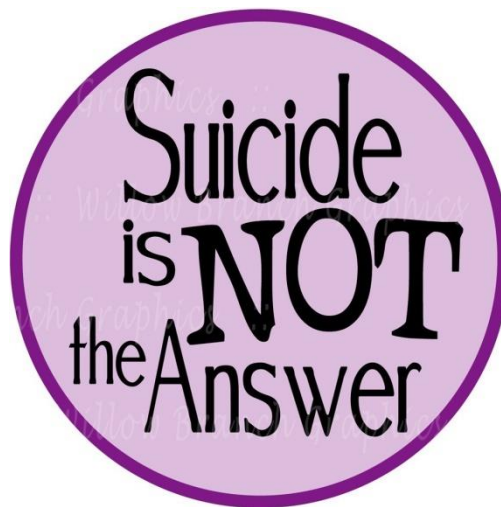


IW Council Policy and Scrutiny Committee for Adult Social Care and Health

Suicide Prevention Task and Finish Group

Final Report

22nd June 2018



By

Policy & Scrutiny Committee for Adult Social Care & Health Suicide Prevention Task & Finish Group

Lead: Cllr Michael Lilley MSc (Ryde East)

Group Members: Cllr Rodney Downer (Godshill & Wroxall), Cllr George Cameron (Freshwater North), Cllr Karl Love (East Cowes) and Joanna Smith (IW Health Watch)

Supported by Cllr John Nicholson (Chair of ASCH Policy & Scrutiny Committee) and Paul Thistlewood (Scrutiny – IW Council)

Thanks to: Francis Tilley (Suicide Prevention Lead - IW Public Health), Simon Bench (IW Public Health), and Cllrs Clare Mosdell & Dave Stewart (for input into IW Suicide Prevention Seminar 2018), Lois Prior (Men in Sheds – Age UK IW), Mark Langford (Safe Haven/Richmond Fellowship) and Sam Schroeder (Wednesday Film)

Forward

It has to be noted that this report does not substitute or attempts to substitute the work being undertaken by IW Council Public Health, IW CCG and other agencies. It focuses on specific Scrutiny questions as recommended by the MH Government Health Select Committee.

Suicide is an extremely sensitive issue and needs to be addressed with empathy and care. In talking publically about suicide it has to be realised that many Island families have been affected and will find the subject extremely difficult. We also have to understand that suicide does happen and at any one time the Coroner and other agencies will be investigating or undertaking serious case reviews regarding suicide and suicide attempts. This report acknowledges that any suicide is one to many and that suicide is not the answer. We have to recognise that specifically when referring to data we have to make sure current cases that still within process and the grieving of families are shown respect and sensitivity when discussing this very emotive subject.

This report focuses on suicide prevention and how the IW Council Public Health as the lead Suicide Prevention agency on the Island can have a robust Suicide Prevention Strategy and Implementation Plan. The report does not cover or report all the work and discussions that have been undertaken over the last 10 months but does raise issues that need highlighting at this stage.

It is important to state that it is recognised by IW Council that improvements of mental health services, the mental well-being of all IW citizens, and suicide prevention with real reductions in those escalating to severe mental health issues and suicides has to be a priority. This was confirmed in May at the Full Council when it was unanimously voted across all parties on reaffirmation of working towards not only the improvement of inadequate services but services and preventative programmes that are deemed excellent.

The Task and Finish group wishes to give a strong message to all families and individuals affected by mental health stress, suicide attempts and suicide, that our role in scrutinising suicide prevention on the Island has been to make sure services, help and support is improved for the future. We need to listen more to those with lived experience and learn more from the lessons in the past.

The report provides answers to its questions which have been ascertained from the evidence the T & F Group have collected and collated. There are a number of conclusions and recommendations to the Policy and Scrutiny Committee for Adult Social Care and Health.

Cllr Michael Lilley – Lead of Suicide Prevention Task & Finish Group

1. Background and Summary

Over the past 10 months the Task and Finish group established by Policy and Scrutiny Committee for Adult Social Care and Health has investigated whether IW has implemented a local authority suicide plan as suggested by the Chair of the Health Committee, HM Parliament (see below section on Purpose).

Group members have met and discussed the issue and attended a range of workshops and meetings about suicide prevention. They have also examined available and presented documentation as part of the evidence gathering process. Terms of reference were established and a set of 14 questions were developed. This report provides the answers that the Task and Finish Group has managed to gain at this time but it has to be noted that although it has presented the questions to relevant officers there has never been a complete response to the questions put by the Group. There appears to be still a need to clarify the role and powers of Scrutiny in undertaking its role as part of the Governance of a local authority.

