



To: All Members of the Health Liaison Panel

Dear Councillor,

**HEALTH LIAISON PANEL - THURSDAY, 23RD NOVEMBER, 2023 , Council Chamber
- Epsom Town Hall**

Please find attached the following document(s) for the meeting of the Health Liaison Panel to be held on Thursday, 23rd November, 2023.

3. **SUICIDE PREVENTION: A LOCAL PICTURE OF EPSOM AND EWELL –
PRESENTATION SLIDES** (Pages 3 - 22)

Speaker: Nanu Chumber-Stanley (Public Health Lead - Suicide Prevention & Public Mental Health Training – Surrey County Council Public Health Team)

4. **DRAFT SUICIDE PREVENTION ACTION PLAN – PRESENTATION SLIDES**
(Pages 23 - 32)

Speaker: Rachel Kundasamy (Community Development Manager, Epsom and Ewell Borough Council)

For further information, please contact democraticservices@epsom-ewell.gov.uk or tel: 01372 732000

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sing'.

Chief Executive

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SURREY
COUNTY COUNCIL



**Epsom and Ewell
Suicide Prevention, November 2023**

Wellbeing Support

Suicide is a tragic and distressing subject matter. It is likely to directly or indirectly touch many of us in our lives and have profound and long-lasting effect. This presentation talks about suicide and risk factors associated with it.

Please ensure that you protect your own safety, health and emotional wellbeing first and step away from this presentation if needed.




Small Talk Saves Lives



If you have any questions about Surrey Support After Suicide Service, we are open Mon - Fri 9am-5pm. We provide pre-arranged support sessions up to 8pm, please get in touch - we'd be delighted to hear from you!

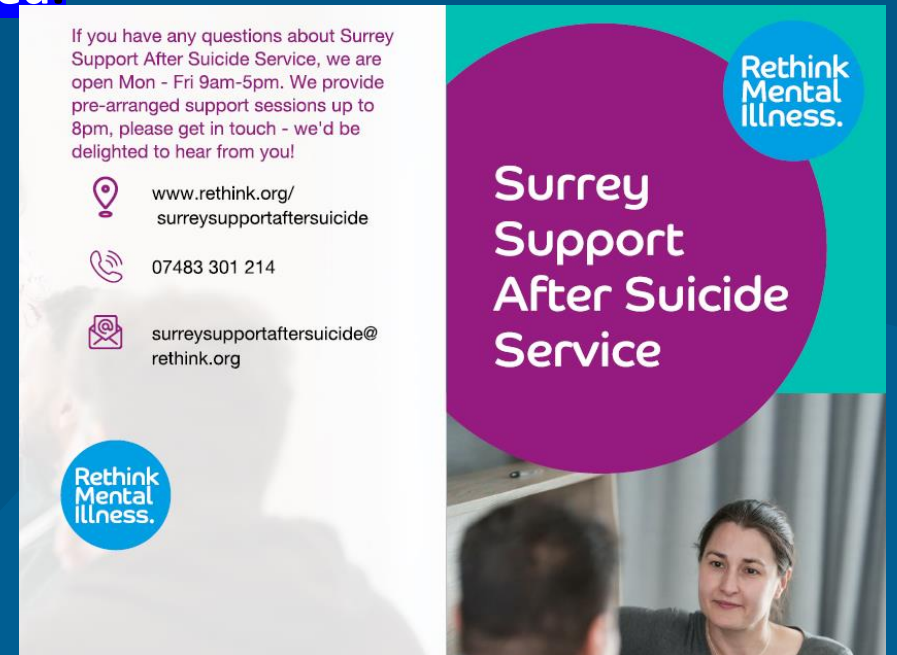
 www.rethink.org/surreysupportaftersuicide

 07483 301 214

 surreysupportaftersuicide@rethink.org



Surrey Support After Suicide Service



Language and reducing stigma

Source: [Language-guide-for-talking-about-suicide.pdf \(shiningalightonsuicide.org.uk\)](https://shiningalightonsuicide.org.uk/language-guide-for-talking-about-suicide.pdf)



