

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY

SUICIDE PREVENTION STRATEGY

Date of the meeting	17/03/2021
Author	E Hurl, Principal Programme Lead Mental Health
Lead Director	S Sandcraft, Director of Primary and Community Care
Clinical Lead	Dr P French, Mental Health Programme Clinical Lead
Purpose of Report	The report is to provide an update for the Governing Body about the progress of Dorset's Suicide Prevention work.
Recommendation	The Governing Body is asked to note the report.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	Wide partnership group involved in the work and the Strategy is co-produced with all partners.
Equality, Diversity and Inclusion	An Equality Impact Assessment (EQIA) has been carried out.
Financial and Resource Implications	Funding via bidding process with NHSE. Three years recurrent funding.
Legal/governance	N/A
Risk description/rating	N/A

Dorset Pan Dorset Suicide Prevention Strategy and Implementation Plan

1. Introduction

- 1.1 The National Suicide Prevention Strategy requires all areas to develop a suicide prevention strategy. The NHS Long Term Plan ambition is to reduce the number of deaths by suicide across the country.
- 1.2 Dorset Clinical Commissioning Group and partners had already committed to work on suicide prevention as one of the two key deliverables of the crisis care concordat. There were two key deliverables in the CCC work, and these were the Mental Health Acute Care Pathway implementation, and the other was the Suicide Prevention Strategy.
- 1.3 Dorset Clinical Commissioning Group, Public Health Dorset, Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council along with many other partners including voluntary, community and social enterprise (VCSE) organisations such as: The Samaritans, Dorset Mind and Dorset MH Forum. Other crucial partners include the Prison Service, the Coroner's Office, Dorset Police and SWASFT all started to work together to agree the approach to suicide prevention and develop a strategy that would address the national ambition of reducing the number of deaths by suicide and address issues specifically related to the Dorset suicide picture. The group has had consistent and growing membership since 2018.
- 1.4 In 2020 two things happened that enabled marked progress in the development of the Suicide prevention work.
- I. Funding was awarded through a bidding process from NHS England. This funding has enabled six work streams to be developed. This funding is recurrent for three years.
 - II. Real Time Surveillance data information developed. Historically all areas have had to rely on national data from the Office of National Statistics and this data although helpful does not provide up to the minute information pertinent to local areas. Real Time Surveillance provides up to the day information about deaths by suicide and about attempted suicides.
- 1.5 The result of the two developments above meant that the partnership group has been able to refresh the strategy (Appendix 1), agreed funding for six agreed workstreams and the group has started to use real time surveillance information to plan and drive forward the strategic response based on actual information.
- 1.6 The beauty of this is that across Dorset the information can be used to focus attention to where it is needed rather than focus on areas that are not so relevant in the Dorset and BCP contexts.

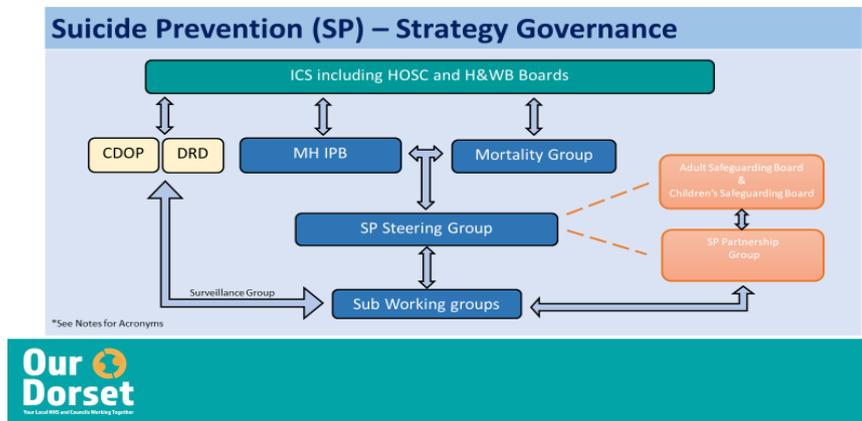
2 The Pan Dorset Strategy and Implementation Plan

- 2.1 The new pan Dorset suicide prevention strategy and implementation plan reflects the developments described in the introduction and the growing

knowledge about the local picture both in terms of death by suicide and attempted suicides.