In the past the Island had one Health Body in the form of the Isle of Wight Primary Care Trust and this had the triple function of Public Health, Provider of Health Services, and Commissioning. On devolving the Primary Care Trust the functions were divided with IW Council taking responsibility of Public Health, IW NHS Trust for provision of acute services, and IW CCG (Clinical Commissioning Group) for commissioning services (led by local GPs). In regard to Suicide Prevention, the Task and Finish Group has come to the conclusion that there has been historic confusion of who was responsible for the development of a suicide prevention plan for the IW and the implementation. The T & F's investigation has clarified that IW Council's Public Health Department is the Lead and the Cabinet Member for Adult Social Care and Health has direct responsibility to ensure the plan is finalised and implemented with reporting directly to the IW Health and Well-Being Board for sign off, monitoring and evaluation. The T & F Group has ascertained that in 2018, there is clarification of who is responsible and evidence that there is improved leadership in making sure a plan is in place, improved working together of stakeholders, implementation, monitoring and evaluation.

2. Purpose

In accordance with letter dated the 4th April 2017 from Dr Sarah Wollaston MP, Chair of Health Committee, HM Parliament to all Chairs of Local Authorities Health Scrutiny Committees to scrutinise local implementation of suicide prevention plans.

"Effective local scrutiny of a local authority's suicide prevention plan should eliminate the need for intervention by the national implementation board".

IW Council's Policy and Scrutiny Committee for Adult & Social Care & Health has established a Task and Finish Group to undertake scrutiny of the issue of suicide on the Isle of Wight and the scrutiny of the IW Council, IW NHS Trust, IW Clinical Commissioning Group and other Agencies such as Police, suicide prevention plans/strategies.

3. Aims & Objectives

- To determine that in accordance Public Health England 2012 National Suicide Prevention Strategy where local councils were given the responsibility of developing local suicide action plans through their work with health and wellbeing boards (HWBs), IW Council has an effective plan in place in partnership with all relevant agencies. A deadline of 2017 for Councils to have implemented suicide prevention plan in place.
- To take a critical look at what action is actually being taken, whether the plan is being implemented, and there is a reduction in suicide and suicide attempts on the Isle of Wight.
- To determine there is effective accountability, quality assurance, monitoring, evaluation, and funding for the local suicide plan/strategy to be effective including reporting effectively back to Public Health England Implementation Board.
- To produce a detailed scrutiny report with findings and recommendations to the IW Council's Policy and Scrutiny Committee for Adult Social Care and Health, IW Health & Well-Being Council, and Public Health England.

4. Key Questions asked by the Suicide and Prevention Task & Finish Group and the answers ascertained by 9th June 2018.

1. What is the past and current level of suicides and suicide attempts on the Isle of Wight and how does this relate to national and regional levels? What are the causes? The Task & Finish Group needs from the onset of its work to get a real understanding of the issue of suicide ideation, attempts and suicide.

Answer: There is still a need for further data, but the below diagrams provide an overview. It is important not to get too preoccupied with data as the actual numbers of suicide in relation to population is small. The table below shows that the IOW is not an outlier with higher rates of suicide, with the exception of the rate in males only. Also the attempt data is not easy to measure so it is not known if it is high as this is based on ambulance call outs only. It is therefore concluded that the rate of suicide on the IOW is comparable to England with the exception of the male rate which is significantly higher. However, there is a need with IW Council Public Health to work with local agencies to further understand the full picture of suicide on the Island including Police, Coroner, Fire Service, Ambulance and Coast Guard.

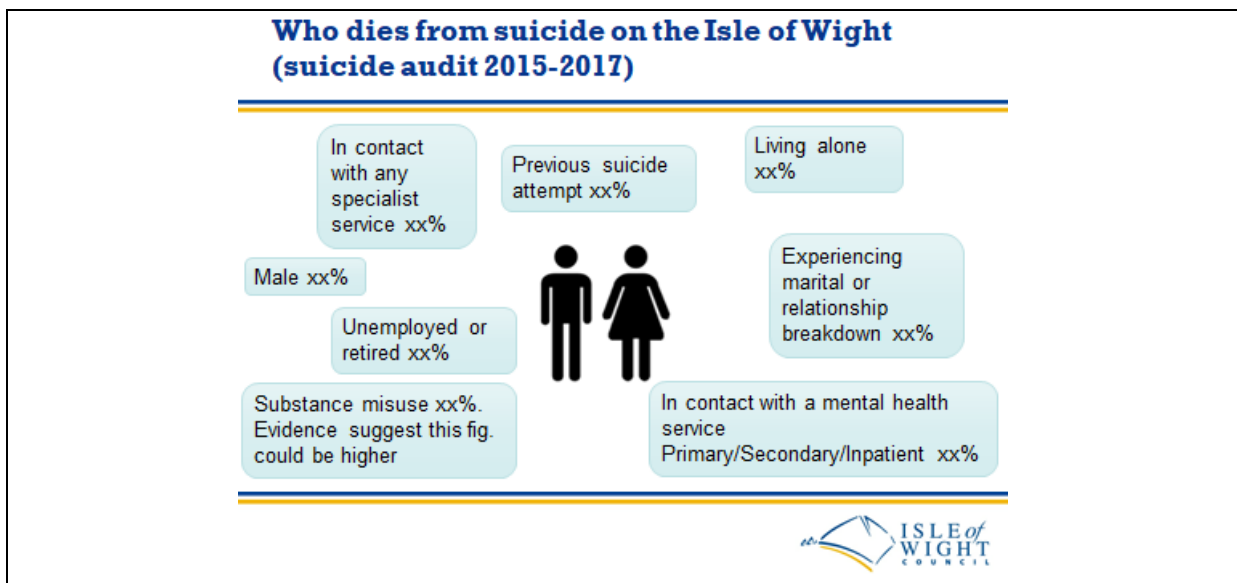
Compared with benchmark: Lower Similar Higher Not Compared * a note is attached to the value, hover over to see more details

