

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 8 October 2019

Subject: Suicide Prevention Update

Report of: Director of Population Health, Nursing and Safeguarding,
Manchester Health and Care Commissioning

Summary

This report provides the Committee with an update on the paper on suicide prevention submitted in December 2017 and specifically reports progress on the delivery of the local suicide prevention plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2025.

This report provides information on:

- The national and local strategic context of suicide prevention.
- Key trends, facts, figures and risk factors relating to suicides in Manchester.
- A summary of key areas of activity contributing to suicide prevention.
- Progress on delivery of specific actions within the local plan.
- Development of a refreshed plan for 2020 – 2025.

Recommendations

The Committee is asked to:

1. Note the contents of the report;
 2. Consider the multiple factors that impact upon suicide rates; and
 3. Provide feedback and ideas to support the refreshed plan for 2020 – 2025.
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Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	For every life lost to suicide, the estimated total cost to the economy is around £1.67 million. This includes costs to public services and the impact of bereavement on others such as loss of earnings and mental health impacts.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Action to prevent suicide supports the wellbeing and potential of individuals and communities through the promotion of good mental wellbeing and encouraging people to talk about suicide and reduce the stigma.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Report to Manchester Health Scrutiny Committee - December 2017

Cross Government Workplan on Suicide

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf

Manchester Joint Strategic Needs Assessment Report on Suicide

http://www.manchester.gov.uk/downloads/download/6672/adults_and_older_peoples_jsna_-_suicide_prevention

1.0 Introduction

- 1.1 Every suicide is an individual tragedy and a loss to society and one suicide is one too many. When someone dies by suicide the shock is felt by families, friends, neighbours, colleagues and professionals. Suicide, in contrast to other bereavements can bring silence and stigma which can amplify the impact on those left behind. As well as the huge social and emotional costs the economic costs are considerable - it is estimated that the cost of a completed suicide is £1.67m and a significant proportion of this relates to the impact of the bereavement on others, for example, lost earnings and mental health impacts.
- 1.2 Whilst people who are in the care of Mental Health Services are at increased risk of suicide, the majority of those who take their own lives have not been in contact with mental health services within the previous 12 months. Sometimes suicides occur without warning. This means that a broad-based approach that recognises the role that communities, organisations and individuals play in preventing suicide is essential.
- 1.3 There is much interest and commitment from a range of agencies and organisations across sectors in the city and Greater Manchester in contributing to preventing suicides that can be harnessed. Suicides are not inevitable. There are many ways in which services, communities, individuals and society can help to prevent suicides.

2.0 Defining and reporting suicide

- 2.1 Deaths from suicide are identified from death registrations. Registration of deaths is made following a coroner's inquest, when a conclusion is given.
- 2.2 The Office for National Statistics (ONS) definition of suicide includes deaths given an underlying cause of intentional self-harm or injury / poisoning of undetermined intent. Since 2016 the definition has been revised to include deaths from intentional self-harm in children and young people aged 10 - 14 years (deaths of undetermined intent continue to not be included). The numbers in this young age group are very low and have not had a significant impact on the age-standardised rates of suicide.
- 2.3 Previously, coroners and juries have applied the criminal standard to suspected suicides, meaning they had to be "sure" that someone had taken their own life. However, appeal court judges ruled in May this year that the civil court standard can be applied and therefore coroners and juries and only have to be satisfied that it was "more probable than not" that someone had deliberately killed themselves. This is expected to lead to more deaths being concluded as suicide, which may have an impact on reported rates and trends.

3.0 Strategic context for suicide prevention work

3.1 National strategic context

3.1.1 In 2012, the government published the cross-government National Suicide Prevention Strategy, which was updated in 2017. In January 2019, it published its first cross-government work plan to support the delivery of the National Suicide Prevention Strategy. The focus of this plan includes:

- Using social media and the latest technology to identify those most at risk.
- Improving data held on causes of death among veterans.
- A greater focus on addressing the increase in suicide and self-harm among young people including asking social media companies to take more responsibility for online content that promotes methods of suicide and self-harm.

