

Redditch Borough Council  
Overview and Scrutiny Committee

**Scrutiny Task Group:  
June 2019 to June 2020**

**Investigation into Suicide  
Prevention**

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## **FOREWORD**

Suicide is a major issue for society and a leading cause of years of life lost. In 2018 there were 6507 deaths in the United Kingdom where the cause was identified as suicide. For each life lost there are long lasting consequences for close friends and family members who in turn are at greater vulnerability to long term psychological illness and suicide themselves.

There are also significant economic impacts. It is estimated that the economic cost of each death by suicide of someone of working age is £1.67 million<sup>1</sup>.

Premature death by suicide is preventable and evidence shows that the delivery of a comprehensive prevention strategy is effective in reducing rates of premature death. The Task Group has investigated suicide prevention policy with a particular focus on the Worcestershire Suicide Prevention Plan. Members considered the actions which make up the plan, the links between public health and the delivery of services by the Clinical Commissioning Group and the resources available for residents in Redditch in need of support due to mental health issues.

I would like to dedicate this scrutiny report in memory of the late Mike Lewington. As well as contributing to this review as a witness, he generously gave his time and energy in the support of others always standing up for people in their time of need and giving a voice to people who were not heard especially those who fought a battle with mental illness.

My thanks go to the task and finish group for kindly agreeing to dedicate this report in his name.

With the world now coming to terms with Covid 19 the effects on our mental health and well-being work around mental health could not be more important.

Thank you once again to the committee and Sarah Sellers for their immense support and to all the contributors named in this report.



**Councilor Debbie Chance - Chair of the Suicide Prevention Scrutiny Task Group**

**Task Group Members**



**Cllr Joe Baker**



**Cllr Anne Isherwood**



**Cllr Anthony Lovell**



**Cllr Nyear Nazir**



**Cllr Mark Shurmer**

## **SUMMARY OF RECOMMENDATIONS**

### Recommendation 1

#### Suicide Prevention Awareness and the Council's Equalities Strategy

That the Redditch Borough Council Equalities Strategy should reflect the Council's commitment to suicide prevention and supporting good mental health, and that in producing the updated version of the Equalities Strategy for 2020 to 2024 objectives and actions should be included to cover the following:-

- a) That officers continue to publicise messages around positive mental health to staff and promote opportunities to participate in training and events.
- b) That officers develop the signposting information available on the intranet to support staff in being able to signpost either service users or colleagues to the relevant support services.
- c) That officers mark suicide prevention awareness day in September 2020 including using this as an opportunity to promote the work of local groups that support suicide prevention.
- d) Recognising that not all staff may undertake the Mental Health First Aid training, that officers arrange for some alternative web based training resources to be provided for staff, to be aimed at those working in front line posts.

#### Financial Implications:

#### Legal implications:

No legal implantations save that the updating of the Council's Equalities Strategy will be in compliance with the provisions of the Equalities Act 2010

## Recommendation 2

Support to local voluntary sector organisations around improving promotion of their organisations

- a) That officers from the Communications Team work with the Partnership Manager to identify local voluntary sector organisation which offer support around mental health and wellbeing and/ or promote suicide prevention.
- b) That the organisations identified be invited to participate in workshop training sessions to be provided by the Communications Team to help them to better publicise the support and services their organisations provide through use of social media and other publicity.

Financial Implications:

Legal implications:

Voluntary organisations should acknowledge that the Council will be providing information / training on the skills required for promoting their organisation but the content of any such promotions will rest with the organisation in question.

## Recommendation 3

Publicising the findings of the Task Group

Given that suicide prevention work is carried out by multiple agencies and stakeholders, that officers be tasked with publicising the outcome of the Task Group in the Wellbeing in Partnership Newsletter and by giving details of the findings to the Worcestershire Suicide Prevention Plan Partnership Group (sub-group of the Health and Well-being Board).

Financial Implications:

None

Legal implications:

None

## **1. Introduction**

Responsibility for suicide prevention programmes sits with upper tier authorities (as explained in chapter 3 on page 10) and is not a direct responsibility of councils at district level. However, all tiers of local government have a part to play and the proposal for this Task Group was prompted by members concerns over rates of death by suicide in Redditch and wanting to understand more about this complex subject.

At the outset of the investigation the Task Group started by looking at steps currently being taken by the Council, and was able to identify that the Council is already supporting good mental health for its own staff and in the wider community through a number of existing channels.

- Mental health is one of the priorities of the Redditch Partnership. The Council is one of the members of the partnership together with a wide range of other stakeholders including the local Clinical Commissioning Group, Worcestershire County Council and the local voluntary network. The partnership provides a forum where the members can share information, collaborate their work on priorities identified and co-ordinate deployment of resources.
- The Council has set up an online directory known as the “Knowledge Bank” which lists information and contact details for public, voluntary and community organisations in Redditch. In the context of mental health, the Knowledge Bank enables information about different services being provided, by statutory bodies and by voluntary organisations to be shared.
- The Time to Talk initiative is now well established within the Council having been first introduced in 2014. Monthly Time to Talk events are held using different formats and at different venues to enable staff across the organisations to be involved.
- In 2019 the Council introduced Mental Health First Aid Training for staff. This involves staff attending a two day training course which covers a range of issues around mental health awareness and strategies to provide support. The programme includes specific training on suicide prevention. The Task Group was informed that 52 members of staff had attended the training (as at March 2020) and feedback from those who had received the training was very positive.