Recent trends: - Could not be calculated, ↑ Increasing / Getting worse, ↓ Decreasing / Getting better, ↔ No significant change

Data quality: ■ Significant concerns, ■ Some concerns, ■ Robust

Export table as image

Indicator	Period	IoW		Region England		England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range
Suicide: age-standardised rate per 100,000 population (3 year average) (Persons)	2014 - 16	-	50	13.3	9.8	9.9	6.1	18.3
Suicide: age-standardised rate per 100,000 population (3 year average) (Male)	2014 - 16	-	40	22.6	15.1	15.3	8.4	27.7
Suicide: age-standardised rate per 100,000 population (3 year average) (Female)	2014 - 16	-	10	4.8	4.8	4.8	2.3	11.3



For the Isle of Wight those attempting to take their own life are highest in the 18-29 and 40-49 age groups for both male and female, but male suicide attempt exceeds female in the 50-59 age group (Source: Local ambulance data 2013-15). Overall 146 women and 123 men attempted taking their own life for the pooled period 2013-2015

The Task and Finish group found the independent Academic study carried out in 2013 about suicide on the Isle of Wight extremely useful. The Task and Finish Group felt the recommendations from this study were important to note and feed into the plan.

Isle of Wight Study (2013) – Provides an independent academic perspective.

A combined UK University study with IW NHS Trust (Middlesbrough, Wolverhampton) in 2013 was undertaken with the Isle of Wight as a case study - The Isle of Wight Suicide Study: a case study of suicide in a limited geographic area. The study found that 80% of all suicides occurred in people suffering from mental disorder. Men are at a significant risk of suicide. Depressive disorders in women and stress-related disorders in men were the most common mental disorders. Treating mental disorders and co-morbid conditions seems to be one of the key elements in suicide prevention strategies.

Key Conclusions were as follows:

- Suicide prevention programmes therefore should focus on the treatment of psychiatric disorders, namely depression.
- Early recognition and adequate treatment of depression and co-morbid conditions are essential for suicide prevention.
- Identifying high-risk groups and assertive follow-up contact with those who have attempted suicide as young men, and those with previous history of self-harm, have proved to be effective.
- Restriction of access to common methods of suicide such as firearms or toxic substances, as well as safer prescribing of psycho-tropics (antidepressants and analgesics), has been shown to reduce suicide rates.
- The suicide prevention programme should also focus on improving training in suicide risk assessment among primary care professionals .
- Large-scale community studies demonstrate that the education of general practitioners and other medical professionals on the diagnosis and appropriate pharmacotherapy of depression, particularly in combination with psychosocial interventions and public education, improves the identification and treatment of depression and reduces the rate of suicide.
- Factors such as gender, social isolation, poly morbidity and recent ALEs can strongly contribute to the decision-making process of people who take their lives. Furthermore, particularly from the geographical point of view, it seems that lack of opportunities, lower education and mainly unemployment are relatively common in rural areas such as Isle of Wight and play an important role in suicidal behaviour worldwide.
- Promotion of mental health well-being in the wider population as a measure to address social issues, i.e. unemployment and housing, as well as community, social and policy interventions, will be essential in suicide prevention.

The Isle of Wight Suicide Study: a case study of suicide in a limited geographic area

H. Shahpesandy, M. Oakes and Ad van Heeswijck

Irish Journal of Psychological Medicine / Volume 31 / Issue 02 / June 2014, pp 133 - 141 DOI:

10.1017/ipm.2014.10, Published online: 05 June 2014

2. Has the IW Council an IW Suicide Prevention Plan in place and was this plan put in place in the set timeframe and has it met the Public Health England requirements?

Answer: *There is a plan but it is difficult to ascertain whether it was implemented within the specific timeframe 2012-17. The Task & Finish Group at this time have concluded that IW was within the 5% of local authorities that did not have a finalised signed off plan implemented in the timeframe. It has had a plan but the confusion in leadership as explained above has possible caused delays and in answers below has created confusion in this regard. At a recent suicide prevention workshop, priorities for 2018 were identified as below:*

Isle of Wight Priority Actions as stated at 2018 Suicide Prevention Workshop:

- *Better targeting of suicide prevention and help seeking in high risk groups*
- *Improve communication and raise awareness, knowledge & understanding of suicide prevention activities between organisations and the community*
- *Deliver suicide prevention training: suggested Safe Talk, ASSIST , Connect 5*
- *Develop a post suicide intervention plan*
- *Improve knowledge/data at local level (implement real time suspected suicide/suicide attempt surveillance)*

Above information from by IW Council Public Health Slides (2018)

It should be noted that it is viewed by IW Council Public Health these priorities do need further work and refinement.

