group. The draft strategy was presented to the Health and Well Being Board (HWB) in July 2017 and authorised to go out for a six week public consultation.

The consultation on the Suicide Prevention Strategy was conducted between the 10th September 2017 to 22nd October 2017 and involved an online survey and engagement with a Healthwatch forum - the Mental Health Task Group.

The survey questions were in relation to each of the five priority areas for action in the Suicide Prevention Strategy:

1. Early intervention and prevention
2. Improving help for those in crisis
3. Identifying the needs of vulnerable people
4. Addressing training needs
5. Communications and awareness

For each priority areas the following questions were asked:

- How important is this priority to you?
- Do you agree with the aims?
- What do you think we can do to deliver on these aims?

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

The survey also asked questions regarding the overall approach of the strategy to understand whether; people agreed with the approach, if it should consider other priority areas and to identify any risk groups that we should be focusing on.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Consider the key areas of feedback given in the consultation of the Suicide Prevention Strategy
2. Review the proposed changes to the Suicide Prevention Strategy and, as appropriate, consider adopting the strategy.

1. REASONS FOR THE DECISIONS

- 1.1 All areas are recommended to have a suicide prevention strategy by 2017.
- 1.2 The suicide rate in Tower Hamlets is higher than that of London as a whole.
- 1.3 Every suicide has a wide-ranging impact on those involved.
- 1.4 We have an opportunity to reduce suicide risk in the borough and to reduce the number of people who die by suicide.

2. ALTERNATIVE OPTIONS

- 2.1 To not adopt the strategy.

3. DETAILS OF REPORT

What is the issue?

- 3.1 The national Five Year Forward View for Mental Health² recommends that all local areas should have multi-agency suicide prevention strategy in place by 2017 and that these should be reviewed annually thereafter.
- 3.2 Although there is a wealth of work on suicide prevention in Tower Hamlets, this has not been formalised into a suicide prevention strategy.
- 3.3 National guidelines recommend six key areas of action:
 1. Reduce the risk of suicide in key high-risk groups
 2. Tailor approaches to improve mental health in specific groups
 3. Reduce access to the means of suicide
 4. Provide better information and support to those bereaved or affected by suicide
 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 6. Support research, data collection and monitoring

Why is this important?

- 3.4 Although the number of deaths is relatively small, the effect on family and friends can be devastating, with many others involved in providing support and care also feeling the impact. The rate of suicide in Tower Hamlets is 9.5/100,000 population (2013-2015), higher than the London average (8.6) for the same time period.
- 3.5 We have also been made aware of a number of recent suicides in vulnerable individuals known to statutory services; there is therefore a drive from service providers to ensure a suicide prevention strategy is developed and implemented.

What are we already doing?

- 3.6 The council, NHS and voluntary sector partners currently have a number of initiatives in place to improve and support good mental health and wellbeing, including:
 - Mental Health Strategy 2014-2019

² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

- Support of: Local Authority Mental Health Challenge; Time to Change Employers' Pledge; London Healthy Workplace Charter
 - Provision of Mental Health First Aid (MHFA) training
 - Commissioning a range of interventions that support mental wellbeing in children and their families
 - Commissioned 'Flourishing Minds' programme to address Mental Health (MH) stigma in groups of Somali women, young people not in education or training and male offenders
 - Commissioned research and volunteering programme to address loneliness
 - Recently hosted public and internal staff events to raise awareness of suicide
 - Recovery and Wellbeing Service will operate from January 2017, including Recovery College courses for those who have used mental health services, their carers and families, and staff working in the borough from the NHS and voluntary sector
- 3.7 There is a wide range of statutory and voluntary sector services provided in Tower Hamlets for people experiencing suicidal thoughts and mental ill-health. Their providers are represented in the multi-agency suicide prevention steering group.
- 3.8 The steering group has identified key local concerns on themes of information sharing, crisis services, vulnerable people, referral pathways, and training needs.