## 2. Statistics

In considering statistics the Task Group looked at national data and at the figures for the County of Worcestershire and Redditch as a Borough.

### **Key trends from the Office of National Statistics for 2018**

- In 2018 there were 6507 deaths by suicide registered in the UK
- Around 75 per cent of registered deaths in 2018 were among men
- The highest suicide rate in the UK was for men aged 45 to 49
- Male rates remain around 3 times higher than female rates
- The figures for 2018 showed an increase in rates among the under 25s

Nationally the overall trend since the early 1980s is one of a gradual decline in the rate of suicide for the population as a whole.

The figures for 2018 did indicate an increase compared to the figures for 2017 when there were 5821 deaths by suicide registered in the UK. Suicide rates do fluctuate on a year to year basis and it is too early to say whether the latest increase represents a change in the recent trend.

Whilst the full reasons for this increase cannot be identified, the Task Group received information from Public Health that the figures may be affected by changes to the way in which deaths by suicide were being recorded by coroners.

From July 2018 the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the civil standard of “balance of probabilities”; previously the criminal standard of “beyond all reasonable doubt” had been applied.

It was anticipated that this change would have an impact on the number of deaths recorded as suicides going forward as it was likely that there had previously been some under reporting with some cases being recorded instead as “undetermined”.

The 2018 statistics show that males continue to account for three quarters of suicide deaths, and that this peaks among the middle aged (45 to 49 years). It is

thought that higher rates of suicide rates among middle aged males might be because this group is more likely to be affected by economic adversity, alcoholism and isolation together with being less inclined to seek help.

Suicide rates for women remain significantly lower than for males. In 2018 the female age group most greatly affected was women aged 45 to 49 years.

The statistics are expressed as the rate of deaths per 100,000 population. The overall rate for the UK in 2018 was 11.2 deaths per 100,000 population and in 2017 was 10.1 per 100,000 population. For England the rates were 10.3 per 100,000 population in 2018 and 9.2 per 100,000 population in 2017.

Members were provided with a summary of the relevant statistics for death by suicide for Redditch and Worcestershire by the Public Health team at the County Council, with the figures based on the data available at that point in time (up to and including 2017).

#### **Key Data for Worcestershire and Redditch**

- On average one person dies each week as a result of suicide in Worcestershire.
- Worcestershire has similar suicide rates to England with an average of 55 deaths per year (10.8 per 100,000 population for 2015-2017).
- Males in Worcestershire are three times more likely to die by suicide than females. The male suicide rate is higher than the national average; the female rate is lower than the national rate.
- Residents aged 25 to 44 have the highest suicide mortality rate.
- The statistics for Worcestershire show a higher than average rate of deaths amongst those in skilled trades occupations.
- The location of two prisons in Worcestershire contributes to a higher overall suicide rate. When prisoner deaths are excluded from the analysis for the latest period, the suicide rate decreases to 10.0 deaths per 100,000 population.
- In Redditch for the three year period from 2015 to 2017 there were 26 deaths by suicide or undetermined intent.
- 84% of the registered deaths in Redditch in this period were among men.
- Redditch residents generally have a higher rate of death by suicide than the England average.

At its meeting on 27<sup>th</sup> August 2019, the members of the Task Group discussed the statistics for Worcestershire and Redditch in more detail with Rachael Leslie from the Public Health Team.

It was explained that trends are more difficult to identify at district level due to the small data sets available and that for this reason the data is considered in bands covering periods of three years. The most recent data for Redditch considered by the Task Group covered the 3 year period from 2015 to 2017.

Redditch generally has a higher suicide/undetermined death rate than other areas of Worcestershire and England as a whole and this is likely to be because the population is made up of a higher number of people who are at a greater risk of suicide.

National data identifies that men, divorced people and people living in deprived areas are at a greater risk of suicide, and it has been documented that there is a link between deprivation and suicide.

In terms of deaths by suicide in Redditch, the Task Group were advised that those in lower socio economic groups were at greater risk, as were men who were middle aged.

Breaking this down further, underlying factors relating to relative poverty would include insufficient income to pay for basic needs, living in poor housing and lack of belonging and self-esteem. It is thought that this group also suffer further disadvantage from being less likely to seek help from health professionals or to ask for support.

As already noted, underlying factors for middle aged men include relationship breakdown, financial insecurity and lack of support, particularly for the self-employed.