3. Who is ultimately responsible for ensuring the IW plan is in place and what action have he/she/they taken?

Answer: *Isle of Wight Council Public Health is the responsible body for the IW Suicide Prevention Plan and the Cabinet Member for Adult Social Care and Health is now the Chair of the IW Suicide Prevention Steering Group which has representation from all the stakeholders. There is a specific Lead Public Health Officer for Suicide Prevention who has the responsibility for the plan in liaison with the IW CCG (Clinical Commission Group) Commissioner for Mental Health. This is confirmed below. The plan has to be presented to the IW Health and Well-Being Board (Chaired by the IW Council Leader) which has to sign it off and receive regular reports. There is a yearly Suicide Prevention Workshop and the 2018 workshop was facilitated by the Leader of the Council and Chaired by the Cabinet Member.*

It has to be noted that previously there had been confusion about whether IW Council Public Health was the lead body or was it the CCG (for many years the Commissioner of Mental Health at CCG had chaired the Suicide Prevention Group). The Suicide Prevention Task and Finish Group in pursuing its questions as advised by the House of Commons Health Select Committee, uncovered this confusion and it now has been resolved that the ultimate responsibility is IW Council Public Health and the Cabinet Member for Adult Social Care and Health. The said Cabinet Member is also the IW Council's Mental Health Champion.

Simon Bryant FFPH - Associate Director of Public Health & Consultant in Public Health (IW Council Public Health). Simon reading the draft report made the following comment:

“You rightly point out that leadership previously was not clear. This may be due to a void created by lack of public health leadership that was filled by the CCG. With new arrangements for leadership of public health this will now be resolved alongside Cllr Mosdell. Could we state the director of public health is chief officer lead for suicide prevention and that leadership whilst requiring all partners to take ownership should come from public health?”

4. What is the Quality Assurance of IW Council’s Local Suicide Prevention Plan and is there effective evaluation and monitoring system in place?

Answer: *This needs to be clarified and as such the Task & Finish Group were not able to get clarification in this regard. There is a Suicide Prevention Steering Group that carries out monitoring and evaluation and the 2018 Suicide Prevention Workshop provided evidence of data collection and monitoring. Quality Assurance is always difficult to establish and it is suggested that IW Council aligns itself with Public Health England guidance in this regard.*

5. Has there been effective implementation of the Plan?

Answer: *This has been difficult to fully clarify and has to be answered in context of the upheaval in regard the current position of health including mental health services on the Island since both IW NHS Trust and IW CCG are in special measures. There is a plan and a system of evaluation and monitoring through the IW Suicide Prevention Steering Committee and this plan and reports go to the IW Health and Well-Being Board but there needs to be clarification of whether a plan as led by IW Council Public Health (the correct leadership of the implementation of the Plan) has finally had the Health & Well-Being Board sign it off. There is now a new Island Mental Health Blueprint which is currently under consultation and this makes the following statement:*

Statement on Suicide as published in IW MH Blueprint (2018)

Reducing suicide

Every death as a result of suicide is a tragedy. It affects individuals, families and communities. We will do more to prevent this happening. Several approaches to prevent death by suicide are proving to be effective in reducing the numbers of completed suicides.

A number of areas in England have adopted what is known as a zero suicide approach. Developed in Detroit, zero suicide is now being used by health and social care organisations in Merseyside, the East of England and the West Midlands.

The zero suicide approach is rooted in the belief that suicide is not inevitable. In Detroit, this approach led to a 75% drop in suicides in the first four years, and for two years there were no suicides amongst the patient population.

Case example –

Mersey Care zero suicide programme

Mersey Care became the first trust in the UK to adopt a Zero Suicide policy. It ratified that policy last year, committing to eliminating suicide from within its care by 2020. An online course is delivered to help staff look out for signs of distress. It also challenges the myths about inevitability and selfishness that still exist around suicide. Mersey Care’s plan also includes easier access to crisis care, better safety plans for each patient, and swifter investigations after deaths or suicide attempts, with a focus on learning rather than blame.

Every service user with a history of intent or self-harm is given a personalised safety plan while a Safe from

Suicide Team has been created as part of the new assessment and immediate care service. The team continually monitors the highest risk people who use services who have either been referred to us or are already in our care and intervene rapidly and effectively to reduce risk.

We will review the learning from the Mersey Care experience and elsewhere and use this to inform our work in developing a zero suicide ambition.

We are reviewing and refreshing our existing suicide prevention strategy, learning from the good practice in other parts of the country and adopting their approach. We will galvanise local leaders and commit ourselves to the aspiration of achieving zero suicide for the Isle of Wight. This will take time and is a long-term goal. We will start with a commitment to reducing suicide among those people known to our mental health services.

We will also work with local communities to raise awareness of suicide and its impact. Our focus will be on those people who are most at risk on the island, **initially with men over 50**, given they are at greater risk, with the aim of extending this work to other groups.