- 2.2 The six key workstreams in the Pan Dorset Plan have been taken directly from the National Suicide Prevention strategy and chosen specifically because they relate to the Dorset context. The workstreams are:
- Develop a focused local media and communication campaign led by Bournemouth University (BU) and Public Health Dorset (PHD)
 - Improve access to wider community mental wellbeing and suicide prevention skills and training including GP and Primary Care awareness and skills training led by PHD
 - Community Partnership Group to support and advise and respond to themes and trends in local data, this is led by Dorset Mind
 - Suicide Prevention Champions and Lived Experience peer specialists led by Dorset MH Forum
 - Improving bereavement support led by Dorset HealthCare and partners.
 - Developing and using real time surveillance data led by PHD in partnership with Dorset Police and Dorset CCG.
- 2.3 There are also strong links between suicide prevention and mental health promotion. The Dorset Integrated Care System Prevention at Scale (PAS) programme includes mental health and young people and workforce wellbeing programmes, the overall key focus will be:
- a) Prevention beyond secondary services: place- based community prevention work
 - b) Reduction within associated mental health services via quality improvement
- 2.4 The National and Pan Dorset Suicide Prevention Strategies informs both Dorset Council and BCP Councils Suicide Prevention plans.
- 2.5 The governance of the Suicide Prevention is important and developing as the strategy takes effect. The current governance includes a partnership group with a wide range of people and organisations involved. There is a SP Steering Group that has oversight of the plan and implementation and the Steering Group reports to the Mental Health Integrated Programme Board. The governance is always being reviewed and in the long run it might be best accountable through Safeguarding Boards especially given the number of people who attempt suicide. The diagram below shows the current governance structure.

Diagram 1 Current governance structure



3 Suicide Response Team (SRT) Update

- 3.1 In addition to the funding and real time surveillance in 2019 there were several deaths at a location in the BCP Council area. In response to this cluster of deaths a Suicide Response Team was set up.
- 3.2 The SRT response is specified in the national Suicide Prevention Strategy and takes a command-and-control approach. In this case a Gold Group was headed up by the British Transport Police. The SRT involved many partners, British Transport Police, Dorset Police, Public Health Dorset, Dorset CCG, Dorset HealthCare, Southwest Railways, Samaritans, Network Rail, and the Local Authorities. All the partners were able to work directly to prevent further incidents at that site. The group's principal purpose was to prevent further loss of life in that location.
- 3.3 The SRT continued to meet throughout the COVID lockdown periods in 2020 and was dissolved in December 2020 having achieved the work it, as a group was required to do. Although the SRT stood down, the work started by the SRT continues through the other groups and workstreams in the strategy.
- 3.4 Although the reasons for developing an SRT derived from tragic loss of life it provided the impetus for the pan Dorset Suicide Prevention Strategy developments such as real time surveillance and partnership approaches to problem solving and real learning about what works in relation to suicide prevention. From the work of the SRT there is evidence that the interventions provided, prevented further loss of life.

4 Real Time Surveillance (RTS) Update

- 4.1 There is a national expectation that most areas around the country will have real time surveillance for suspected suicides.
- 4.2 In Dorset we have real time surveillance information about completed suicides and attempted suicides. In relation to the latter Dorset is progressing ahead

of other areas in the country. It is likely that Dorset will be exemplars in this regard.

- 4.3 The RTS has been developed by Public Health Dorset and Dorset Police, the Coroner’s office in Dorset and Dorset CCG. The information collected provides up to the day information about deaths by suicide and attempted suicides.
- 4.4 The data has been gathered since April 2020 and from May 21 it will be possible to start using the data more publicly to help inform responses and shape strategy.
- 4.5 Informally it is already being used to shape responses and workstream. For example, the table below shows the number of deaths by suicide between May 2020 and January 2021. Out of 59 deaths 50 were men aged 43/44. This knowledge has led to Dorset Mind as the lead VCSE partner organisations to start work on getting men talking.

Summary Table						
BCP	Male	Female	Dorset	Male	Female	Total
Deaths	29	3	Deaths	21	6	59
Average age	43	55	Average age	44	50	

- 4.6 Dorset has a suicide surveillance group, which reviews all the data related to suspected suicides and attempted suicides. The partners collect and review information and reports to the Suicide Prevention Steering Group. From May 21 onwards the data gathered should really inform the direction of the strategy, and the workstreams. This information will focus attention on the areas where attention is needed. Such as the example related to men described above.
- 4.7 In addition to information about confirmed suicides Dorset has real time information about people who attempt suicide. Across Dorset up to 12 February 2021 there were 893 people who have attempted suicide since May 2020. Out of that number there are approximately 130 people who have repeatedly come to the attention of services due to suicidal or deliberate self-harming activity.