The Task Group learnt that based on current statistics the risk of death by suicide for those in the lowest socio economic groups is around three times higher than the risk for those in the highest socio economic group. The most recent data for Redditch showed that twice as many people who die by suicide are in the lowest socio economic group compared to the highest.

### **3. Suicide Prevention Policy and the Worcestershire Suicide Prevention Plan**

The Task Group under its third objective investigated the Worcestershire Suicide Prevention Plan.

The Task Group learnt that preventing suicide is achievable and can be brought about by direct intervention with individuals, communities and wider society. There is evidence that a comprehensive strategy is effective in reducing deaths by suicide through combining a range of interventions that build community resilience and target groups of people at heightened risk of suicide.

With regard to suicide prevention policy, this was first introduced in England in 2002. The current policy background was established in 2012 when the coalition government published “Preventing Suicide in England: A cross government outcomes strategy to save lives.”

In a move to broaden the approach to suicide prevention, the report included commitments from multiple departments across government, in addition to health, including education, transport, home office and work and pensions.

The aim of the strategy was described in the report as follows:

“Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This strategy is intended to provide an approach to suicide prevention that can be made across all sectors of our society.”

The key objectives in the strategy were “a reduction in the suicide rate in the general population in England and better support for those bereaved by suicide”.

Six areas for action were identified:-

- To reduce the risk of suicide in key high-risk groups.
- To tailor approaches to improve mental health in specific groups.
- To reduce access to means of suicide.
- To provide better information and support to those bereaved or affected by suicide.
- To support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- To support research, data collection and monitoring.

In terms of implementation at local level, the government’s 2012 strategy intended there to be an enhanced role for local government which had recently been given responsibility for a range of public health services (Health and Social Care Act 2012).

This resulted in upper tier and unitary authorities taking on responsibility for delivering local suicide prevention action plans through the local Health and Wellbeing Boards.

In Worcestershire the responsibility for suicide prevention sits with Worcestershire County Council and is overseen by the Health and Wellbeing Board.

As part of the Task Group investigation Members considered the Worcestershire Suicide Prevention Plan for 2018-2021 which was approved by the Health and Wellbeing Board on 27<sup>th</sup> February 2018. Members received written information from the Public Health team at the County Council and held a discussion with Rachael Leslie who is a consultant from the Public Health Team and Chair of the Suicide Prevention Steering Group.

#### **Key features of the Worcestershire Suicide Prevention Plan 2018-2021**

- The ambition of the plan is to reduce the number of suicides by at least 10% by March 2021.
- The longer term ambition is to adopt a “zero suicide” mind set in Worcestershire.
- Under the plan there are two principle objectives:-
  - To reduce the suicide rate in the general population.
  - To provide better support for those bereaved or affected by suicide.
- In addition to the six areas for action from the 2012 strategy for England, the Worcestershire plan includes 8 priority areas for action as follows:-
  - Reducing risk in men, especially in middle age.
  - Preventing and responding to self-harm.
  - Mental health of children and young people.
  - Recognition and treatment of depression.
  - People in the care of acute mental health care.
  - Tackling high frequency locations, including working with local media to prevent imitative suicides.
  - Reducing isolation through community based support and working through the third sector.
  - Bereavement support, especially for people bereaved by suicide.

In implementing the plan the Public Health Team work closely with the Clinical Commissioning Group (CCG) who have responsibility for delivery of medical services, and in conjunction with numerous other stakeholders. The Steering Group meets monthly and participants include representatives from health, children's services, the police, voluntary sector organisations and bereaved families.

The Task Group were interested to find out more detailed information about the work that was being undertaken to support the eight priority areas for action. Of particular interest were:-

#### Reducing the risk for men

Initiatives for this target group focus on breaking down the stigma around mental health problems and encouraging men to be able to talk. Examples of specific projects include:

- The Time to Change movement.
- Worcestershire Works Well (employer accreditation scheme).
- Men in Sheds (operating in some parts of Worcestershire) and Andy's Man Club (operating in other areas and aimed at men working in the construction industry).
- Worcestershire Reconnection Service which matches volunteers with local residents to combat loneliness.

#### Mental health of children and young people

Members were informed that there are a number of different resources and interventions which schools can access to promote work around suicide prevention and help children to develop resilience. The picture of what support children will actually receive from school to school is varied however, as take up depends on the individual schools choosing to access the resources. Some examples of the types of support available include:-

- Time to Change movement – schools across the County are encouraged to take this up.
- “The Blues Programme” – to support pupils to develop skills for resilience, this programme has been funded by Royal Mail and received positive feedback.
- POPYRUS is a charity set up to promote suicide prevention amongst teenagers and young adults. The charity has a scheme to promote well-being for school pupils and this has been delivered at two schools in Redditch.

There are also digital resources available through the use of apps aimed at young people such as “Healthy Minds” and “Staying Alive”.