<http://www.isleofwightccg.nhs.uk/get-involved/public-consultations/Mental%20Health%20Blueprint%201701.pdf>

It has to be concluded that the Suicide Implementation Plan will be revisited and revised in connection with transformation and reorganisation of mental health services on the Island in connection with the proposed blueprint and its final implementation after consultation. The Task & Finish Group welcomed the move to a Zero Tolerance approach as developed successfully in Merseyside. The stated emphasis on the focus on the needs of men aged over 50 fitted with all the evidence with this group being identified as the highest risk group. The example of IW Men in Sheds (see Question and Answer 8 for more detail) is a good example of local good practice in targeting this high risk group.

The Task & Finish Group undertook research into Men and Suicide and looked at research and good practice in regard to successful intervention including a report on Men undertaken in Telford. This information has been provided to Public Health Lead on Suicide Prevention.

It is viewed that the blueprint and suicide prevention plan need to be aligned on the relevant aspects. It has to be noted that the MH blueprint is about mental health services. The Suicide Prevention plan is much broader and has to engage with communities and those individuals with no contact with mental health services. Although there is an indication of a high number of suicides and suicide attempts related to those known within mental health services, many suicides are undertaken by individuals not known by services.

- 6. Is there sufficient funding for suicide prevention to ensure implementation of the interventions required? It is noted that Public Health England/UK Government has made provision of funding of suicide prevention from 2018/19 & 2020-21 and the Task & Finish Group should investigate the IW allocation and how it is proposed to be used?**

Answer: At the time of writing the report the Task and Finish Group has been able to ascertain there is no specific funding for Suicide prevention, it is part of the ring fenced public health grant and it is within this grant suicide prevention needs to be prioritised for funding. It is difficult to ascertain if there is money in the budget for suicide prevention. It has not been able to clarify what and if there is an allocation from Public Health England.

- 7. How does the IW Council signing up to the Local Authorities Mental Health Challenge and appointment a Mental Health Champion relate to improving the reduction of suicide and**

attempts on the Island? The MH Challenge states the Champion should identify at least one priority each year for focused work on mental health and it would be good to ask the IW Council MH Champion to focus on suicide prevention in partnership with T & F group as another stated area of work is scrutinising the work of local services that have an impact on mental health.

Answer: *The IW Council's Mental Health Champion is the Cabinet Member for Adult Social Care and Health and has responsibility for the IW Suicide Plan as Chair of the IW Suicide Prevention Steering Group. A recent workshop on Suicide Prevention did demonstrate that the IW Council's current administration did take their responsibility for suicide prevention seriously as the workshop was facilitated by the Cabinet Member (Mental Health Champion) for Adult Social Care and Health and the Leader of the Council. On the 16th May, a Motion was put forward and unanimously voted for to reaffirm the IW Council's commitment to the Local Authorities Mental Health Challenge and in particular tackle the issue of suicide prevention and annually report back to the Full Council. As Cabinet member for Health (Mental Health Champion) is the current chair of the Suicide Prevention Steering Group it can be ascertained that the IW Mental Health Champion is focusing on Suicide Prevention in a strong way.*

Useful Guidance to Local Authorities on Suicide Prevention

The LGA has produced a suicide prevention guide for councils, including good practice case studies: www.local.gov.uk/suicideprevention-guide-local-authorities

Public Health England has produced guidance on suicide prevention strategies:

www.gov.uk/government/publications/suicideprevention-developing-a-local-action-plan

Many councils are members of the National Suicide Prevention Alliance: www.nspa.org.uk Isle of Wight Council is not a member.

In 2017, LGA published - Being mindful of mental health – the role of local government in mental health and wellbeing. This is useful as it focuses on how a local authority can embed prevention of mental health issues and promote healthy mental health well-being throughout all departments. <https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing>

- 8. What is the partnership working across the public, private and voluntary sectors in relation to implementation of a suicide prevention plan? The Samaritans state: “It is important to note that many of the interventions required for a local suicide prevention plan are not NHS based and so it essential that this money is used appropriately to cover activities involving public health and other services in addition to NHS or Local Authority initiatives”**

Answer: *The 2018 IW Suicide Prevention Workshop/Seminar had good attendance and demonstrated the involvement of all sectors although there could be more involvement of private sector. The new reinvigorated IW Suicide Prevention Steering group chaired by the Cabinet Member for Adult Social Care and Health has a wide membership involvement. It was noted that in accordance with the Samaritan's comments that there are voluntary projects on the island that were not necessarily established per se in regard to suicide prevention but in fact do have significant opportunity to become key within the strategy such as Men in Sheds.*

Example of Good Practice:

Men in Sheds (Isle of Wight)

It has been identified by local and national data that men aged between “45-60” are the highest risk group of suicide on the Isle of Wight and across UK. Causes are identified as relationship difficulties, humiliation caused for example by losing job or viewed as being a failure in life such as failed marriage/loss of contact with children and other reasons, losing a sense of purpose and identity (being an engineer for 40 years then retiring), and social isolation.

The Men in Sheds (Isle of Wight) project is part of the Isle of Wight Ageing Better programme (funded by the National Lottery) and led by Age UK IW. The Men in Sheds programme started in 2015 and there are now Sheds across the Island. The idea of the Sheds are they are an activity based meeting place for men to make things, develop projects and through activities develop friendships and socialisation.