3.1.2 This work plan has been informed by the 2016 Health Select Committee inquiry into Suicide Prevention that heard a range of evidence and made recommendations.

3.1.3 A new minister for Suicide Prevention was announced in October 2018 who will oversee the implementation of the cross-government workplan. In addition, the NHS Long Term Plan confirms commitment to reducing suicides by 10% by 2020/21. This was highlighted in the Five Year Forward View for Mental Health published in 2016 which states that 'reducing suicides will remain an NHS priority over the next decade'. Specific commitment is made to providing 24/7 access to crisis support via the NHS 111 service and expanding specialist perinatal mental health services so that more women who need it have access to the care they need from preconception to two years after the birth of their baby.

3.1.4 In October 2016 Public Health England (PHE) published detailed guidance to support local authorities to establish a suicide prevention partnership, develop a local action plan and use data and evidence effectively.

3.1.5 NICE guidelines on suicide prevention in community and custodial settings were published in September 2018.

3.1.6 In October 2018, the Centre for Public Scrutiny published guidance for effective scrutiny of local strategies to prevent or reduce suicide.

3.1.7 In October 2018, the National Collaborating Centre for Mental Health published three parallel frameworks that describe the various activities that need to be brought together to support people who self-harm and/or are suicidal. The frameworks target those working with:

- children and young people (from 8 years upwards)
- adults and older adults (from 18 years upwards)
- the public (community and public health)

3.2 Greater Manchester Suicide Prevention

3.2.1 A Greater Manchester Suicide Prevention Strategy was endorsed by the Greater Manchester Health and Social Care Strategic Partnership Board in February 2017. Actions within the strategy are organised around six key objectives:

- All ten Boroughs (and Greater Manchester as a whole) will achieve Suicide Safer Communities Accreditation (the 'nine pillars of suicide prevention') by 2022.
- Mental Health Service Providers will incorporate the national requirement of a zero suicide ambition within their respective suicide prevention strategies and continue to work towards the '10 key ways for improving patient safety'.
- We will strengthen the impact and contribution of wider services.
- We will offer effective support to those who are affected or bereaved by suicide.
- We will develop and support our workforce to better assess and support those who may be at risk of suicide.
- We will use the learning from evidence, data and intelligence to improve our plan and our services.

3.2.2 The Greater Manchester Strategy is being overseen by the Greater Manchester Suicide Prevention Executive Group. Manchester is represented on the group and will continue to support the strategy both through the delivery of our local plan and leadership in project work at a Greater Manchester level.

3.2.3 A Greater Manchester Suicide Prevention Programme Manager has been appointed to coordinate and provide leadership to the work of the ten local authorities.

3.2.4 A public facing Greater Manchester campaign 'Shining a Light on Suicide' has been created and launched along with a digital platform to provide information for those experiencing suicidal thoughts, concerned for another or who are bereaved by suicide. The digital platform also includes an opportunity to access free online suicide prevention training. To date approximately 9,500 people have completed the training. Further information can be found at www.shiningalightonsuicide.org.uk The training has been promoted to Manchester City Council staff and with partner organisations and an example of the information leaflet is provided as Appendix 1.