Development of the strategy

- 3.9 With input from the steering group, a strategy has been written with five priority areas of action:
- Early intervention and prevention
 - Improving help for those in crisis
 - Identifying the needs of vulnerable people
 - Addressing training needs
 - Communications and awareness
- 3.10 An action plan has been developed detailing what multi-agency work will be carried out in the next 12 months to address the priority areas of action. Following annual review of the strategy further actions plans will developed for the next period.
- 3.11 Monitoring and implementation of the action plan will be via a multi- agency steering group on a quarterly basis. Progress will be reviewed by the Public Health senior management team. Overall oversight sits with the Health and Wellbeing Board.
- 3.12 The strategy has been discussed at Mental Health Partnership Board and the council's Health, Adults, and Community, Children's Services, and Place Directorate Management Team (DMTs). Recommendations include using safeguarding reports as an 'early' data set for monitoring purposes, engaging with the probation service, including more evidence around effective interventions for children and young people, including more actions specific to children and young people, involving the council's Human Resources in training sessions, and identifying high-risk sites in the borough for physical intervention e.g. placing Samaritan signs on high rise buildings or barriers to prevent access.
- 3.13 The public-facing strategy, the background document, and the action strategy are attached.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The national Five Year Forward View for Mental Health requires LBTH to have a multi-agency suicide prevention strategy in place by 2017 and for it to be reviewed annually thereafter.
- 4.2 LBTH has rightly adopted a multi-agency approach in its suicide prevention strategy and action plan with the delivery costs of the strategy to be met by LBTH and its partner organisations. All the work to be led by LBTH within the action plan in 2017 will be covered by existing staff within the department so no addition resource(s) is anticipated in the delivery of this strategy in 2017/18.

5. LEGAL COMMENTS

- 5.1 S.195 of the Health and Social Care Act 2012 requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner. Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the HWB to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this strategy falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB. The Suicide Prevention Strategy should be devised to address needs identified within the local area and linked to related strategies, such as the community strategy and Health and Wellbeing Strategy.
- 5.2 The Prevention Strategy outlined above reflects the priorities and matters identified within the National Strategy for Suicide Prevention.
- 5.3 Section 6(1) Human Rights Act prohibits any public body from acting in a way that breaches rights protected under the European Convention on Human Rights. In line with these duties the Local Authority and statutory partners have positive obligations to act to protect life, including where the risk to life is through the actions of the individual where the risk of self-harm or suicide was known or ought to have been known³. Section 42 Care Act requires the Local Authority to make enquiries where they believe that an individual in need of care and support is at risk of abuse or neglect and unable to protect themselves. This statutory duties requires that the local authority act as lead agency in such enquiries and that they determine what needs to be done and by whom to protect the individual. Section 44 Care Act requires the Safeguarding Adult Board also conducts reviews to learn lessons and monitor the implementation and impact of the recommendations from those reviews.
- 5.4 The strategy seeks to meet these obligations by ensuring staff within the local authority and across statutory partners and third sector providers identify risks appropriately and have access to information to signpost and support individuals to access specialist mental health support.
- 5.5 The Health and Well Being Board should ensure they are satisfied that the strategy adequately recognises the risk factors pertinent to the local area, as identified within the JSNA. It should also ensure that systems are in place to robustly record and report data, specifically in respect of attempted suicides as this will not be routinely

³ *Osman v United Kingdom* [2000] 29 EHRR 245 and *Rabone & Anor v Pennine Care NHS Trust* [2012] UKSC 2

collected by the Coroner. They should also ensure that identified measures of success accord with operational service delivery plans and that mechanisms are in place to effectively monitor the implementation of the strategy's impact.

5.6 The Health and Well Being Board may want to give consideration as to whether there is scope for developing systems or utilising existing mechanisms set up by the Safeguarding Adults Board to meet their statutory duties under s44 Care Act duties and related guidance for monitoring the effectiveness of multi-agency systems in meeting needs of those at risk of harm.

5.7 When considering the recommendation above, and when finalising the suicide prevention strategy, regard must also be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Health and Well Being Board, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 There is national evidence that some people from groups with protected characteristics may have higher rates of suicide. Reducing suicide rates and addressing risk factors will help meet the objectives of One Tower Hamlets and reduce health inequalities.

6.2 Data on suicides has been analysed in terms of the nine protected characteristics where possible.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The strategy addresses the issue of suicide in Tower Hamlets by taking an evidence based approach to improve the mental wellbeing of its residents. Improving mental wellbeing and reducing suicide will reduce the significant cost to society of suicides and in doing so meet the public sector duty of best value.

7.2 The strategy has been developed with input from service providers, the voluntary sector, and patient representatives via People Participation at East London NHS Foundation Trust. It will also go out for public consultation.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Promoting physical activity, active transport and improving open spaces are known to help improve mental wellbeing. The wider objectives of the suicide prevention strategy of promoting mental wellbeing will have a positive effect on air quality, sustainability and availability of green spaces.

8.2 No negative environmental implications have been identified.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There is a risk that the strategy's priorities do not adequately address the issue of suicide. However, this is being addressed through multi agency input into the development of the strategy, public consultation and ongoing robust review and monitoring on a quarterly basis.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 The strategy references contact with the criminal justice system as a risk factor for suicide, and the Criminal Justice Mental Health Liaison Service have been involved in the development of the strategy.
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Linked Reports, Appendices and Background Documents

Linked Report

- [Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.](#)

Appendices

1. Consultation on the Suicide Prevention Strategy 2018 - 2021 summary of findings and implications
2. Suicide Prevention Strategy for consultation

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

- None