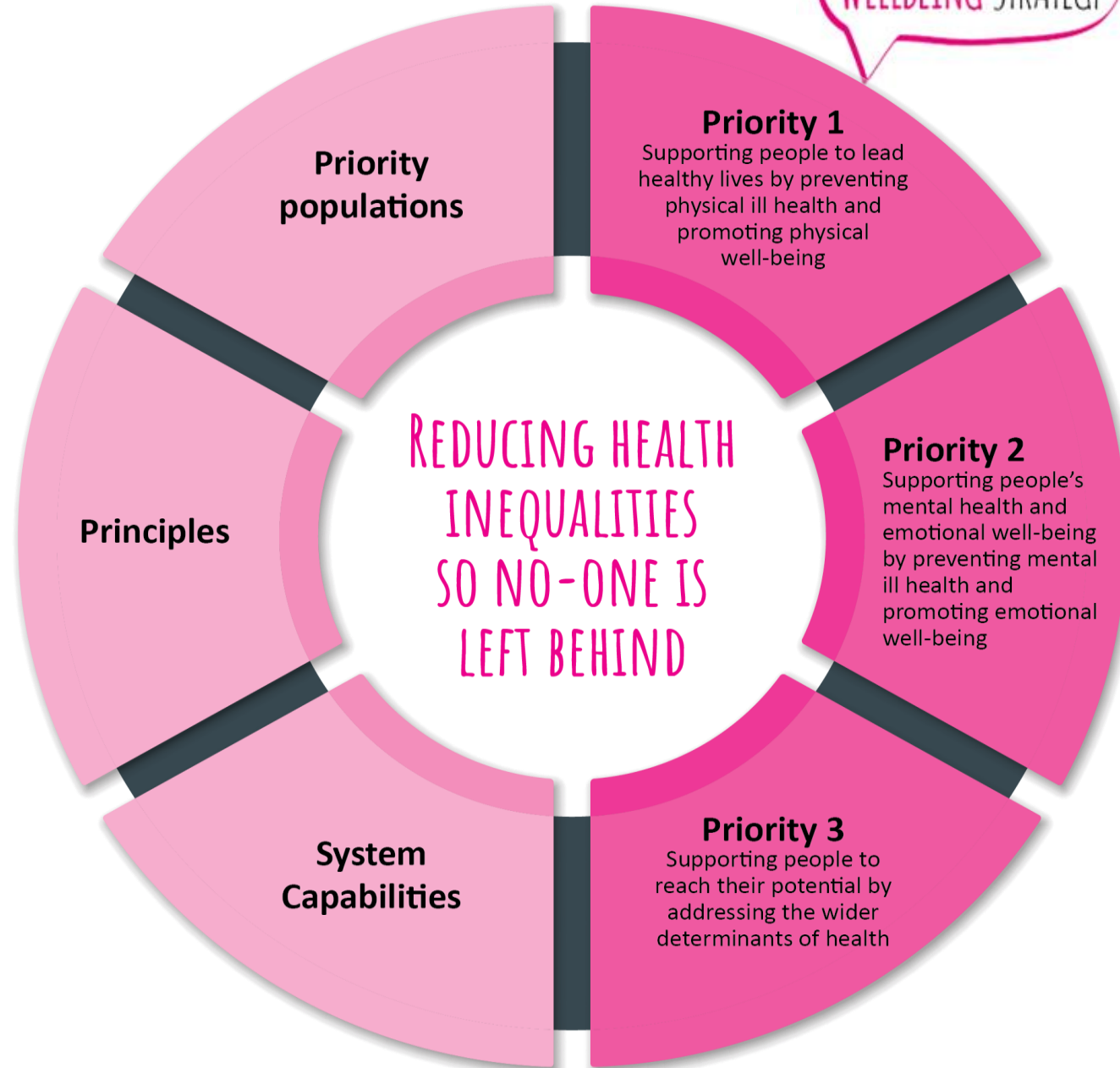
SURREY
COUNTY COUNCIL

Don't say	What to say	Why
Committed suicide	Died by suicide Death by suicide Suspected suicide	<ul style="list-style-type: none">Using the word 'commit' implies suicide is a sin or crime, it has not been a crime in England since 1961.Using the word Commit reinforces the stigma that suicide is a selfish act and personal choice.Using neutral phrasing like 'died by suicide' helps remove shame or blame.
Failed suicide	Attempted suicide Suicide attempt	Saying 'failed' or 'unsuccessful' is inappropriate because it implies that the opposite would be a positive outcome.
Successful suicide	Died by suicide Death by suicide Suspected suicide	Saying 'successful' or 'completed' is inappropriate because it frames a very tragic outcome as an achievement or something positive
Cry for help	<ul style="list-style-type: none">Emotional distressNeed help and support	Suicide attempts must be taken seriously. Describing an attempt as a 'cry for help' dismisses the intense emotional distress that someone may be experiencing.

Alignment with the Health and Wellbeing Strategy

SURREY HEALTH AND WELLBEING STRATEGY

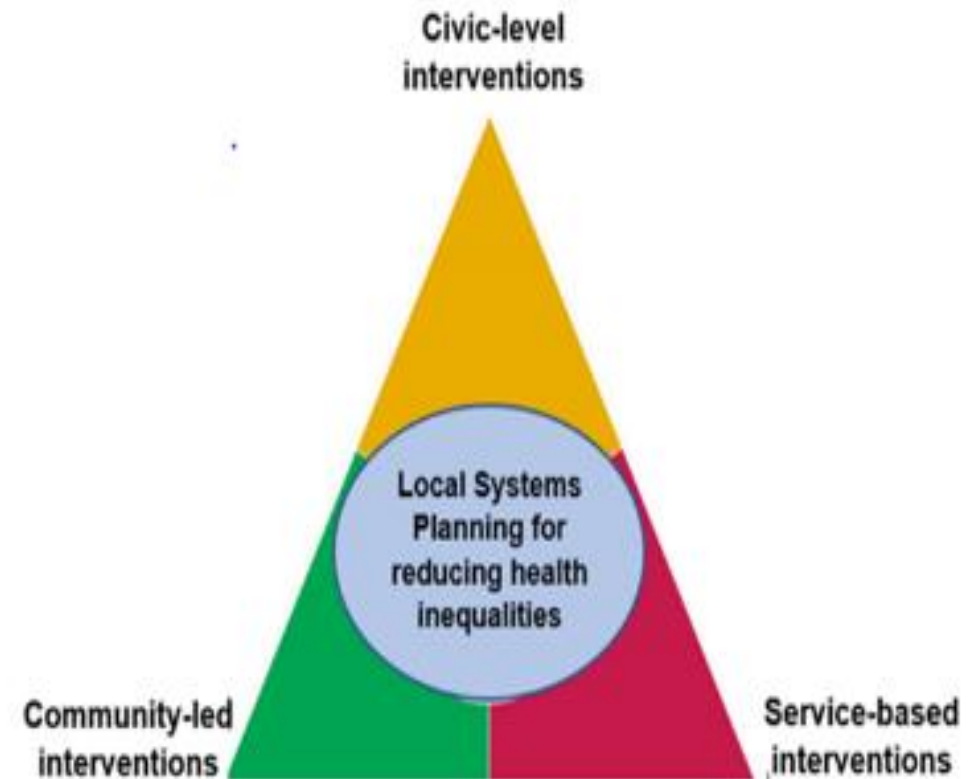
The Suicide Prevention Strategy supports delivery on Priority 2 of the Health and Wellbeing Strategy.



Highlights of the Refreshed Suicide Prevention Strategy: Population approach to achieving ambitions



- The Refreshed Suicide Prevention Strategy for Surrey adopts Surrey's Health and Wellbeing Strategy, Population Intervention Triangle.
- This is to ensure that the civic, community and service interventions are reviewed and put in place at the scale required.
- Suicide Prevention activity is population-wide and targeted to priority communities, identified through Surrey data and HWBB priority populations.
- Activities to achieve Suicide Prevention at scale include HWB Priority 2 interventions which support adults, children and young people at risk of and with depression, those with anxiety and other mental health issues access the right early help and resources, the emotional well-being of parents and caregivers, babies and children is supported. Isolation is prevented and those that feel isolated are supported and environments and communities in which people live, work and learn build good mental health.



≡ DELIVERING THE
COMMUNITY VISION FOR SURREY

High risk groups

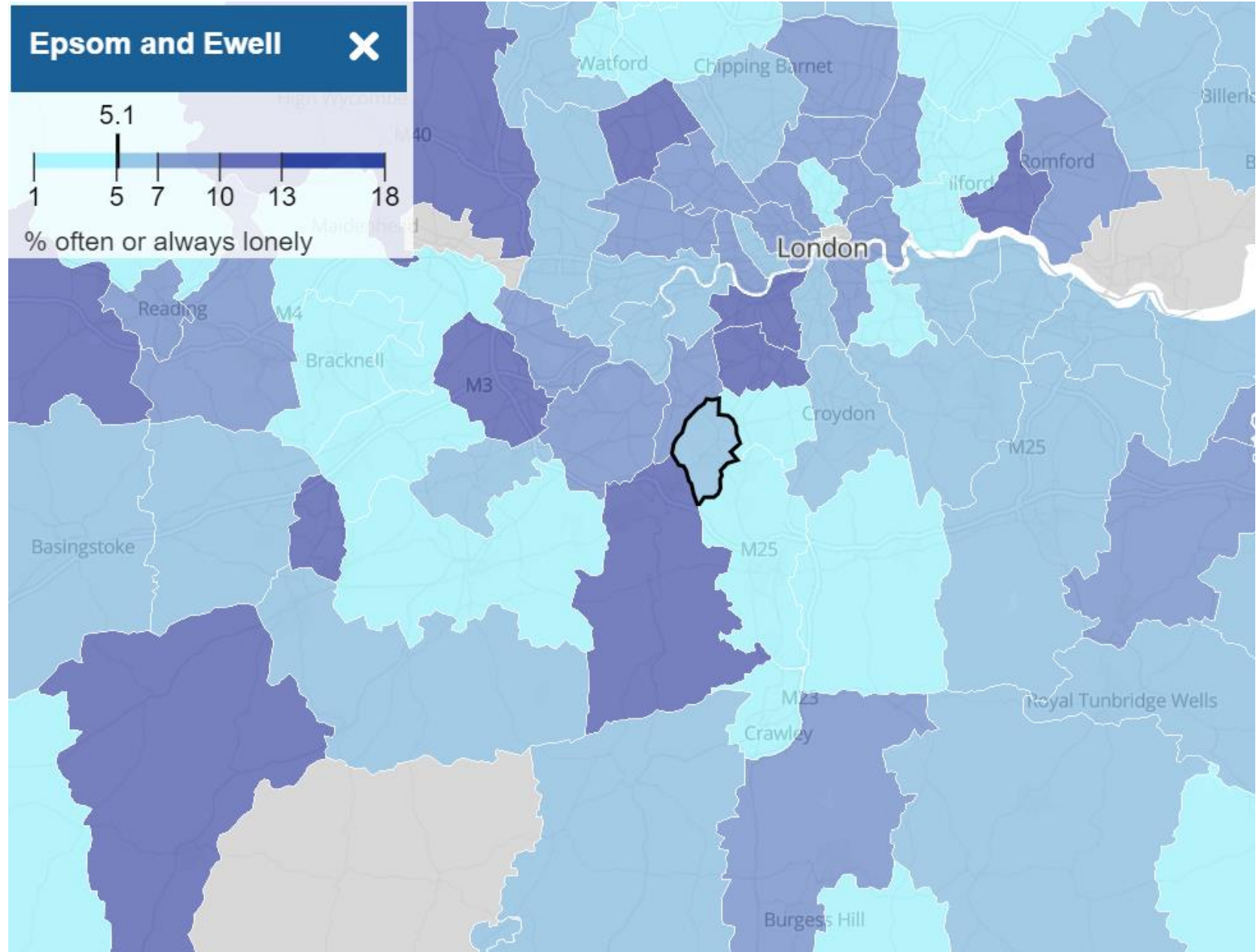
- Children and young people
- Men- all ages
- Men- 45- 64
- Older adults
- Gypsy Roma Traveller
- Armed Forces Community and Veterans
- Long term health conditions
- People with history of self-harm
- People with mental health needs
- Asylum seekers and refugees
- Neurodiversity
- Alcohol and substance use
- Perinatal mental health
- Self employed
- Sexuality / LGBTQ+
- Loneliness and isolation
- People who have been bereaved by suicide
- People who have experienced a bereavement
- Relationship issues