For example: The Isle of Wight Aviation Museum and Age UK IW have joined forces to create a Shed in a hangar at Sandown Airport and every Tuesday about 15 men have been regularly meeting to build the shed and develop a workshop that can repair and make things relating to the museum. Currently, the Museum is working on building a replica of the Black Arrow Rocket which was the UK rocket built and launched on Isle of Wight which took one of the first UK satellites into Space. One participant stated:

“My wife died and I was extremely lonely at home. I work in engineering for over 40 years and felt lost when I retired. Coming to WAM and the Shed has enabled me to reconnect with my skills and meet others”

9. What are the current and proposed interventions on the Isle of Wight and are they effective and are suicide and suicide attempts being reduced on the Isle of Wight, if not why not, and what is the proposals to effectively reduce suicide in the future?

Answer: This is again difficult to ascertain as until the plan and new blueprint are in place with clear evaluation, targets, benchmarks and monitoring measures (which the T & F group have no evidence they are in regard to interventions and in fact although there are interventions such as Men in Sheds with good evaluation and monitoring these projects are yet not formulated as accepted and approved interventions in regard to suicide prevention) it is difficult to answer this question. There are new interventions such as the Safe Haven at Quay House in Newport which provides an out of hours service for those in crisis which has only been operating since November 2017 and this could have a dramatic reduction in suicides and suicide attempts but as yet data is not available. Please note the comment made by Simon Bryant below:

Simon Bryant FFPH - Associate Director of Public Health & Consultant in Public Health (IW Council Public Health). Simon reading the draft report made the following comment:

“I would welcome the challenge to ensure the interventions are evidence based or with a strong evaluation aspect for new interventions. Measuring the impact in terms on suicide numbers/rates is much more challenging so much of this will be process evaluation”

10. What is the lived experience and testimonies of local people and their families who have experienced suicide attempts or the after effects of a loved one’s suicide and how does the suicide prevention plan relate to this experience? Has there been effective lived experience/service user/family/carer involvement in development and implementation of the plan?

Answer: Again, this is difficult to conclude and the Task & Finish Group are working with IW Health Watch in getting more data and testimonies from those with lived experience. A local Ventnor resident has made a film about mental health and the lived experience of several Islanders. This film has been supported by Health Watch and IW Community Action (Crisis or Awakening) and would be good to present to the committee.

ABOUT 'CRISIS or AWAKENING?'

'Crisis or Awakening?' is a documentary film made by an ex mental health volunteer between 2016 and 2018. The film conveys personal stories of mental health service users, and looks at the problems most commonly encountered when interfacing with services - proposing simple, workable solutions to those problems. The film was made because, while volunteering, two key problems came to light. One, that mental health service users were encountering the same avoidable problems, time and time again. And two, that service users felt voiceless and powerless to change the way services were being delivered, i.e. they had no clear channel through which to express their ideas and concerns. So the film is an attempt to gather people's stories and give a voice to the voiceless.

The film also looks at recovery. During the making of the film some truly inspiring examples of recovery came to light, so a section was included called 'Principles of Recovery', which is an attempt to identify universal principles common to all those who made the most dramatic progress in their recovery, to inspire and guide others in their own journeys of recovery.

The film is going to be shown at five viewings on the Island, in Newport, Ryde, Ventnor, Shanklin and Cowes in July and August of 2018. Where booklets will be made freely available that contain all the information expressed in the film. The film will also be made freely available online, at wednesdayfilms.com (after the viewings have all been held), where information will be posted about the times, dates and venues of the viewings.

<http://wednesdayfilms.com/>

11. Are the IW Council adopting a Zero Suicide Approach as implemented by other authorities and if not, why not? Would a Zero Suicide Approach effectively reduce numbers of suicide and suicide attempts on the Island?

Answer: This is being included in the new Blueprint and adopted in the IW Suicide Prevention plan (See Question and Answer 5). However, Zero tolerance approach needs some careful consideration – it needs to be understood by all especially the mental health services. This is very challenging on the IOW with the current state of Mental health services. IW Public Health have commented that It is important zero tolerance ambitions do not get in the way of good partnership work. Perhaps there is a need to move away from 'Zero tolerance' as the words can cause more problems and instead perhaps Zero ambition. The Task & Finish Group do conclude that a Zero Tolerance Approach has been successful in other areas and do advise that a watered down approach could be ineffectual.

12. How does the proposed IW new blueprint and mental Health transformation plan relate to and effectively reduce suicide attempts and suicides on the Isle of Wight?

Answer: See Question and Answer 5 & 8.

13. What is the funding available on the Isle of Wight for effective suicide prevention? Is this funding adequate?

Answer: Again this has not been fully ascertained by the Task & Finish Group. There is no specific funding for Suicide prevention, it is part of the ring fenced public health grant if that is what is prioritised for spend. To date no funding has been allocated for Suicide prevention). There needs to be clarification whether there is money in the budget for suicide prevention. It is viewed by the Task and Finish Group that there should be ring fenced funding in regard to suicide prevention as it is simply a life and death situation that needs resourcing. The cost to a family after it is too late clearly outweighs the cost of effective prevention.