### Bereavement Support

As already noted, research has shown that individuals who have lost a member of their family to suicide are at greater risk of suicide themselves. In Worcestershire the CCG has commissioned bereavement support from St Richard’s Hospice in Worcester. In addition to general bereavement, this covers some specialist support for families affected by death by suicide. Specialist support groups also exist as part of a network called SOBS (Survivors of Bereavement by Suicide). The local group for SOBS is based in Bromsgrove and meets monthly.

### High Risk Locations

The Members learnt that about 75% of deaths by suicide occurred at home and about 25% in public places. Public Health England (PHE) has issued guidance on tackling high risk locations and there is evidence to show that intervening in one location does not necessarily displace the problem to an alternative location. For this reason steps to restrict access are recommended under the guidance. The Task Group was informed that British Transport Police have done a lot of work around high risk locations on the rail network, including preventing access, putting up signs for the Samaritans and installing loud speakers to aid communication.

The guidance also supports increasing opportunities for human interaction in high risk locations. For example, the Members learnt about a scheme in a multi-story car park where staff had received mental health first aid training with the aim that this would enable them to interrupt and talk to anyone they may be concerned about. This had been combined with an arrangement that a nearby café would be used as a “safe place”. The staff at the café had also received mental health first aid training and would receive people brought across from the car park. The use of an informal setting was thought to be less threatening and the staff at the café would be able to signpost people on to appropriate services.

The PHE guidance also covers strategies for encouraging responsible reporting of incidents by the media and making sure that journalists are careful in the language they use and the amount of information made public. This is important because there is evidence to show that over detailed reporting of incidents can lead to a spike in attempts by people influenced by the media coverage.

Members were informed that the Public Health team was carrying out an analysis of the Worcestershire suicide data to look at place of death and this information would then inform any future interventions using the strategies in the PHE guidance.

Whilst the Suicide Prevention Plan details specific actions, Members established that there are certain key principles that underpin the whole approach to suicide prevention work, and these are:-

- Removing the stigma around suicide and encouraging greater openness
- Awareness raising
- Supporting residents to have good mental health

In terms of the differing needs of the six districts which make up the county of Worcestershire, the Suicide Prevention Plan does not provide any additional detail or actions for each specific district. It was noted by the Task Group that the Redditch Partnership had set up a plan specific to tackling suicide in Redditch and this had been in operation from 2017 to 2018. The Task Group learnt that at District level it had been hard to implement some of the actions which were more closely aligned to the public health responsibilities that sit with the County Council. Ultimately the Redditch plan had not been progressed but the main elements were picked up in the County wide plan which superseded it from February 2018.

The Task Group were advised that although the Suicide Prevention Plan does not have actions specific to Redditch, the data gathered by Public Health is used by the CCG when they make plans for the deployment of resources. In this regard there are certain resources which have been introduced in Redditch, including the opening of a Crisis Café and these are set out in more detail in the next section of the report.

#### **4. Services available in Redditch**

The Task Group under its second objective investigated the existing support services available for people experiencing depression and other mental health problems, and in particular the availability and accessibility of services for people in crisis. The Task Group heard evidence from three witnesses in this regard, two involved in the delivery of services and the voluntary sector, and one from the CCG.

##### **Role of the CCG**

The actual provision of mental health services in Redditch is the responsibility of the Clinical Commissioning Group or CCG. The local group for Redditch, NHS Redditch and Bromsgrove CCG works closely with the other two Worcestershire CCGs (NHS South Worcestershire CCG and NHS Wyre Forest CCG)<sup>ii</sup>. The CCGs are responsible for the health of the population and are tasked with working to improve health outcomes. As already mentioned, data from public health is used to identify health needs and the CCG commissions health services to be provided at community level. The organisation is clinically led by GPs and the priorities identified are used to inform strategies and spending is then allocated to implement the strategies.

##### **Summary of support available**

The most common point of access for patients seeking help with mental health problems is through their GP. Typically this is the initial point of support and treatment, and GPs can refer on for more specialist treatment if required. The majority of patients are able to be managed by their GP; only a small percentage need additional treatment.

For adults in Worcestershire (over 16 and above), the next stage is for the GP to refer the patient to “Worcestershire Healthy Minds”. This was set up a few years ago to support adults experiencing problems such as stress, anxiety, low mood and depression. The help available in the first instance includes advice and helping people to gain a better understanding of their condition. Not all issues are a medical condition and some patients will be seeking support to cope with stress caused by life events. Patients can be referred to relevant groups or courses to provide them with support.

For patients needing greater assistance, the next level is for them to be referred to a trained therapist for one to one counselling. This can be over a few sessions or over a longer period of time if required. The treatment in these cases is tailored to the individual needs of the patient.

In addition to referrals from GPs, it is possible for members of the public to make direct referrals to Healthy Minds by phone or by completing an on line referral form.

For younger people a similar service is provided which is called “Reach4Well-being”. This is aimed at 3 to 18 year olds and provides age appropriate emotional support to help to manage anxiety or low mood. The use of “apps” has also been found to be effective with young people and these are made available for this age group including one called “Bestie” which was developed in Worcestershire.