3.3 Manchester Suicide Prevention Partnership

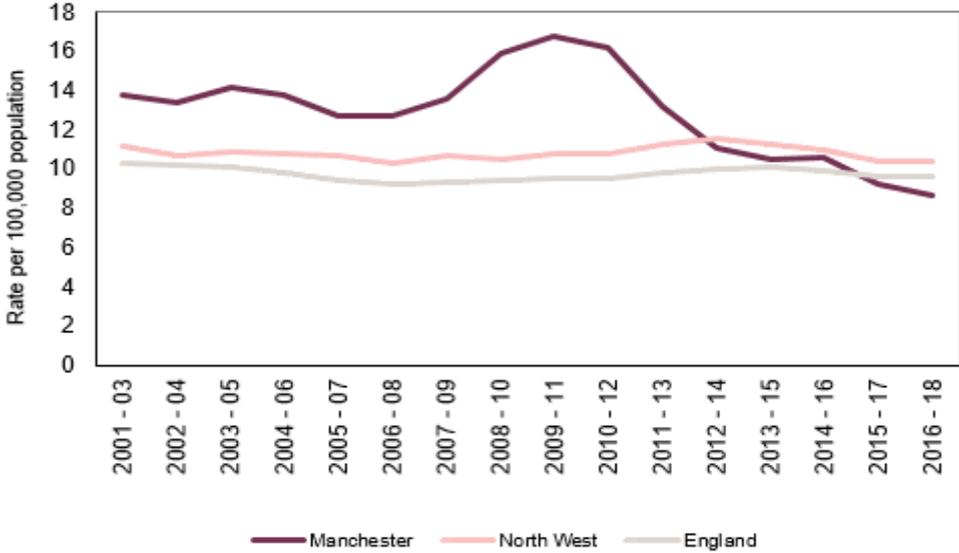
3.3.1 The Manchester Suicide Prevention Partnership continues to be chaired by Councillor Joanna Midgley, Mental Health Champion. The partnership steering group meets regularly and oversees the operational delivery of the local plan and shapes the strategic direction of the work. Theme leads from different organisations take responsibility for different areas of the plan. To engage a broader range of partners and promote networking and learning, the partnership also holds regular open invitation forums on specific themes. These have included long term conditions and chronic pain and children and young people.

4.0 Summary of key facts and trends about suicides and self-harm

4.1 Suicides in Manchester

4.1.1 The all age suicide rate has fallen from 9.28 per 100,000 in 2015-17 to 8.69 per 100,000 on 2016-18. The suicide rate in Manchester is now below the England average (10.43 per 100,000) but the difference is not statistically significant (see Figure 1).

Figure 1
Deaths from suicide and injury undetermined



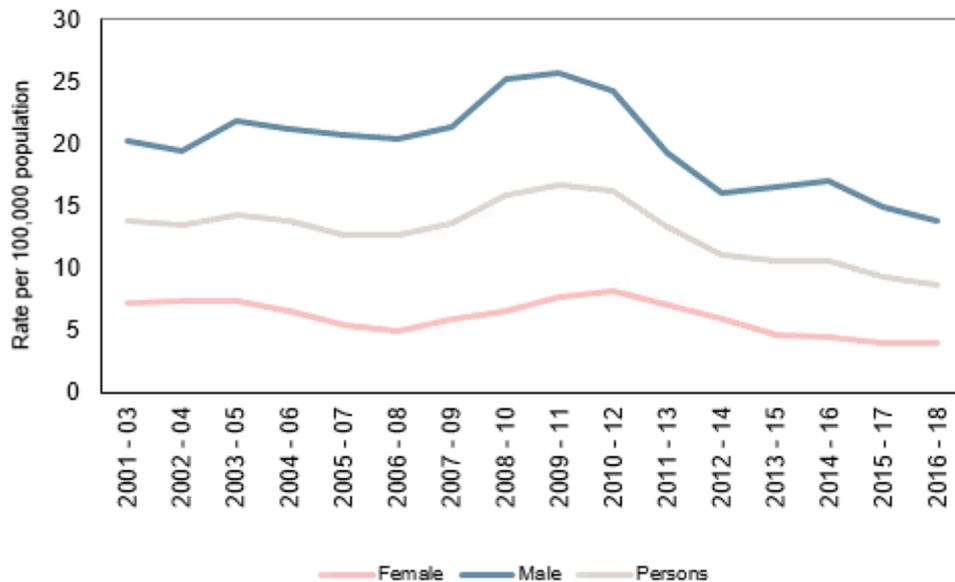
Source: Public Health England © Crown Copyright 2019

4.1.2 The number of deaths from suicide and injury of undetermined intent in Manchester remains unchanged (113) from the previous time period (2015-17). The number of deaths in men have fallen slightly (89 to 86) whereas the number of deaths in women have increased by the corresponding amount (24

to 27). The gender ratio (men to women) has fallen slightly (3.71 to 3.19) meaning there are 3.19 times more suicide deaths in men than there are in women (Figure 2).