[Emotional and Mental Wellbeing in Surrey Adults | Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk)

Loneliness rates by local authority

Percentage reporting “often or always” feeling lonely, Great Britain, 14 October 2020 to 22 February 2021

[Mapping loneliness during the coronavirus pandemic - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)



How is suicide recorded?

Suicide standard of proof change

The standard of proof – *the level of evidence* needed by coroners to conclude whether a death was caused by suicide – was changed from the criminal standard of “beyond all reasonable doubt”, to the civil standard of “*on the balance of probabilities*” on 26 July 2018.

[NCISH | New standard of proof for suicide at inquests in England and Wales \(manchester.ac.uk\)](https://www.ncish.manchester.ac.uk/news/new-standard-of-proof-for-suicide-at-inquests-in-england-and-wales)

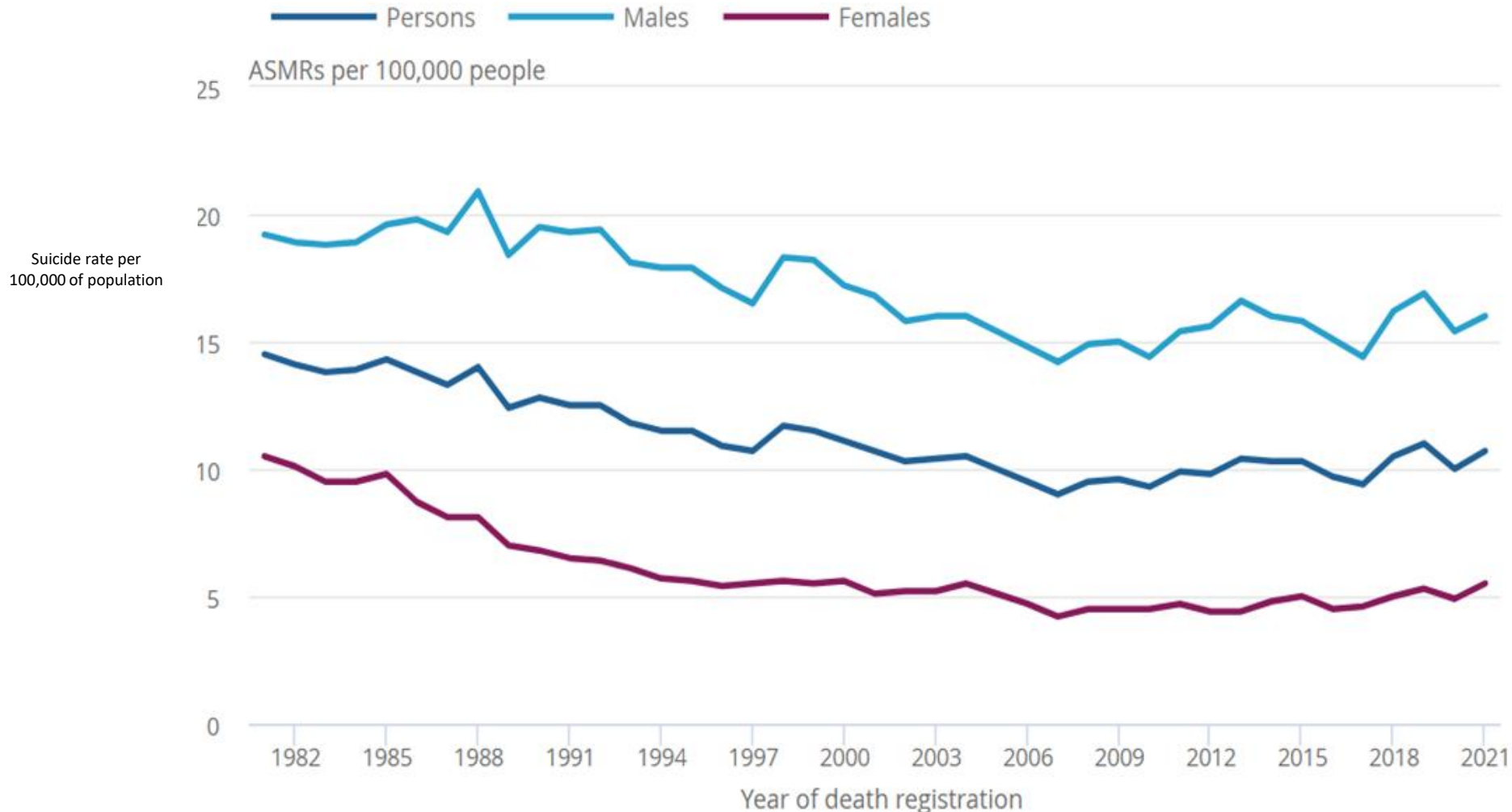
Suicide rates

The suicide rates show how many suicides there has been per 100,000 of population.