More mature teenagers may be referred to Healthy Minds instead of Reach4Well-being if that approach is felt to be more suitable for them.

When adults require more specialist intervention for example because of a history of mental health problems, or due to the seriousness of their current symptoms, they are referred to the Community Assessment and Recovery Services. For Redditch, the relevant team is based at the Princess of Wales Hospital (“POWCH”) at Bromsgrove. It is a multi-disciplinary team made up of community psychiatric nurses, social workers, occupational therapists, psychiatrists and psychologists. Although the team is based at POWCH, services are delivered locally to patients.

More specialist intervention for children and young adults is provided through the Children and Adolescent Mental Health Service, known as “CAMHS”.

With regard to crisis care for adults, this is covered by the “Crisis Resolution Service” which aims to provide a maximum 4 hour response time. Referrals are usually received from GPs, although other services such as police and ambulance service can also make referrals.

The aim of the service is to provide a rapid assessment and then arrange for appropriate treatment. Although the service is accessed by patients experiencing acute problems, it is usually possible for follow up to take place in the community and only a minority of patients would be admitted as in patients.

The Crisis Resolution Service is based in the crisis assessment centre at Worcester Royal Hospital and is available 24 hours a day to handle the most urgent referrals (the Elgar Suite). This unit had been expanded recently with additional staff so that it now has greater capacity. In addition, there is a Mental Health Liaison Service in both A&E Departments in the county, that is Worcester Royal and The Alexandra Hospitals. The service will assess the mental health of

patients attending the departments up to 10pm at night. Thereafter the Crisis Resolution Service is available.

Although the witnesses who spoke to the Task Group regarding services available for residents in Redditch were drawn from different sectors, some common themes emerged in the discussions.

#### Access to help in a crisis/ out of hours provision

With the core emergency service for mental health being based in Worcester, the Task Group noted that concerns were expressed about patients being able to access suitable advice and support in evenings or at weekends. In response to this point the Task Group were informed about plans of the CCG to open a crisis café in Redditch. At the time of the discussions with the Task Group the café was in the process of being set up and it subsequently opened in January 2020.

The Task Group learnt that the crisis café model is well established. There is evidence to show that people in a crisis did not necessarily need to see a psychiatrist or be given medication. In many situations what is needed is somewhere safe to go to and supportive staff for people to talk to.

The Task Group were informed that the CCG were intending the Crisis Café to be open 7 days a week from the evening through to the early hours of the morning. The café would not be clinically led but the staff would receive appropriate training, including training on suicide prevention. Access would be on a referral basis via the existing telephone helpline for the crisis service based at Worcester. Members were informed that the service would be reviewed after 12 months. Overall, witnesses who spoke to the Task Group were positive about the introduction of the crisis café, and it was felt that the service would provide a valuable additional resource for residents local to Redditch.

#### Links to services provided by the voluntary sector

The role of the voluntary sector in providing services to compliment “medical services” outlined above was highlighted in the discussions, with speakers in agreement that there is good provision of such services in Redditch. Some concerns were raised in relation to the reliance of these groups on volunteers, funding issues and ensuring that health professionals were aware of the full range of groups operating in their areas.

The Task Group learnt about the introduction by GPs surgeries of “social prescribing”. This is a relatively new approach whereby health professionals can refer patients to support in the community to improve their health and well-being. The support is non clinical and the aim is to connect people with a range of

services and events in their community such as walking and fitness groups, healthy cooking programmes, social groups, volunteering and gardening. Patients referred by their GPs will have a one to one meeting with a social prescriber to discuss what services might be useful to help to alleviate mental health issues. There is evidence that social prescribing can lead to a range of positive outcomes including quality of life and emotional well-being, mental and general wellbeing and levels of depression and anxiety.

#### Waiting times for treatment and access to talking therapies

The Task Group received anecdotal comments about waiting times for some forms of counselling being too long, including referrals for talking therapies. The evidence of the CCG was that waiting times are acceptable with 90% of patients referred to the Healthy Minds Service being seen within 6 weeks, and 100% within three months.

The Task Group learnt that extra funding is being committed by the CCG to talking therapies year on year. Public health data is used to inform where the additional resources can best be targeted. For example in Redditch a need for more support around patients suffering from long term physical conditions such as diabetes and chronic pain was identified. This led to extra psychological services being located at Smallwood House to link with the diabetes unit.

#### Suggestions to support suicide prevention

The speakers referred to raising mental health awareness and encouraging more open discussion about mental health problems (as already noted on page 14).

Other measures highlighted included:-

- Encouraging participation in initiatives around mental health such as Time to Talk.
- Putting good signposting in place to encourage referral to sources of support.
- The importance of training as a method to raise awareness. This could range from specialist training for managers and frontline staff to more general awareness raising sessions.
- Using specific occasions to raise awareness for example by marking mental health awareness day/ suicide prevention awareness day.
- Providing more practical support to the voluntary sector.
- Taking steps to make information about services in the community more available.