5 High Intensity Presenter Group

- 5.1 In response to the real time information a High Intensity Presenter (HIP) Group was created. There are approximately 130 people on the list the group reviews.
- 5.2 The criteria used is that the person comes to the attention of Dorset Police two or more times a month. The purpose of the group is to identify people who are at risk of either suicide or death by misadventure with a view to preventing serious injury or loss of life.

- 5.3 The group is chaired by one of the mental health (MH) commissioning team's principal programme leads and consists of MH practitioners, safeguarding practitioners, Approved MH Practitioners, Drug and Alcohol workers, Dorset Police and uses expertise from Public Health Dorset and Bournemouth University. In the longer term the group will include VCSE partners and will invite people with lived experience onto the group as it develops.
- 5.4 The HIP group is new and developing; it takes a learning and no blame approach to enable honest open discussion about the issues raised. The aim is to offer practical solutions through a consultancy model and through a case management approach.
- 5.5 Everyone referred to the group is risk rated. If it is a young person under 18, the referral notification goes straight over to Dorset HealthCare Safeguarding Lead for CAMHS. The adults are risk rated and if rated red the approach being taken is to actively manage, support and intervene either directly or through whichever team they are linked with. Where a person is Amber or Green rated, they are actively reviewed and updated as and when new information comes to light.
- 5.6 Every person referred to the HIP group so far, is known to services. RTS data suggests two very different pictures. People who end their lives by suicide are not necessarily open to services and do not generally go to places where they will be discovered. People who are attempting suicide or trying to harm themselves tend to go where help is at hand relatively quickly. The RTS data will be evaluated during April so that these initial assumptions can be tested. Once tested the RTS group will report the findings and review the strategy and workstreams to reflect the data themes.
- 5.7 The intention of the HIP group is to support individual to seek help through other means than self-harm. Key to this is the Access MH Service which includes, The Connection Service, The Retreats, The Community Front Rooms, and the Recovery Beds. These services provide a non-clinical, strengths focused support with peers and MH professionals available to support through any crisis.
- 5.8 Other partnership approaches can be used such as working with Dorset Police and their Vulnerability Unit or via the Street Triage or Roving MH Vehicle. All the work with partners supports early intervention and encourages behaviour change in relation to helping people seek help through means that do not involve the risk of injury or death. The shared knowledge and skill across the system works brilliantly to effect change for people. The driver for the HIP Group is to prevent serious injury or death wherever possible, but the other aims are to inform the suicide prevention workstreams and shape the strategy. The other things it will do is inform practice with people in distress and improve support for people who seek help through risky means.

6 Conclusion and recommendation

- 6.1 The work on suicide prevention has gathered pace and is progressing especially with funding and reliable data intelligence that will shape the work and focus attention in the direction of need.
- 6.2 The Governing Body is asked to **note** the report.

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Date : 15/2/21

APPENDICES	
Appendix 1	Pan Dorset Suicide Prevention Strategy and Implementation Plan

Dorset Suicide Prevention Strategy & Implementation Plan

Introduction

Dorset has had a suicide prevention (SP) strategy for four years since the national suicide prevention strategy came in to being. The strategy was developed in partnership with a range of VCSE and statutory organisations. The Samaritans, Dorset Mind, Dorset MH Forum, Rethink Mental Illness, people who have personal experience of the impact of suicide or attempted suicides came together with Public Health Dorset, BCP Council, Dorset Council, Dorset Police, South West Ambulance Service, Dorset Health Care, Dorset Clinical Commissioning Group.

The National Suicide Prevention Strategy and Crisis Care Concordat were the initial drivers for the development of the Dorset Strategy. Subsequently the NHS Five Year Forward and then in 2019 the NHS Long-Term Plan has included suicide reduction targets (10%) which is a consideration in the Dorset strategy but not the main driving force. The main ambition is to work to prevent all deaths by suicide where possible. This ambition is outlined in the vision statement below.

The Suicide Prevention Strategy has been reviewed each year and develop and this year there is a deliverable plan with finances linked to it that will enable the delivery of the strategy.