Figure 2

Manchester - Deaths from suicide and injury undetermined



Source: Public Health England © Crown Copyright 2019

4.1.3 Due to changes in the way that Civil Registrations (births and deaths) data is made available to local authorities it is not possible to supply single year figures for suicide at this time. The Council is required to update the Data Security and Protection Toolkit and this work is now underway involving officers from Population Health, Information Governance, ICT, Democratic Services, Children's & Families and Legal Services. This work will resolve the obstacles with gaining access to accurate and timely deaths information at individual record level.

4.1.4 Single year rates for the UK for 2018 show a significantly higher rate than for 2017 and represents the first increase since 2013. Further detailed data on suicide in Manchester can be found in appendix 2.

4.2 Self-harm in Manchester

4.2.1 Figures 3, 4 and 5 below show rates of hospital presentation for self-harm over time by people resident in the City of Manchester (individuals aged 15 years and over). Rates declined early in the period, but began to increase again around 2008, reaching a rate in males of around 450 per 100,000 of the population in 2012, and a rate in females of just over 500 per 100,000 of the

population in 2013. From 2013 the rates started to decrease but the 2016 data shows a slight increase.

4.2.2 In males who self-harm the highest rates have been in those aged 35 to 54. Rates had been declining since 2012 in all age groups however in the most recent year rates have increased in all age groups aged 55 and over.

4.2.3 In females the three older age groups have remained relatively stable or decreased over time. The youngest female age group (15 – 24 years) continues to have the highest rate of self-harm and recent data suggests this rate is increasing.