The World Health Organization and ONS determine suicide rate use the following formula: *Number of suicide deaths in a year, divided by the population and multiplied by 100 000.*

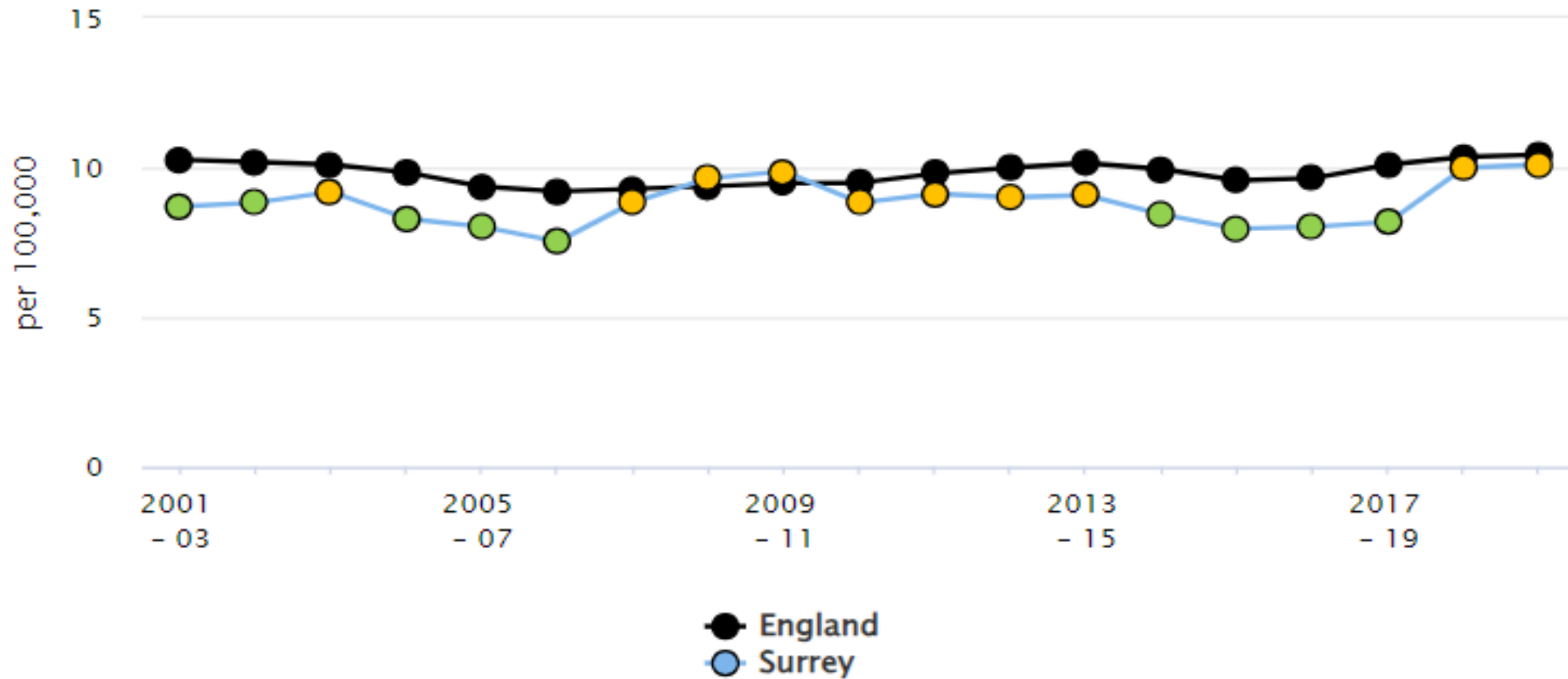
Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2021

Source: PHE fingertips



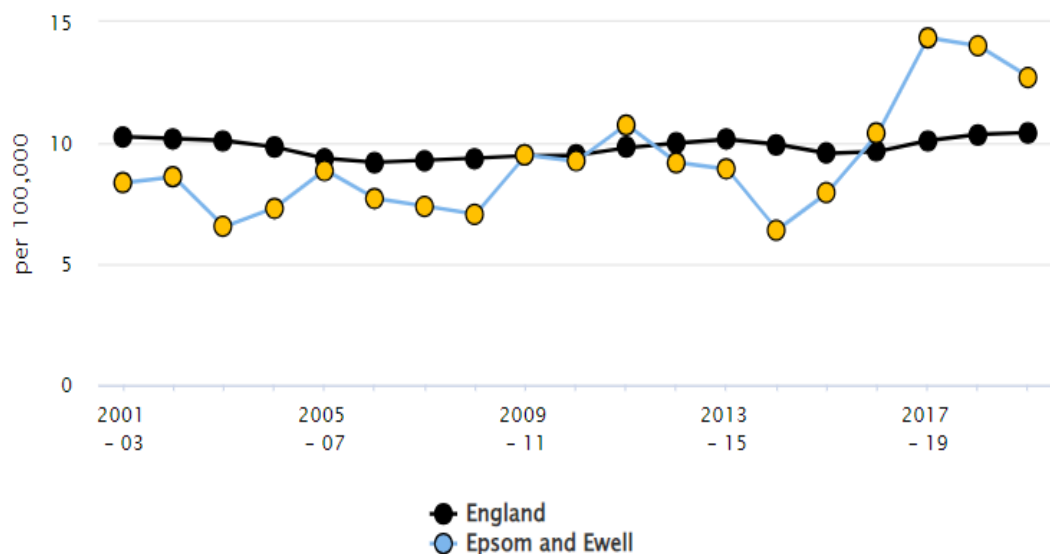
Suicide rates trend data Surrey compared to England- 2001 to 2022

Source- PHE fingertips



Suicide trend data for Epsom and Ewell 2001- 2021 compared to England per 100,000 population

Source- PHE fingertips



The rate per 100,000 of completed suicides in Epsom and Ewell has increased.

There are a number of reasons for this:

1. Standard of proof
2. The numbers are small and one suicide can change an areas suicide rate

The publicly available data is not up to data, so we need to see what the next data show.

However- one suicide is one too many

Strategy Refresh 2023: May 2023



Priority 1: Understanding suicide and attempted suicide in Surrey

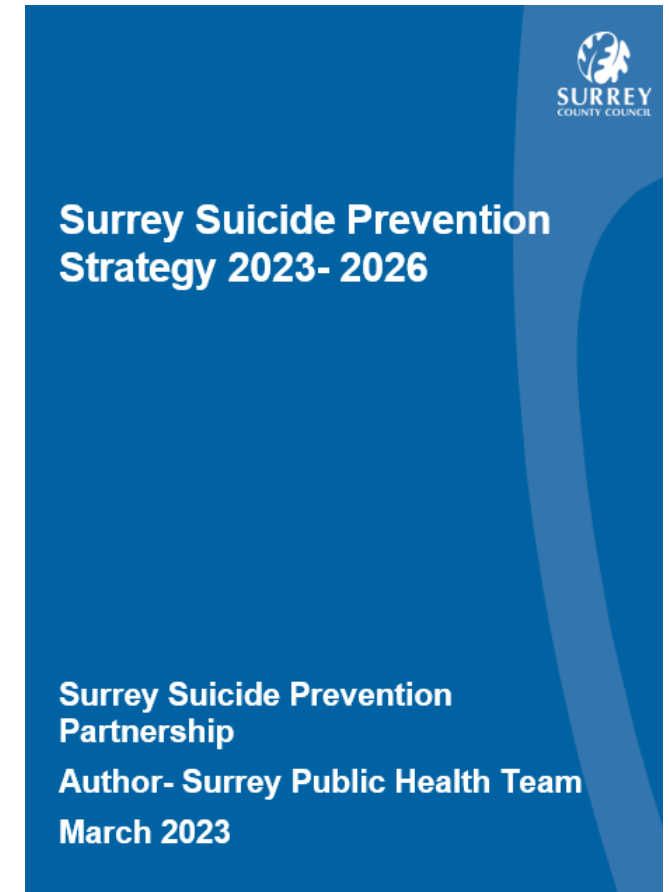
Priority 2: Tailor approaches to improve emotional wellbeing in particular groups