During 2020 partners have been able to review the strategy and develop the implementation plan. There have been two fundamental changes that have driven forward the developments.

1. Funding became available on a recurrent basis which has enabled the six workstreams in the strategy to be taken forward.
2. Real time surveillance data informing about deaths due to suicide and attempted suicides. This data will enable the strategy to be targeted to need or emerging themes such as location or method.

The two factors above in tandem with the continued partnership commitment has given direction and renewed energy to work toward no death by suicide in Dorset.

Suicide Prevention in Dorset The Vision

It is the shared vision of all partners signed up to the suicide prevention strategy that “no one of any age living in Dorset will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide”.

The overriding ambition of the strategy is to prevent any death by suicide. The intention is to achieve zero-suicides – our motivation is that suicide is preventable.

This will be achieved by compassionately and consistently providing information, advice and support based on the identified needs, trends and themes emerging from the Real Time Surveillance Data; and from then on work, to ensure that people in Dorset have the right support to enable them to make different choices.

How all age suicide prevention vision be realised

There are six workstreams in the strategy all with separate functions but with overlapping aims and all responsive to the information being provided through the real time surveillance. The six workstreams are:

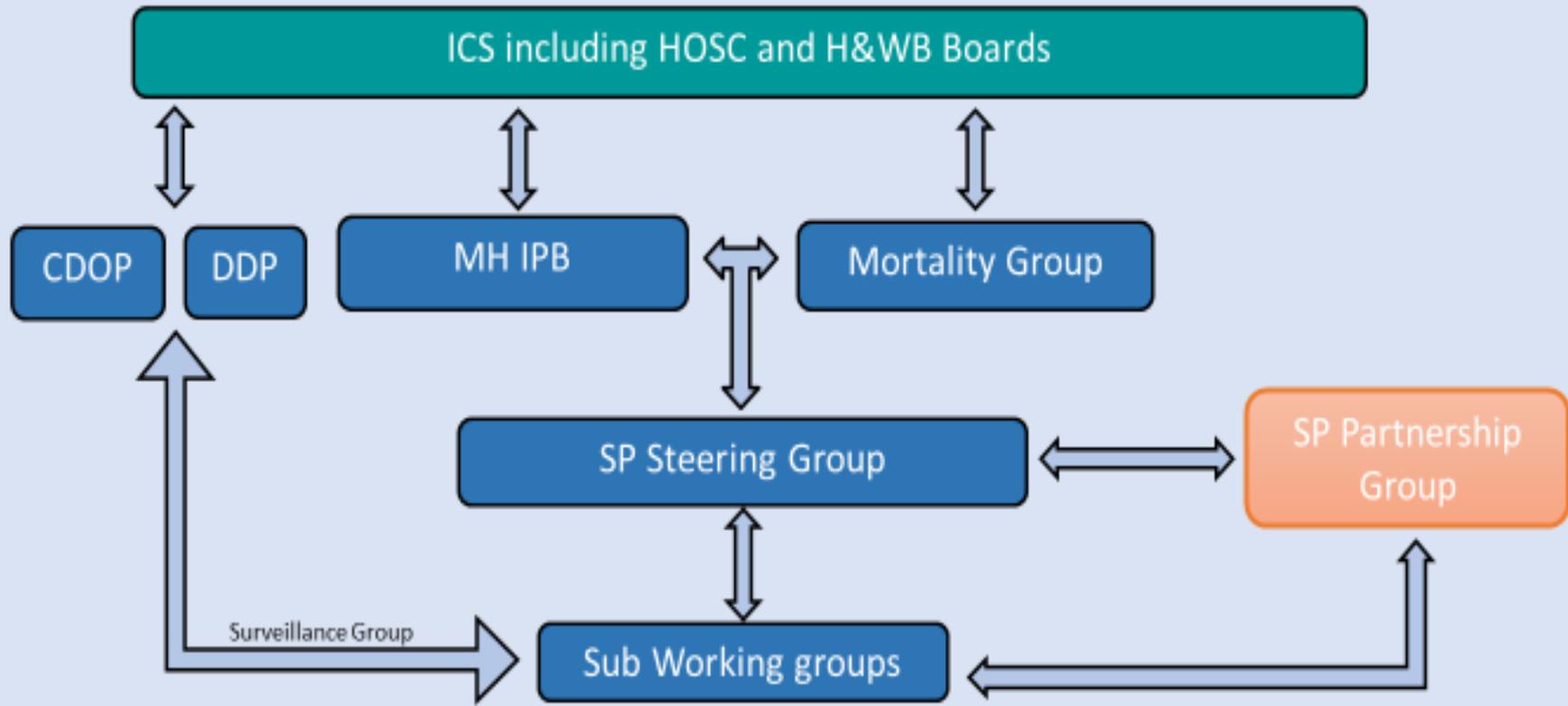
- i. Develop and use real time surveillance (RTS) data about deaths by suicide and attempted suicides to inform the strategy and local responses. The RTS information will help shape strategy, influence practice, and create the responsive iterative plan that is flexible enough to respond to changing trends and local need.
 - a. The Suicide Interruption Group development will seek to address the needs of people who frequently attempt suicide. The aim of this group is to prevent people moving from the attempt data to the completed suicide list.
- ii. Support the development of a group of people, including young people who have lived experience related to the impact of suicide or attempted suicide. The group will have support to develop their skills in relation to using their lived experience to help others. The group will advise, recommend, and support any developments linked to the prevention strategy.
- iii. Develop the Voluntary Community Social Enterprise partnership group to extend the delivery reach of the strategy and build resilience in local communities.
- iv. Development of a bereavement offer for people who have experienced the loss of someone through suicide (also included complicated loss linked to Covid)
- v. Develop a rolling programme of suicide prevention training aimed wherever needed as information comes in through the RTS
- vi. Develop local media campaign aimed at suicide prevention in Dorset in both rural and conurbation areas.