## **5. Access to means of suicide and high risk locations**

The Task Group under its sixth objective decided to look into what practical steps can be taken around reducing access to means of suicide and tackling high risk locations.

As already detailed in the section on high risk locations at page 13, Members learnt that there are models for increasing human interaction at known locations, and there are other strategies that can be used such as installing signage, changing lighting, use of specialist fencing or preventing access.

Officers were requested by the Task Group to obtain an update in relation to the footbridge at Musketts Way following discussions which had taken place with the County Council between 2016 and 2018 regarding any physical alterations which could be made at that location.

The response received back from the County Council was that the position had not changed since it was last considered in January 2018. Specifically, from an engineering perspective there was not sufficient capacity for the bridge to bear the weight of both raising the parapets and installing anti-climb mesh and as such there was no engineering option that would make any significant reduction of risk.

The raising of this issue by the Task Group did prompt some further actions to be taken by the County Council including:-

- Installation of new signage close to the bridge to give the phone number for the Samaritans.
- Installation of an additional metal barrier known as a Chevaux de Frise to prevent attempts to access the exterior of the bridge from the adjoining bank.

Although the Task Group had heard evidence regarding schemes operated by Councils in multi storey car parks to increase human interaction with the public and train staff in suicide prevention awareness, it was noted that in Redditch this would not be a scheme the Council could introduce as the Kingfisher Centre Car Parks are operated by a private company. The Task Group was informed that officers from Public Health were intending to pursue this further in direct consultation with the Kingfisher Centre.

## **6. Conclusions and consideration of recommendations**

In deciding what recommendations to put forward, the Task Group focussed on the following issues which had been highlighted in the evidence:-

- Awareness Raising and reducing the stigma around death by suicide
- Training
- Support to the Voluntary Sector
- Support for those bereaved by suicide

In the final session on 11<sup>th</sup> February, Members also held discussions with officers from the Equalities Team and the Communications Team to work through some of the potential proposals.

Those discussions were helpful in highlighting the steps the Council is already taking to promote good mental health for example by sending out communications internally and externally to promote events and activities by using social media. Within the Council the Communications Team has promoted events such as Time to Talk and an initiative in January 2020 to beat the January blues. For external communications the use of hashtags has been a successful method to get coverage on social media platforms, for example #LoveParks.

### **Recommendations 1 and 2**

#### **Awareness Raising and reducing the stigma around death by suicide**

Members considered various ideas around awareness raising, including ways to promote suicide prevention throughout the organisation and awareness raising in the wider community. There was an overlap in these discussions between awareness raising and training (see below). On the issue of awareness raising, the Task Group was keen to build in some actions around one of the dates in the year when mental health issues are recognised, such as Mental Health Awareness Day or Suicide Prevention Day.

Following consultation with officers it was established that the most appropriate policy area which could reflect commitment to suicide prevention within the Council would be through the Equalities Strategy. The current strategy which is due to be updated in 2020 is made up of broad objectives with more specific actions supporting each of the objectives. Members were advised that the strategy sets the Council's objectives internally for staff and also impacts on shaping areas where the Council can support the wider community. Following discussion about incorporating some of the key themes from the Task Group into the Equalities Strategy the wording below (which covers both awareness raising and training) was agreed as recommendation 1:-

**That the Redditch Borough Council Equalities Strategy should reflect the Council's commitment to suicide prevention and supporting good mental health, and that in producing the updated version of the Equalities Strategy for 2020 to 2024 objectives and actions should be included to cover the following:-**

- a) That officers continue to publicise messages around positive mental health to staff and promote opportunities to participate in training and events.**
- b) That officers develop the signposting information available on the intranet to support staff in being able to signpost either service users or colleagues to the relevant support services.**
- c) That officers mark suicide prevention awareness day in September 2020 including using this as an opportunity to promote the work of local groups that support suicide prevention.**
- d) Recognising that not all staff may undertake the Mental Health First Aid training, that officers arrange for some alternative web based training resources to be provided for staff, to be aimed at those working in front line posts.**

### Training

Members welcomed the introduction of the Mental Health First Aid Training for Council employees. They were impressed by the depth of the training, which included a section on suicide prevention, and by the positive feedback the training had received from staff. However, Members were mindful that this level of training might not be appropriate for all staff and were keen to find a balance whereby some other forms of training and awareness raising could be made available to staff. Members emphasised in particular that front line staff would in their opinion benefit from learning more about mental health issues and having access to additional information.

The Task Group noted that the Mental Health First Aid Training programme was due to be reviewed in March 2020 and further development of that programme would be dependent on the outcome of that review. In the meantime, the Task Group discussion led to a number of ideas being identified to enable staff to receive training including promotion of any external training opportunities such as participating in recent training which was arranged by the County Council Public Health Team (see Recommendation 1 a).