Figure 3 - Rates of self-harm by sex 2003-2016

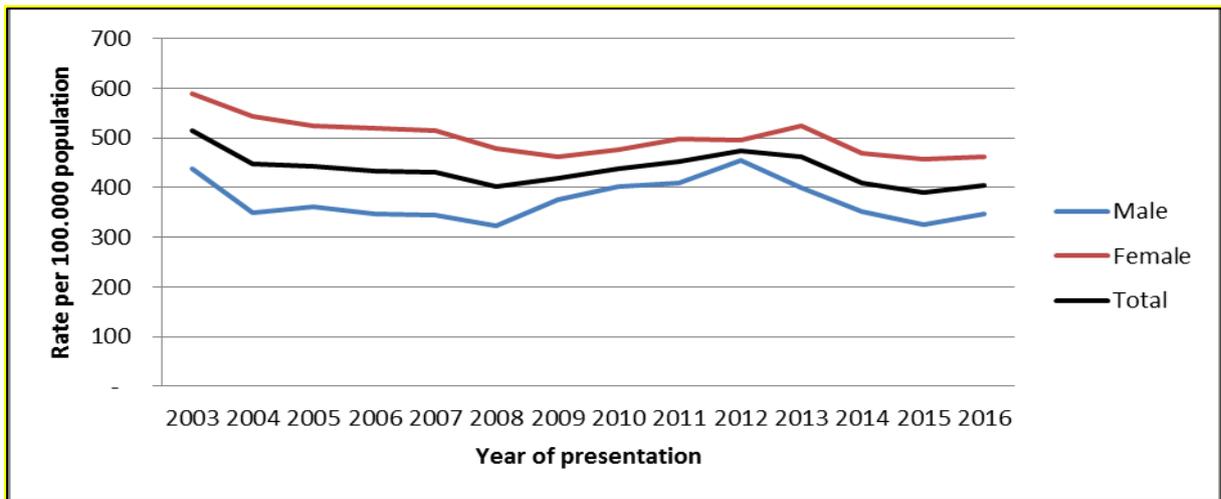


Figure 4 - Rates of self-harm among males, by age group, 2003-2016

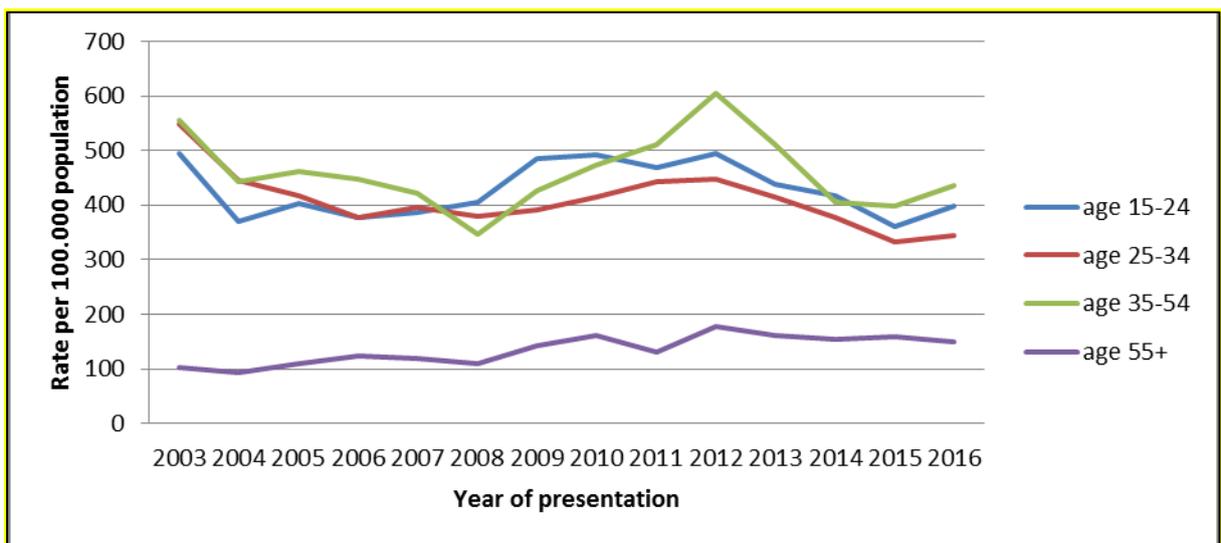
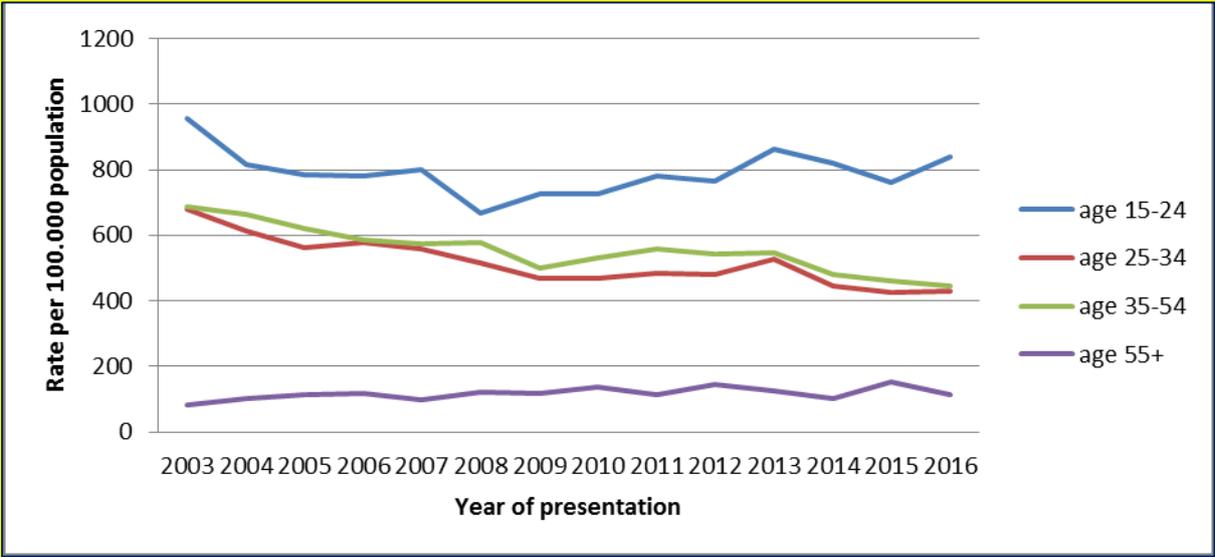