Each workstream has or will have a “product description” that describes what is expected in terms of preparation and delivery with timescales and outcomes clearly articulated.

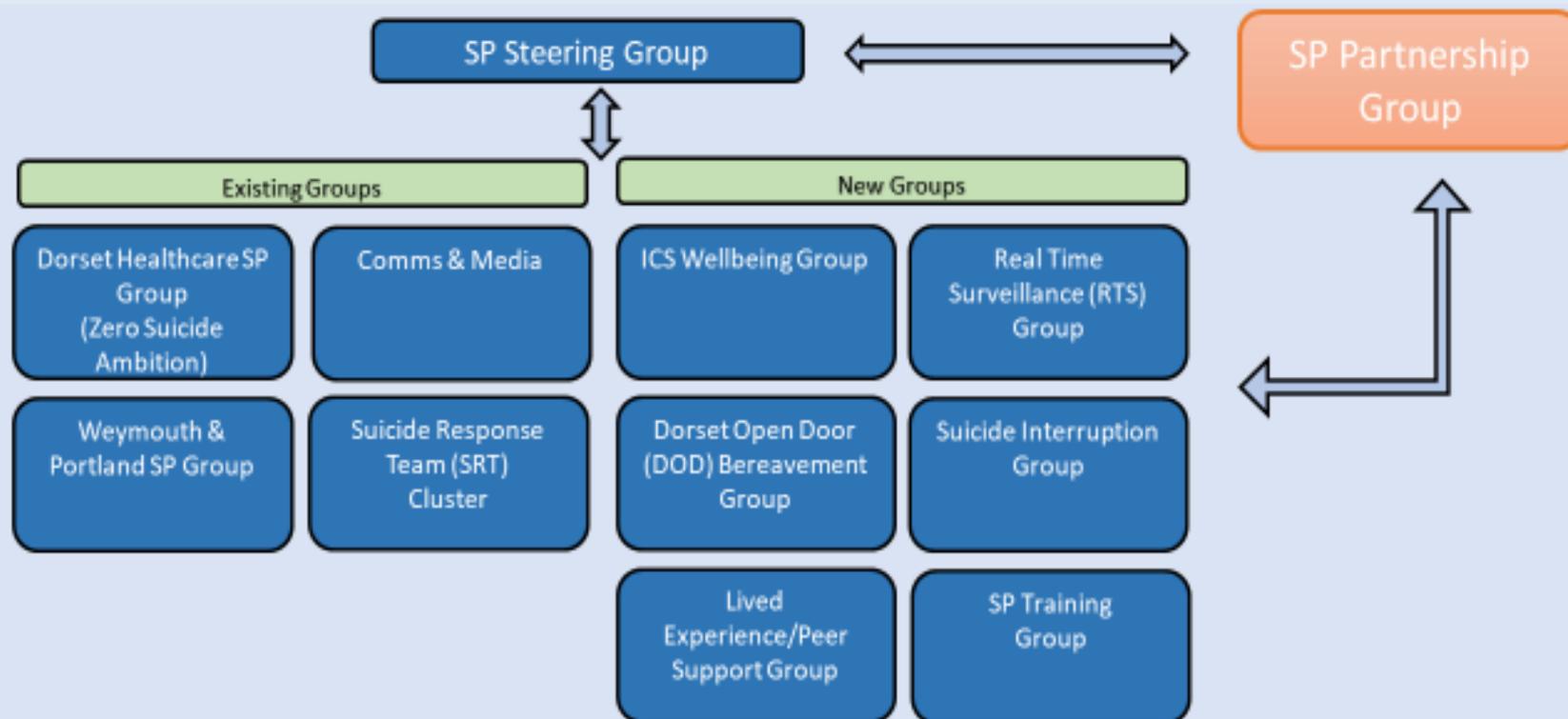
Each product description will be codesigned with the identified leads and the steering group to ensure consistency with the vision expressed above. Each workstream will adapt when Real Time Surveillance indicates themes and trends. Each work stream is all age, but it is acknowledged that there may be times throughout the life of the strategy when specific work related to young people will be required.