Officers advised that there were on-line training and awareness resources available from organisations specialising in suicide prevention and Members were supportive of further work being done to promote some of these links to

staff and to improve signposting to such resources. It was noted that this linked into the Mental Health First Aid training which promoted the importance of signposting those who might be having mental health problems to support services that could help them. These points were incorporated into Recommendations 1 b and 1 d.

Finally, the idea of focussing awareness raising on a specific date was included in Recommendation 1 c with regard to officers observing Suicide Prevention Awareness Day in September 2020.

### Support to the Voluntary Sector

It was noted during the course of the investigation that a significant amount of support is currently provided by voluntary sector organisations. This covers a wide range of services from community organisations that run group activities and social groups to combat social isolation and depression, through to more specialised groups such as those supporting bereaved families or providing awareness training around suicide prevention.

Members of the Task Group acknowledged that support in terms of financial assistance was not an option available due to budgetary constraints, and discussions focussed on other types of assistance. It was established that assistance to help voluntary organisations to obtain external funding would already be in place in 2020 through the Council's VCS Grants Co-ordinator and liaison with Bromsgrove and Redditch Network (BARN).

Linking the two ideas of support and awareness raising led to a proposal that assistance could be offered to voluntary organisations with developing social media strategies and to help them to improve the promotion of their own organisations. It was proposed that this could be achieved by the Communications Team holding workshop events for interested VCS organisations. Members welcomed this suggestion and the following wording was agreed for Recommendation 2:-

### **Support to local voluntary sector organisations around improving promotion of their organisations**

- a) That officers from the Communications Team work with the Partnership Manager to identify local voluntary sector organisation which offer support around mental health and wellbeing and/ or promote suicide prevention.**
- b) That the organisations identified be invited to participate in workshop training sessions to be provided by the Communications Team to help them to better publicise the support and services their**

**organisations provide through use of social media and other publicity.**

#### Support for those bereaved by suicide

At the request of Members, officers contacted the local branch of the support group for relatives bereaved by suicide SOBS (Survivors of Bereavement by Suicide) based in Bromsgrove. The organisation confirmed that there was not really scope for a separate group to be established in Redditch; usually groups were well spaced out geographically and the other element of setting up a group was that it would have to be led by a person who had been bereaved by suicide themselves. The Chair of the Bromsgrove group stressed that residents living in Redditch would be very welcome to attend the meetings in Bromsgrove which are held monthly at Finstall.

#### **Recommendation 3**

During the course of the investigation one of the features of suicide prevention work that came across was the large number of different organisations which are involved and the challenges of maintaining communication on this subject between different stakeholders. The report hopefully provides a picture of how the different agencies and services are inter related and pulls together information from a range of sources. It also focuses on the importance of suicide prevention. As such the Task Group felt that it was important that the outcome of the review be shared and this led to the proposal of Recommendation 3.

#### **Publicising the findings of the Task Group**

**Given that suicide prevention work is carried out by multiple agencies and stakeholders, that officers be tasked with publicising the outcome of the Task Group in the Wellbeing in Partnership Newsletter and by giving details of the findings to the Worcestershire Suicide Prevention Plan Partnership Group (sub-group of the Health and Well-being Board).**

## APPENDIX 1

### Scrutiny Proposal Form

(This form should be completed by sponsoring Member(s), Officers and / or members of the public when proposing an item for Scrutiny).

**Note:** The matters detailed below have not yet received any detailed consideration. The Overview and Scrutiny Committee reserves the right to reject suggestions for scrutiny that fall outside the Borough Council's remit.

Proposer's name and designation	Councillor Debbie Chance	Date of referral	March 2019
Proposed topic title	Suicide Prevention Short, Sharp Review		
Link to local priorities including the strategic purposes	<p>This links to the RBC Strategic Purpose of "Help me to live my life independently (including health and activity)."</p> <p>Also links to the following strategies adopted by the Worcestershire Health and Well-Being Board</p> <ul style="list-style-type: none"><li>• Suicide Prevention Plan 2018 -2021 (adopted in 2018)</li><li>• Joint Health and Well-being Strategy 2016-21.</li></ul>		
Background to the issue	<p>My attention was drawn to the suicide rate in Redditch as a result of information circulated when the Overview and Scrutiny Committee was considering sexual health issues in Redditch.</p> <p>I was disheartened and concerned to see that Redditch had one of the highest suicide rates in the County of Worcestershire; I had not been aware previously that this was the case.</p> <p>Mental health problems, including depression, seem to be increasing and in my work as a nursing assistant I come across people looking for help, including sometimes people who are in crisis. As premature death by suicide is preventable I am really interested to find out more about the situation as it affects the residents of Redditch and what could be done to try to improve the situation and reduce the suicide rate.</p> <p><u>Policy background</u></p>		

