

Suicide prevention: Update paper for the Nottingham City Health Scrutiny Committee.

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1. Purpose of the paper

To provide the committee with an update on progress with the refresh of the Nottingham City Suicide Prevention Strategy. The completed strategy will be presented to the Health Scrutiny Committee along with a detailed update of progress in summer 2019.

2. Background

It is a requirement for Local Authorities to host a multi-agency suicide prevention partnership and to produce an associated strategy and action plan. A steering group that works across the city and the county has been in place for a number of years and this brings together partners from a range of organisations. These are listed below in Figure 1. Until November 2018 the partnership was organised and the meetings Chaired by Nottingham City Council's public health lead for suicide prevention (Jane Bethea). This function has now moved to Nottinghamshire County Council and the current Chair is Dawn Jenkin.

Figure 1: Membership of the Nottingham and Nottinghamshire Suicide Prevention Steering Group.

<ul style="list-style-type: none">• Public Health City and County (Chair and meeting facilitator)• Nottingham City Crime and Drugs Partnership / substance misuse commissioners• Nottingham City Coroner's Office• Nottinghamshire Police• NHS Mental Health services (Children, Young People and Adults) NHFT• CCG Mental Health Commissioners (Children, Young People and Adults)• Substance Misuse service providers	<ul style="list-style-type: none">• Quality and safety leads (CCG and NHFT)• Primary Care GP mental health leads• Network Rail• British Transport Police• East Midlands Ambulance Service• University of Nottingham (Researchers)• Student Counsellors (University of Nottingham and Trent University)• Third Sector Organisation, such as; Samaritans offering bereavement support and Harmless offering support services and workforce development
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The overarching aim of Nottingham City's current strategy is to reduce the rate of suicide and self-harm in Nottingham's population. The strategy identifies five key priority areas. These are:

Priority 1: *Identify early those groups at high risk of suicide and self-harm* and support effective interventions

Priority 2: Review of ***timely suicide and self-harm data and be informed by national and local evidence based research and practice*** in order to better understand the local needs

Priority 3: Access effective support for those ***bereaved or affected by suicide***

Priority 4: *Engage with media personnel* to agree on sensitive approaches to reporting suicide and suicidal behaviour

Priority 5: Improve the understanding and care for people at risk of suicide and self-harm through ***training of frontline staff*** to deal with those at risk of suicide and self-harm behaviour.

Progress with the refreshed strategy

The current strategy covered the period 2015-2018 inclusively. The process of refreshing the strategy began in August 2018 and the first step was to evaluate the existing strategy, using an adapted World Health Organization tool. This process has been led by Nottingham City Council's Public Health team and it has identified a number of areas for development in the new strategy. These include strengthening use of specific measures and outcomes within the action plan, ensuring a focus on evaluation of specific initiatives and revisiting the groups identified as being 'at-risk'.

In addition to completing the evaluation, Public Health have also updated the strategy to reflect changes in national policy and new knowledge generated through high quality research. The data has also been updated to reflect both the national and local picture in relation to self-harm and suicide.

It has for some time been an ambition of the suicide prevention partnership to develop a robust system that would allow agencies such as the police, health and the Local Authority to share data and information relating to suspected suicides. This formed part of the current strategy action plan, aligned to priority two: *Review of timely suicide and self-harm data and be informed by national and local evidence based research and practice in order to better understand the local needs.*

This approach is known as Real Time Surveillance (RTS) and it facilitates access to timely data to both support the identification of patterns or themes and also to help partners identify possible opportunities for initiatives aimed at preventing future suicides. RTS can also facilitate the provision of support to those bereaved by suicide.

To date the partnership have found it difficult to achieve this ambition, at least in part as it would require some additional funding to support infrastructure and development. However, an opportunity arose for the partnership to apply for funds from NHS England that would support development of a Nottinghamshire wide RTS system. If successful, developing, implementing and evaluating this approach would need to be a key priority of the strategy.

The partnership will know if this application has been successful in late March 2019, and as such a decision has been made to pause the strategy refresh process until this decision is known. As such it is anticipated that a final full draft for consultation will be completed in April 2019 and the completed strategy will be presented to Health Scrutiny in summer 2019 (date to be confirmed).

Dr Jane Bethea.

Consultant in Public Health and previous Chair of the Nottingham and Nottinghamshire Suicide Prevention Steering Group.

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