The Governance for the work is described in the next section.

Suicide Prevention (SP) - Strategy Governance



Suicide Prevention (SP) – Sub Working Groups



Suicide Prevention Strategy Implementation Plan

Workstream	Purpose	Lead organisation	By when
Development of real time surveillance (RTS)	The real time surveillance (RTS) will enable up to date information about deaths by suicide and attempted suicides in Dorset. This information will enable immediate responses to emerging trends and themes and can help shape and reshape the ongoing implementation of the strategy.	PH Dorset	May 2020
	The development of a Suicide interruption Group will work to reduce the number of attempted suicides will develop mini work plan to achieve improved communications and responsiveness to client need.	Dorset CCG	September 2020
Develop lived experience champions	The strategy places great importance on people who have lived experience of the impact of suicide. Throughout the partnership development lived experience has been a central feature and the aim is to develop a number of champions that work in to all the workstreams to keep this central to the work.	Dorset MH Forum	April 2021
Bereavement and media specialist	Two posts to be developed to work within the context of the Open-Door Service which is the Bereavement Support Partnership developed in response to deaths by suicide and death due to Covid. One post supporting the media and communications and the other post is a bereavement support co-ordinator to help people access the right part of the service to meet their needs. The Open-Door offer is a partnership offer including, Dorset Mind, Cruse, Race Equalities Council and Rethink Mental Illness. The service is for people experiencing complicated grief and will complement the work in Steps to Wellbeing.	Dorset MH Forum and Wellbeing and Recovery Partnership	September 2020
Community and Partnership group to be developed	The strategy has taken a partnership approach from the beginning. The aim is to have a strong working partnership, able to respond to needs and trends as they emerge from the RTS. The hoped is that the Voluntary Community Social Enterprise (VCSE) organisations will be able to mobilise and support people at risk of suicide or of attempting suicide. It is also hoped that the partners will take the lead in developing the partnership response. A mental health alliance might be the vehicle for achieving the ambition in the vision.	Dorset Mind	Ongoing from April 2021
Suicide Prevention Training	This will be work with partners and will include: <ul style="list-style-type: none"> • SP First Aid, • Safe talk and Assist and • Specific High-Risk training The training initially will be offered in primary care and to first responders	PH Dorset	Ongoing from April 2021
Local Media Campaigns	These will be developed in response to local need as it emerges but may also develop a suicide prevention campaign that is more generic for the Dorset context similar to the Manchester approach.	Kirsty Hillier	April 2021

The real time surveillance

In terms of the delivery of the Suicide Prevention Strategy this work is the game changer that will enable the partnership group, the lived experience champions, the training and the comms and media groups to shape and develop a responsive iterative approach that will save lives.

Dorset has real time information about people who end their lives by suicide and real time information about people who make attempts at suicide.

Information coming to the data group shows themes, trends, locations and over time will build a comprehensive understanding of completed suicides and will provide an understanding specific to Dorset of people who frequently attempt suicide.