14. What are the specific geographic and demographic hotspots and what are the specific strategies to reduce these know risk areas/groups of people? For example: middle aged men are known as a high risk group.

Answer: 80% of suicides are men and in particular older men and this has been identified as the group to focus initially on reduction. This group of older men is significantly higher than National Average. The Men in Sheds project was identified as an example of Good Practice in tackling the causes of social isolation which is one of the main conditions that can lead to suicide thoughts and act. There is a need for more data and analysis of other high risk groups and it has been noted that there appears to be an increase in numbers of death in 2018 and currently a number of serious case reviews that include children committing suicide. The Suicide Prevention Steering group chaired by the Cabinet Member for adult social care and public health, are tracking the current situation and exploring strategies and interventions based on evidence of where to target resources and reduce suicides and attempts. There needs to be further analysis of methods used in suicide and data provided does show methods used on IW with hanging the most common.

Suicide methods audit 2015-2017



5. Conclusions and Recommendations:

In relation to the specific questions and task as set out by the letter from the Health Select Committee it has to be reported that it has not been easy for the Task & Finish Group to get clear and definite answers and there has had to be determined digging to get answers to questions. The confusion of who was responsible for the formulation and implementation of the plan has not made it easy. There also has been confusion in regard the authority of Scrutiny to ask the questions in the first place and the Task & Finish Group has had to show resilience and determination in exercising the authority it has. The experience of the Task & Finish Group should be fed into the wider discussion of the role of Scrutiny particular in relation to the letter from the Health Committee in regard specific areas such as Suicide Prevention.

Officers have been at times been reticent in providing information and answers to questions due to a lack of understanding in the role of Scrutiny and although there has been training throughout 2017-18 for Councillors in regard Scrutiny there is a need for senior officers to have access to Scrutiny training. This will improve efficiency and misunderstandings in the future in answering legitimate questions in carrying out Scrutiny functions.

It can be concluded that the work of the Task and Finish Group on Suicide Prevention has clarified who is responsible, that there is a lead officer, there is an active steering committee, there is a report mechanism to the Health & Well-Being Board, there are annual reviewing workshops, there is data collection, relationships between key stakeholders such as Coroner, and currently consultation of a new blueprint for mental health services which includes suicide prevention. However, there are a number of questions not answered at this time particularly in implementation of specific recognised interventions and how they all fit together. For example the Men in Sheds programme was developed by the Ageing Better Programme not specifically for Suicide Prevention but in fact it does have significant relevance.

It appears that over the years, the issue of suicide prevention has been discussed and data collected but specific interventions have been lacking and this should be addressed. The 2018 IW suicide prevention workshop clarified priorities for 2018 (See Q & A 2) which does provide a benchmark for evaluation and monitoring for the Policy and Scrutiny Committee for Adult Social Care in 2019.

There is still a need for further data, but it is important not to get too preoccupied with data as the actual numbers of suicide in relation to population is small. The table above in Q1 shows that the IOW is not an outlier with higher rates of suicide, with the exception of the rate in males only. Also the attempt data is not easy to measure so it is not known if it is high as this is based on ambulance call outs only. It is therefore concluded that the rate of suicide on the IOW is comparable to England with the exception of the male rate which is significantly higher. However, there is a need with IW Council Public Health to work with local agencies to further understand the full picture of suicide on the Island including Police, Coroner, Fire Service, Ambulance and Coast Guard. The Isle of Wight is an Island and does have cultural and demographic differences with the mainland and suicide and suicide attempts do need to be seen in an Island context. The Isle of Wight Study (2013) as mentioned does provide useful information in regard Island context. The Task & Finish group noted that there needed to be further research in high risk groups such as those working in farming on the Island, LGBTQ community, those who experience bereavement, and those who use mental health services on a regular basis. Specifically there does need to be improvement of support on the Island for families post suicide and the T & F Group welcomed the information that IW Council Public Health did raise the need to develop a post suicide plan at the recent suicide prevention workshop.

The Suicide Prevention Implementation Plan/Strategy cannot be separated from the development and implementation of the new IW Blueprint for mental health services. This has to also be considered in the context of the latest CQC report (June 2018) which still has IW NHS Trust as inadequate overall including mental health services and in particular community mental health services. Data that has been provided does show that IW has above the National average of suicides, suicide attempts, those with severe mental health issues and those that self-harm. It cannot be concluded other than our services are inadequate and IW needs are high. This can be genuinely seen as a crisis.

It is viewed that the blueprint and suicide prevention plan need to be aligned on the relevant aspects. It has to be noted that the MH blueprint is about mental health services the Suicide Prevention plan is much broader and has to engage with communities and those with no contact with mental health services. Although there is indication of a high number of suicides and suicide attempts related to those known within mental health services, many suicides are undertaken by individuals not known by services.

There is no specific funding for Suicide prevention, it is part of the ring fenced public health grant. To date no funding has been allocated for Suicide prevention. There needs to be clarification whether there is money in the budget for suicide prevention. It is viewed by the Task and Finish Group that there should be ring fenced funding in regard to suicide prevention as it is simply a life and death situation that needs resourcing. The cost to a family after it is too late clearly outweighs the cost of effective prevention.