Priority 3: Reduce access to means by promoting suicide safer communities

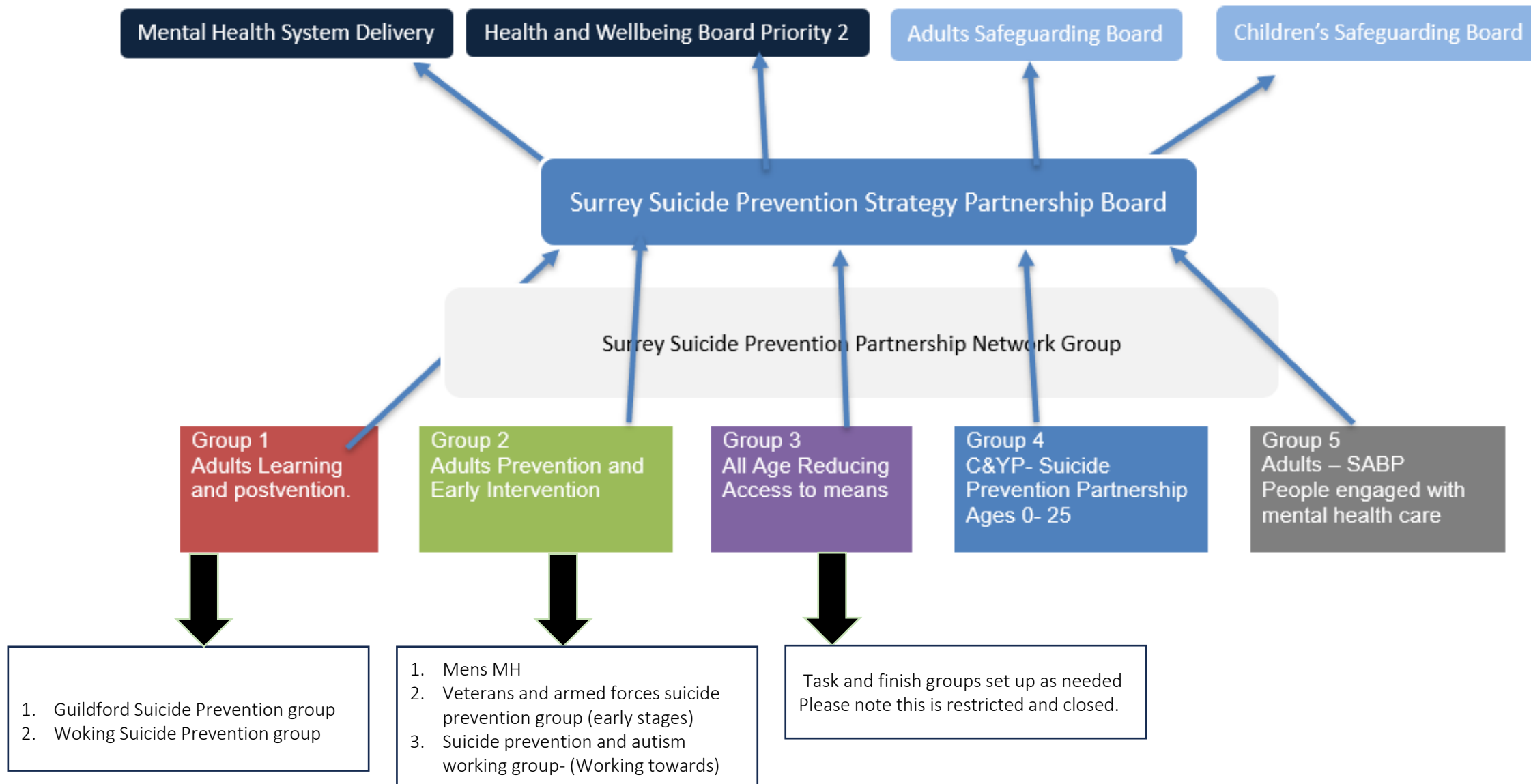
Priority 4: Reduce attempted suicide amongst children and young people

Priority 5: Provide better information and support to those bereaved by suicide

Priority 6: Prevention of suicide among identified high-risk groups particular those with known mental ill health



All Age Governance Suicide Prevention Strategy Governance Structure



Key work

Schools- Papyrus project

Targeted training for people working with high-risk groups

Mens mental health communities work

Public mental health programme

Suicide bereavement support

Real time surveillance and learning process

Partnership working

Informing commissioners of needs and gaps

Informing services of data, intelligence, learning and evidence base

Alison Todd Protocol



Commitment from partners across Surrey through a strategic signing off process



Ensure that we have a culture where we reduce stigma around mental health and suicide



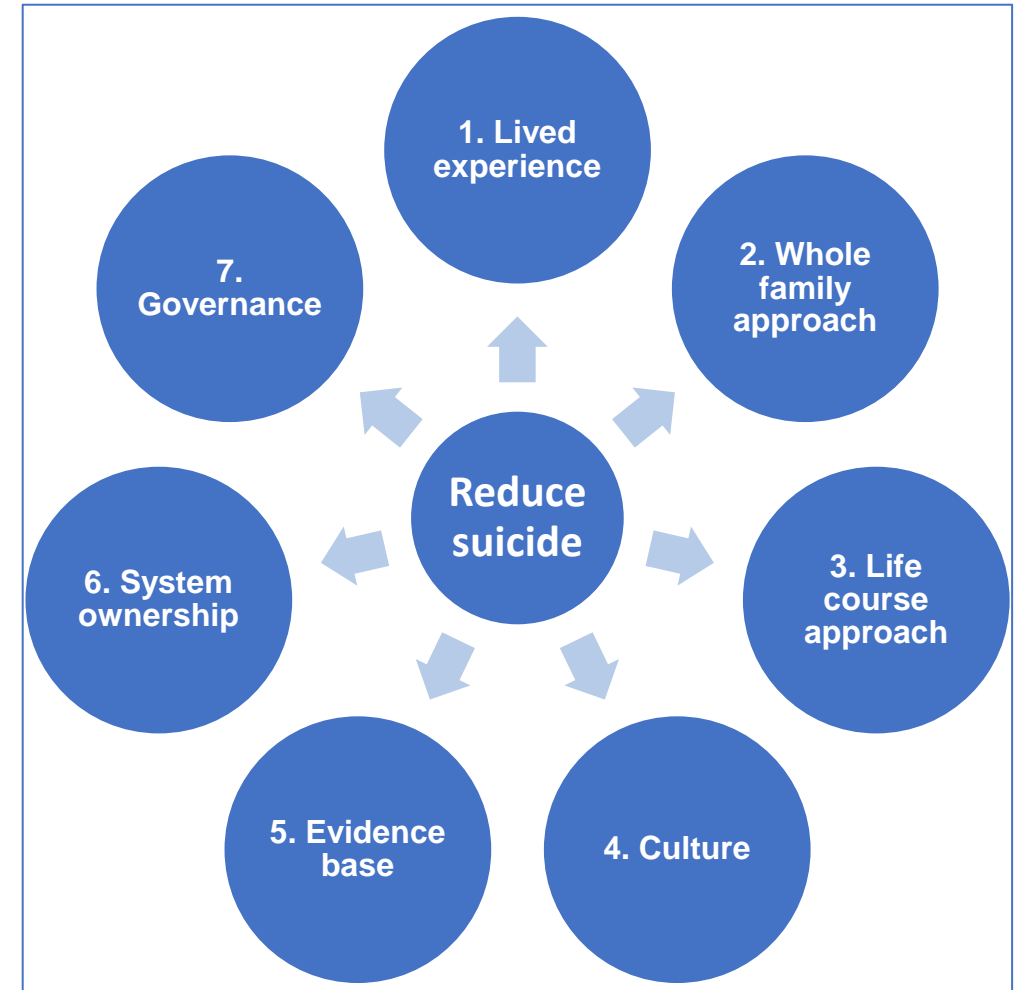
Ensure suicide prevention is embedded across all ages