This real time information will enable the strategy and key workstreams to develop based on the understanding local need.

The Suicide interruption Group

This is a group of people working with people in Dorset. They work in various settings such as mental health commissioning or mental health services or in safeguarding (adult and children) or the police or drug and alcohol services. The group meets every two weeks and has terms of reference and has governance and privacy impact assessment in place to make sure that all information is held in compliance with information Governance rules.

The information comes to the group via the RTS group that meets re suicide attempts. The criteria for coming to the Suicide interruption Group is that they have come to the attention of Dorset Police or SWASFT more than two times in a month. Most of the people so far have come to the attention of the police much more frequently than x2 in a month.

The group looks at the incidents, looks at what support is in place or not. Asks the question about is everything possible being done to mitigate risk and containing through support that individual whilst they are at a crisis point. The group has members that are able to influence practice and work to ensure that services are responding to presenting need in the way the person needs.

The group is in the formative stages but already has identified some key areas that will form the basis of a work plan.

The areas are

- Multi Agency Risk Management Meetings process and communication
- My Wellbeing and risk plans for every person who comes to the SIG
- Risk share protocol to enable different decisions to be made based on need and my wellbeing plans not just risk where possible
- The role of alcohol in attempted suicides

As the group settles into the role the above issues will be described in detail and have an agreed plan for development and implementation. The processes are described in the following 2 diagrams.

The Lived Experience Champions Group

Dorset's Suicide Prevention Strategy has as a golden thread, the ambition for every workstream to have lived experience at the centre.

The lived experience champions group will be developed, and each person supported to deliberately share their experience to help inform the development and delivery of all the work streams in the Suicide Prevention Strategy.

The lived experience champions will work across and influence all the workstreams so that everything in the strategy has people at the heart of it.

The champions will have an agreed remit and influence all the other workstreams along with the VCSE partnership group.

The Suicide Prevention Partnership Group

The Suicide Prevention Partnership Group is made up of all the partners involved in suicide prevention across Dorset. The structure of the suicide prevention work included a Steering Group and the Partnership Group. The two are interdependent and information goes back and forth between the groups so that there is always a cross check between the two groups.

The partnership group is represented on the Prevention Steering Group so that there is proper join up with all the workstreams the Dorset Strategy is taking forward.

The Partnership is made up of Voluntary, Community, Social Enterprise organisations and other interested parties include business people and others. The role of the group is to take forward the strategy and work in the wider community to share the messages that suicide is preventable and to get people across Dorset aware of and equipped to talk to people about suicide and suicide prevention.

The VCSE organisations and partners have a huge reach into local communities in Dorset and the partnership group is able to deliver their own organisations ambitions as well as work within the context of the Dorset wide Suicide Prevention Strategy.

The work of the partnership will help support people at times of need.

Media and Communications Group

The media and communications group is responsible for developing all the communications and messaging across Dorset in relation to national, regional and local information connected to suicide and suicide prevention.

The initial media and communications (comms) work has been agreed by the steering and partnership groups and this will proceed until there is clear local intelligence data to inform the next range of comms and media.

The real time surveillance intelligence data will help to shape the next tranche of work, for example, if it is clear from the data that a group of people are more likely to be at risk of death by suicide then the comms and media approach will be to provide information and target comms towards these groups and to the people who provide support.

The comms and media group will also be influenced by the partnership group and the lived experience champions because they will identify areas where comms and media support is crucial in delivering information to as wide an audience as possible. This will also enable information to be disseminated about support in time of crisis or need.

The group, as with the other workstream groups will report and be accountable to the Suicide Prevention Steering Group to ensure that the work is delivered and supported as needed by the Steering Group.

The Training Group

The training group is responsible for suicide prevention themed training. Not all of this will be named suicide prevention training, but all the training agreed by the Steering Group will have a prevention golden thread.

There are several training plans in place agreed by the steering group and initially there are three areas all targeted at front line staff, first responders and primary care and these are:

This will be work with partners and will include:

- SP First Aid,
- Safe talk and Assist and
- Specific High-Risk training

As the real time surveillance starts to be relied upon and the partnership and lived experience groups start to develop their work additional training areas will emerge. For example, men are at higher risk nationally (and appears to be the same across Dorset) would the Steering Group partners want to develop a training offer to barbers or sports clubs, or other places men frequent including work places.