	<p>In 2012 the need to establish local suicide prevention plans was set out in national strategy in the government publication “Preventing Suicide in England: a cross government outcome strategy to save lives in 2012” and is incorporated in the NHS “Five year forward view for mental health”. In Worcestershire the issue falls under the remit of the Worcestershire County Council Health and Well Being Board, and in February 2018 the Board adopted the 2018 to 2021 Suicide Prevention Plan.</p> <p>Research has shown that having a prevention strategy can be effective in reducing suicides. The overall aim of the Worcestershire Suicide Prevention Plan is to reduce the number of suicides and to provide better support for those bereaved by suicide. Some specific sectors of the community who are at higher risk have been identified as priority groups including young and middle aged men and people in the care of the mental health services.</p>
<p>Key Objectives Please keep to SMART objectives (Specific, Measurable, Achievable, Relevant and Timely)</p>	<ol style="list-style-type: none"> <li>1. To analyse the current levels of premature death by suicide in Redditch and clarify the factors that have resulted in Redditch having a higher rate of suicide.</li> <li>2. To assess the existing support services available for people experiencing depression and other mental health problems, and in particular the availability and accessibility of services for people in crisis.</li> <li>3. To investigate the aims and objectives of the Worcestershire Suicide Prevention Plan, and the practical steps that are being taken to achieve the “action plan priorities”.</li> <li>4. To research steps taken by other councils to address suicide prevention.</li> <li>5. To review what steps could be taken to raise awareness of sources of support around suicide prevention</li> <li>6. To consider what practical steps can be implemented around reducing access to means of suicide and tackling high risk locations.</li> </ol>

	<p>7. To identify any additional action that the Council could take to help with the reduction of premature death by suicide in the Borough.</p>
<p>How long do you think is needed to complete this exercise? (Where possible please estimate the number of weeks, months and meetings required)</p>	<p>Estimated time for this task group is 4 to 5 meetings over a 3 month period starting from the end of May / early June 2019.</p>

**Please return this form to: Jess Bayley or Amanda Scarce, Democratic Services Officers, Redditch Borough Council, Town Hall, Walter Stranz Square, Redditch, B98 8AH**

**Email: [jess.bayley@bromsgroveandredditch.gov.uk](mailto:jess.bayley@bromsgroveandredditch.gov.uk) / [a.scarce@bromsgroveandredditch.gov.uk](mailto:a.scarce@bromsgroveandredditch.gov.uk)**

## **APPENDIX 2**

### **Acknowledgements**

The group would like to thank the following people for providing evidence during the course of their review:

Helen Broughton, Redlich Partnership Manager  
Laney Walsh, Lead officer for Time to Talk and Unison Branch Manager  
Rachael Leslie, Public Health Consultant Worcestershire County Council  
Mike Lewington, MHAG (Mental Health Action Group)  
Detective Inspector Gareth Lougher, Police Mental Health Lead for Worcestershire (West Mercia Police)  
Jenny Dalloway, CCG Mental Health Commissioner  
Anne-Marie Harley – RBC Communications Manager  
Emily Payne – RBC Equalities Officer

## **APPENDIX 3**

### **Background papers**

Office for National Statistics - Suicides in the UK: 2018 registrations  
Office for National Statistics - Suicides in the UK: 2017 registrations  
Briefing Paper CBP 08221 House of Commons Library – Suicide Prevention: Policy and Strategy  
Worcestershire County Council Health and Well Being Board: Report dated 27<sup>th</sup> February 2018 attaching the Worcestershire Suicide Prevention Plan 2018 to 2021  
HM Government Preventing Suicide in England: A cross government outcomes strategy to save lives  
Public Health England: Preventing suicides in public places (November 2015)  
Worcestershire County Council JSNA Briefing on deaths from suicide and undetermined intent August 2019

## **APPENDIX 4**

### **Declarations of Interest**

No declarations of interest were made during the course of the Task Group meetings.

## **APPENDIX 5**

### **Timeline of Activities**

<b>Date</b>	<b>Task Group Activity</b>
27/06/19	Scoping meeting.
23/07/19	Discussion with Helen Broughton, Redditch Partnership Manager.
27/08/19	Meeting to consider statistical data regarding suicide rates in Redditch, Worcestershire County Council Suicide Prevention Strategy, National Strategies for Suicide Prevention and further information regarding Musketts Way Bridge.
10/09/19	Discussion with Laney Walsh (Unison branch manager).
24/09/19	Discussion with Rachael Leslie, Public Health Consultant from Worcestershire County Council and Chair of the Worcestershire Suicide Prevention Plan Partnership Group.
22/10/19	Discussion with Mike Lewington of Mental Health Action Group (MHAG)
12/11/2019	Discussion with Detective Inspector Gareth Lougher, Police lead for Mental Health for Worcestershire.
28/11/2019	Discussion with Jenny Dalloway ( CCG Mental Health Commissioner)
17/12/2019	Consideration of draft recommendations
11/02/2020	Further consideration of draft recommendations including feedback from officers (discussion with Communications Manager and Equalities Officer).

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<sup>i</sup> Department of Health ([SPR0110](#))

<sup>ii</sup> From April 2020 the three Worcestershire CCGs merged with the Herefordshire CCG to form one single body named “ NHS Herefordshire and Worcestershire CCG”