Collaborate work together to reduce suicide



Data, intelligence, evidence and learning inform work



Part 1: Guidance

Ethos	Ethos details	Guidance
1. Lived experience	Ensure that lived experience is embedded across their work streams.	The suicide prevention partnership will provide feedback of lived experience. <ul style="list-style-type: none"> How is the voice of people with lived experience used to inform service improvement service development and shape new services? Commitment to listen to voice of frontline staff to escalate challenges and barriers and make it clear how these fits with the protocol
2. Whole family approach	Demonstrate how the whole family are embedded across their work streams	<ul style="list-style-type: none"> How is the voice of families used to inform service improvement service development and shape new services? How do you engage with families to ensure they are part of the care plans
3. Life course approach	How all ages and key transitions are managed and support across the service	<ul style="list-style-type: none"> How do you support people all different ages?
4. Culture	4a. Demonstrate that stigma of suicide is addressed and embedded across organisation	<ul style="list-style-type: none"> If possible, could you get a baseline of attitude and understanding of suicide. Completion of stigma training % of staff.
	4.b. Demonstrate workforce development around mental health awareness, suicide prevention awareness and trauma informed care.	<ul style="list-style-type: none"> Is mental health awareness training mandatory in your organisation? If no, would you consider making mental health awareness training mandatory for all staff who consent* to attending the training? Is suicide prevention awareness training mandatory in your organisation? If no, would you consider making suicide prevention awareness training mandatory for all staff who consent* to attending the training? <p>*We recognise that not everyone wants to or feels able to attend mental health and suicide prevention training</p>
	4.c. Demonstrate how staff wellbeing is supported	<ul style="list-style-type: none"> Please attach your workplace health policy/ plan

5. Evidence base	5.a. All partners must carry out learning around serious self-harm, attempted suicide and suicide.	<ul style="list-style-type: none"> Please describe the current learning process that is used in your organisation. Demonstrates how this learning is joined up with the Surrey wide system. Information on links with learnings from suicide prevention from the Partnership membership and commitment to communications with their organisations Would your organisation be willing to be part of a Surrey suicide database?
	5.b All partners must demonstrate how evidence is used to shape and inform suicide prevention work	<ul style="list-style-type: none"> Please demonstrate how your organisation will use up to date research, evidence based practise, local data and intelligence to inform your suicide prevention work.
6. System ownership	Demonstrate how's your organisation works with the Surrey suicide prevention partnership groups.	<ul style="list-style-type: none"> All partners will be required to develop a local suicide prevention action plan within three months of the strategy being published. Please describe how you will be working with the suicide prevention partnership group?
7. Governance	Demonstrate the governance set up in your organisation to support the delivery of suicide prevention.	Please describe the governance process your organisation to ensure thought suicide prevention is embedded at a strategic level and across key boards in your organisation
Crisis response- if relevant	Have local crisis response plans and a pathway for people who present with suicidal ideations and suicidal behaviours.	<ul style="list-style-type: none"> Do you have a local crisis pathway for people accessing your services? If yes, please can you share this

Protocol document- what it looks like

Part 2: Partner assurance

Please use the below table to demonstrate how you meet this protocol. Please attached/ embed documents as appropriate.

Organisation name:	
Directorate:	
Strategic lead for suicide prevention and email address	
Operational contact for suicide prevention and email address	
Date- completed	
6 month review date	

Area	What we do now	The gaps	How we will address this within first 6 months of strategy
1. Lived experience			
2. Whole family approach			
3. Life course approach			
4. Culture			
5. Evidence base			
6. System ownership			
7. Governance			
Crisis response			

Alison Todd Protocol

The ask.....

1. Complete template
2. Identify gaps
3. Get signed off by leadership
4. Submit to PH
5. Work with Ph to develop a local suicide prevention plan

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2. Whole family approach			
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4. Culture			
5. Evidence base			
6. System ownership			
7. Governance			
Crisis response			

Support from Public Health- suicide prevention



Data, intelligence
and evidence
base



Share learning



Support with
prevention
work



Consultancy on
mental health
and suicide
prevention
training



Targeted
training offer



Identify
opportunities



Partnership
working across
Surrey

Next steps



Aligning Surrey strategy with new national strategy that was launched September 2023



2024- engagement



2024- Publishing updated strategy

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Suicide Prevention Draft Action Plan

Health Liaison Panel, November 2023



Introduction to the Suicide Prevention (Draft) Action Plan

In March 2023, a recommendation was made at the HLP for a Suicide Prevention Action Plan (SPAP)

The plan will draw on the 6 priorities identified in Surrey's Suicide Prevention Strategy in recognition that the factors pertaining to suicide remain consistent across the County

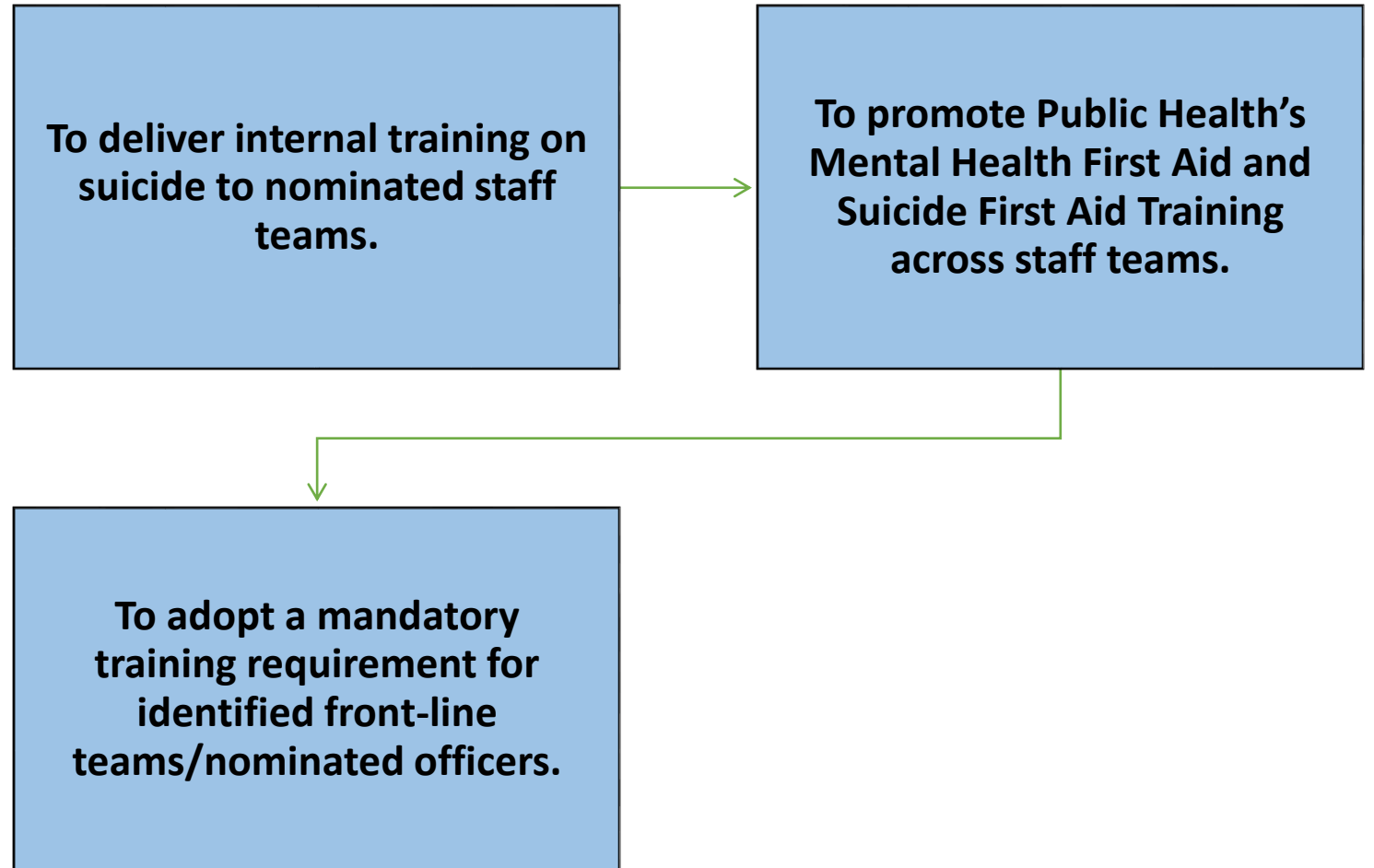
It is accepted that the plan will evolve over time as more information comes to light. It will therefore only span one-year to allow a timely review.