The Task & Finish Group at this stage cannot proceed further until further work is undertaken in regard the blueprint and further data is provided and analysed. It may be further considering due to the clear need for services to improve and the need for preventative work to reduce numbers of suicide and attempts, the Task & Finish group widens its remit to explore the whole area of mental health as an on-going task.

6. Recommendations

The Policy and Scrutiny Committee of Adult Social Care and Health make the following recommendations:

- That IW Council Public Health works with local agencies to further understand the full picture of suicide including Police, Coroner, Ambulance, Fire Service and Coast Guard to gain a more detailed understanding of suicide and suicide attempts on the Island across all generations.
- That Training and Briefing of staff within Public Health, Adult Social Care, IW Trust, IW CCG in the role of Scrutiny be provided as a way of improving efficiency in provision of answers to legitimate scrutiny questions and avoid misunderstandings.
- That Isle of Wight Council becomes a member of the National Suicide Prevention Alliance (www.nspa.org.uk) as a way of tapping into expertise and good practice.
- That it is resolved that IW Council does have a suicide plan in place with designated officers and now strong leadership but the vagueness of answers to some of the questions as advised by the HM Health Committee does indicate an IW Suicide Prevention Plan (2018-2022) needs considerable more work to get strategies and interventions implemented which reduce suicides and suicide attempts on the Island. It is recommended that Public Health use the Task & Finish Report as guidance in improving the efficiency and performance of the plan and its implementation.
- That the Health & Well-Being Board be advised that in the opinion of the Task & Finish Group that the draft Suicide & Prevention Plan 2018-2022 still needs further work and it is better that Public Health as the leading body, have further time to get a robust and achievable plan in place before the Board signs it off. It is emphasised that the plan in the next year should have Men in the age group 45-60 as an urgent priority for an intervention programme/project as this group by far is the most vulnerable to suicide.
- That as there are indications that suicide and suicide attempts by young people are becoming more prevalence that the Suicide Prevention Working Group needs to do further research in this area. It is noted that there are children who are particular vulnerable such as children of parents who commit suicide, those with eating disorders, and children in care/leaving care.
- That IW Council Public Health allocate within their budget specific funding for suicide prevention so interventions are resourced.

- That Public Health does provide answers to questions as requested by Scrutiny at this time that have not been answered totally satisfactorily. This has been clarified by the new leadership of Public Health and the T & F Group are satisfied that in the future more detailed answers will be provided now the leadership void within Public Health has been filled.
- That Public Health reports back in 12 months to the Committee with progress.
- That the Task & Finish Group remains in place but widens to take in mental health services across the Island.

Sources of Information:

Local suicide prevention planning

http://www.nspa.org.uk/wp-content/uploads/2016/10/PHE_LA_guidance-NB241016.pdf

Suicide prevention: a guide for local authorities

https://www.local.gov.uk/sites/default/files/documents/1.37_Suicide%20prevention%20WEB.pdf

National Suicide Prevention Alliance

<http://www.nspa.org.uk/>

National Suicide Prevention Alliance Resources

<http://www.nspa.org.uk/resources/>

Responding to Suicidal Content Online

<http://www.nspa.org.uk/responding-suicidal-content-online/>

Suicidal feelings

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/#.WdY3m8v2bWd>

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

Working age poverty risk

<https://www.jrf.org.uk/blog/how-we-mapped-working-age-poverty-risk-parliamentary-constituency>

National suicide prevention strategy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Update January 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf

Fingertips tool

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000008/ati/102/are/E06000036>

NCISH National Confidential Inquiry into Suicide and Homicide

http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/Infographics_2016.pdf

<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf>

Suicide awareness/alertness training

<https://www.nwppn.nhs.uk/index.php/our-work/connect-5-train-the-trainer-proramme> <http://www.prevent-suicide.org.uk/>
Citing research by the Samaritans, the ONS says relationship breakdown can contribute to suicide risk, which is greatest among divorced men, who are almost three times more likely to end their lives than men who are married or in a civil partnership.

<https://www.theguardian.com/society/2017/sep/07/drop-uk-suicide-rate-linked-prevention-work-england>

Suicide prevention café Newport

<http://mysuicideprevention.org/>

Other Useful Web links

- <http://www.cfps.org.uk/wp-content/uploads/Letter-to-health-overview-and-scrutiny-committees.pdf>
- https://www.local.gov.uk/sites/default/files/documents/1.37_Suicide%20prevention%20WEB.pdf
- <https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing>
- http://www.mentalhealthchallenge.org.uk/wp-content/uploads/2013/08/MentalHealthChallenge_Taskforce-briefing.pdf
- <http://www.cfps.org.uk/house-commons-health-committee-advocates-role-local-scrutiny-suicide-prevention-plans/>
- <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/300/300.pdf>
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf
- <https://www.cute-calendar.com/event/world-suicide-prevention-day/30988.html>
- <https://www.samaritans.org/media-centre/our-campaigns/world-suicide-prevention-day>
- <https://suicidepreventionlifeline.org/>