SPAP reflects Priority 4 in the Council's Health & Wellbeing Strategy for supporting the '*Mental and Emotional Health of Residents*'

Action

1. To improve the Council's awareness, and response to Suicide.

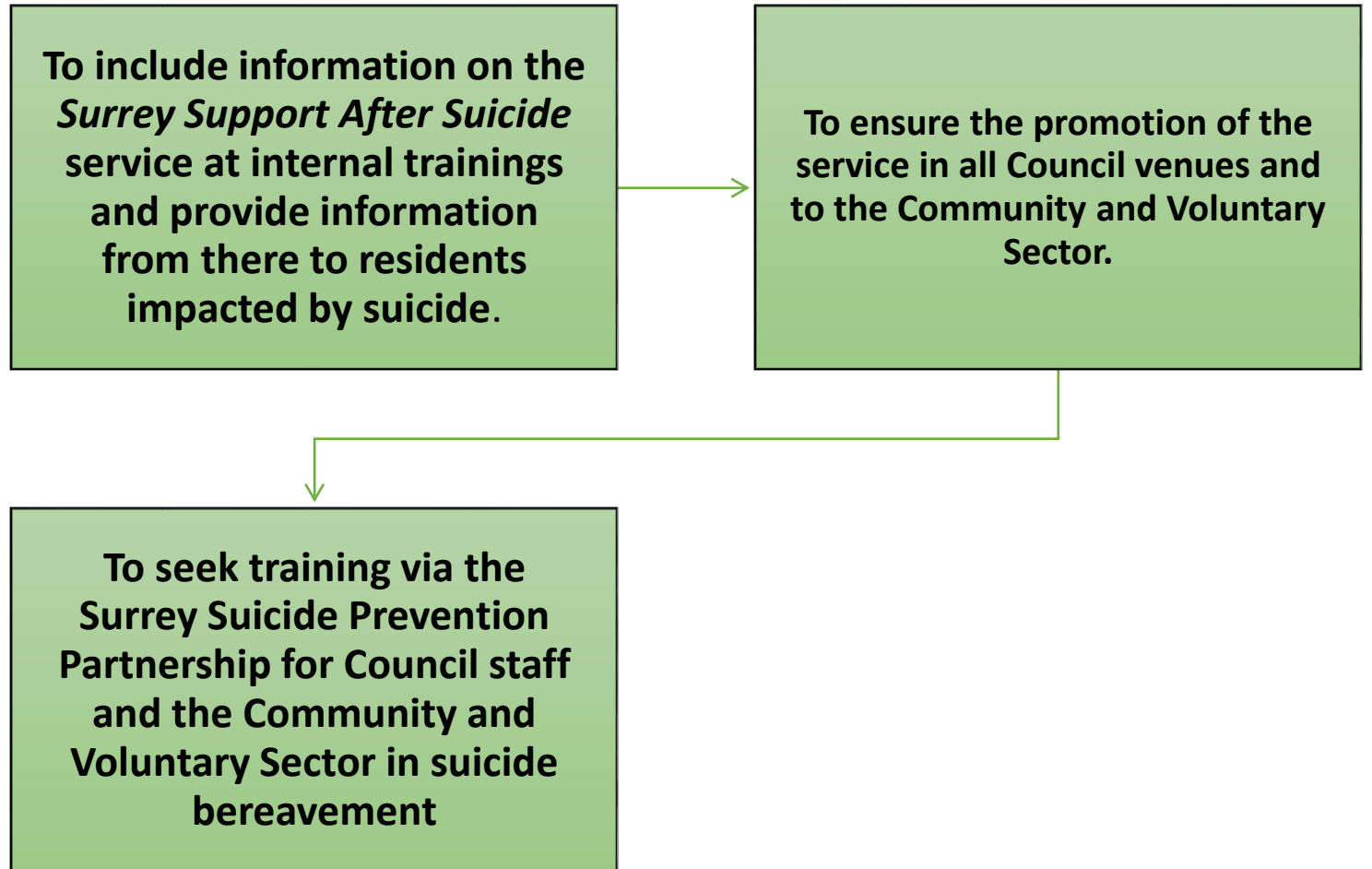
Areas of work



Action

2. To raise awareness of suicide bereavement across the Council and the community.

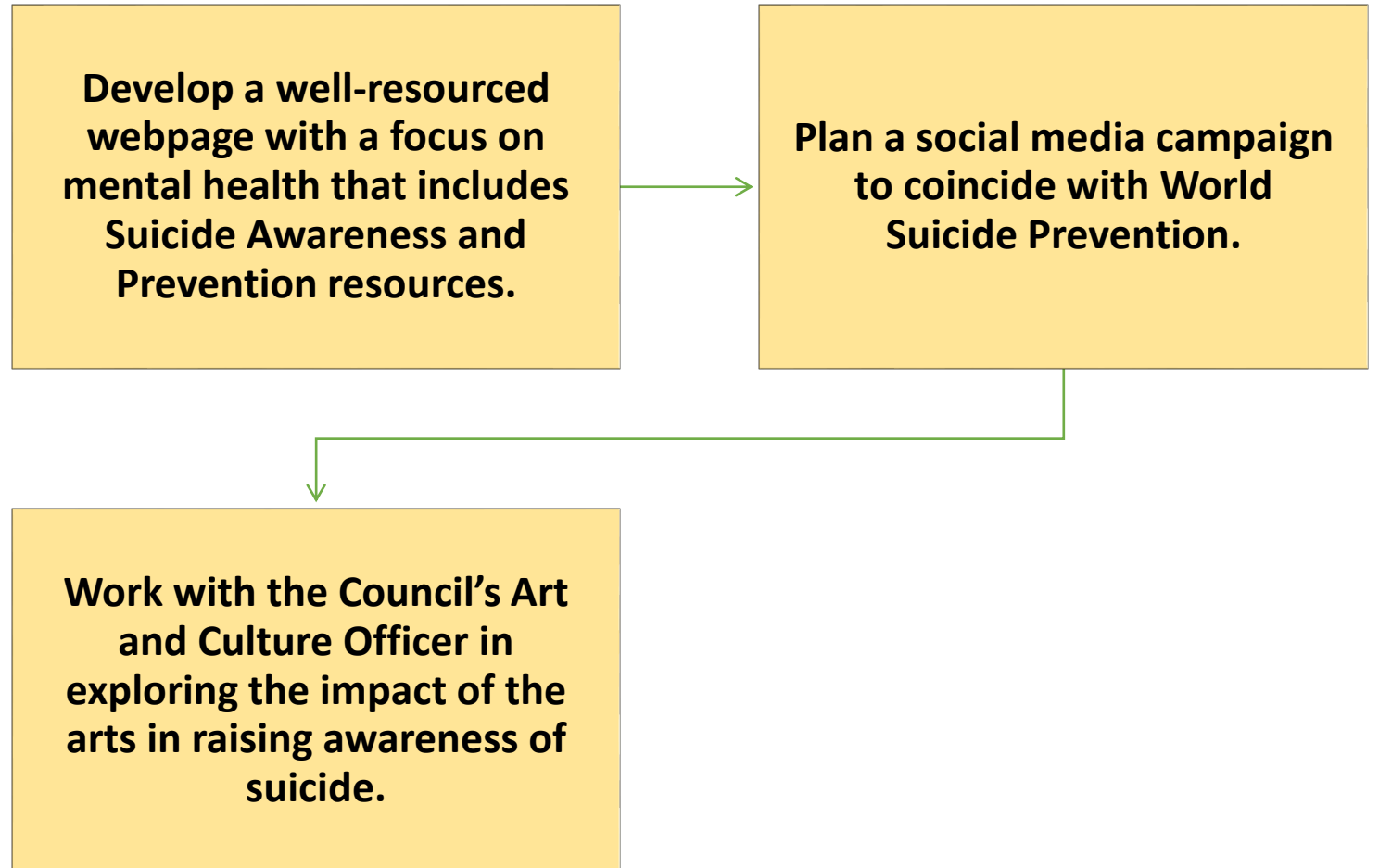
Areas of work



Action

3. To improve the Council's active participation in raising awareness of suicide in the wider community.

Areas of work



Action

4. To work with End Stigma Surrey in the roll-out of Anti-stigma training.

Areas of work

To promote Anti-stigma training across Council, Community and Voluntary Sector, Businesses and Health Partners.

Action

5. To work with Public Health and the Surrey Suicide Prevention Partnership in understanding data from the Real Time Surveillance.

Areas of work

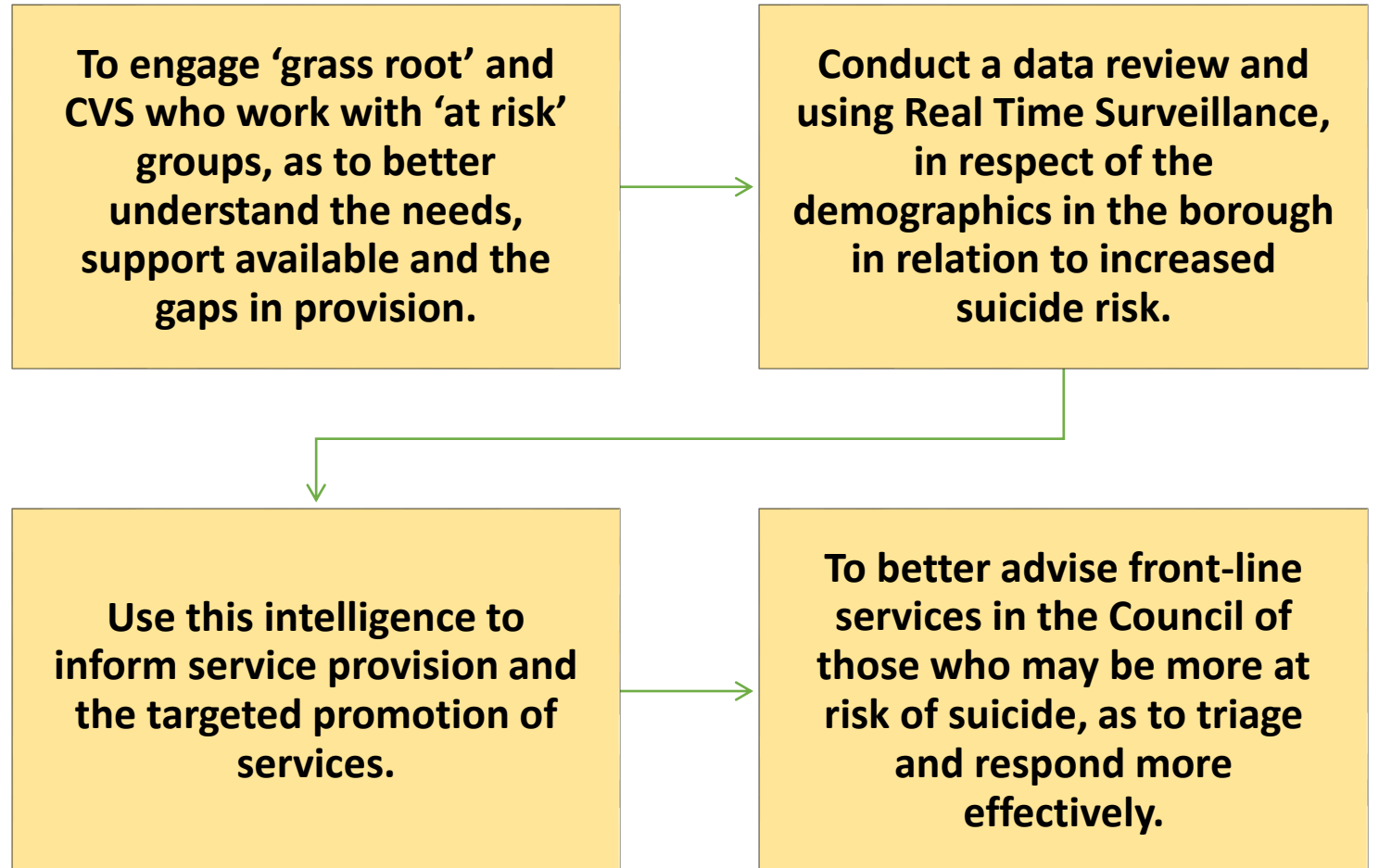
To work with identified partners to better understand 'real time' contributing factors/hotspots for suicide in the Borough.

Utilise intelligence to inform service provision in relation to hotspots.

Action

6. To work to improve the Council's awareness, provision and response to those communities identified as being at increased risk.

Areas of work



Action

7. To improve the Council's response to trauma, and the mental health needs of Refugee and Asylum seekers in the Borough.

Areas of work

Front-line Council staff and identified partners to enrol on trauma informed support training.



Commission training in undertaking a trauma-informed approach to support, and the application of techniques.

For the Health Liaison Panel

- Questions
- Views, comments and suggestions
- Alison Todd Protocol
- Work of our external D&B colleagues in relation to Suicide Prevention

rkundasamy@epsom-ewell.gov.uk

12-noon Monday 27th Nov