Figure 5 - Rates of self-harm among females, by age group, 2003 - 2016



4.3 Suicides by Children and Young People

4.3.1 Although numbers of children and young people under 18 who die by suicide are low, suicide is the leading cause of death in the UK in 10 - 19 year olds (Office for National Statistics). A recent study looked at 922 suicides by young people aged under 25 in England and Wales during 2014 and 2015. Key messages emerging from the research are that suicide in young people usually follows a combination of existing vulnerabilities and events. These stresses are common in young people and most do not come to serious harm. Themes for suicide prevention identified are support for family factors such as mental illness or substance misuse; specific support for vulnerable groups including young people who are bereaved; greater priority for mental health support within colleges and universities; housing and mental health support for looked after children; mental health support for lesbian, gay, bisexual or transgender (LGBT) young people.

4.3.2 It is of great concern that following a number of years where Manchester has had no deaths by suicide of under 18s there has been a small number of suspected suicides this year.

4.4 Risk factors for suicide

4.4.1 The causes and consequences of suicide are complex. Frequently, several factors act cumulatively to increase a person’s vulnerability to suicidal behaviour. Research evidence shows the following groups to be at risk of suicide:

- **Men** - Males are three times more likely to die by suicide than females.
- **Age** - The highest rate of suicide for both men and women is 45 - 49 years.
- **Mental Health** - Although only about a quarter to a third of people who take their own life have been in contact with mental health services prior to their death, The Mental Health Foundation estimates that 70% of recorded suicides are by people experiencing depression - often undiagnosed.
- **Self-Harm** - A history of self-harm is a major risk factor for further self-harm and death by suicide.
- **Those who have experienced domestic abuse including sexual abuse** - There are strong links between intimate partner violence and suicidal thoughts and behaviours. Manchester has high rates of domestic violence compared to other core cities.
- **Veterans** - Veterans are at increased risk of suicide and this risk is increased for those who leave the armed forces early. (as opposed to longer serving personnel)
- **History of childhood abuse** and other adverse childhood experiences.
- **Lesbian, gay, bisexual or transgender community** - There is growing evidence of the increased risk of self-harm and suicidal thoughts amongst LGBT people and a study conducted in the UK highlighted the impact of homophobia and discrimination as key factors.
- **Black, Asian and minority ethnic groups** - Studies have found higher rates of self-harm and suicide amongst Asian women than for other groups. Prevalence data is limited however as ethnicity is not recorded on death certificates.
- **Criminal Justice System** - The World Health Organisation recognises that prisoners are a high risk for suicide, as are those on remand and those recently released from custody. The risk is greatest in the first week of imprisonment.
- **Social and economic circumstances** - People who are unemployed are 2 to 3 times more likely to die by suicide than those in work. High levels of deprivation and health-related worklessness in Manchester make this risk factor a particular concern.
- **Inequality** - People among the most deprived 10% of society are more than twice as likely to die by suicide than the least deprived 10%, according to the ONS.
- **Drug and alcohol use** - Alcohol and drug use can amplify suicidal thoughts, plans and deaths. A recent UK based study found that the use of alcohol significantly increased suicide risk, particularly in women.
- **People with physically disabling or painful illnesses including chronic pain and long term conditions** - The National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness (2015) found that around a quarter of patients who die by suicide have a major physical illness and this rises to 44% in patients aged 65 and over.
- **Bereavement by suicide** - people bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes. As well as

the increased risk of suicide attempt, those bereaved by suicide were also 80% more likely to drop out of education or work. In total, 8% of the people bereaved by suicide had dropped out of an educational course or a job since the death.

5.0 What works to prevent suicide within the population?

5.1 There are a number of evidence-based activities to prevent suicide. In summary these include taking specific steps to reduce risk for those in mental health services and criminal justice services, for example by reducing access to the means of taking their own lives, and identifying and targeting population groups at potential risk and building resilience and support, for example survivors of domestic abuse. There is also evidence that raising awareness and improving skills of frontline professionals and members of the public to talk to and support people at risk of suicide is a key protective factor.

6.0 Current activity in Manchester and future plans

6.1 A summary of the range of activities taking place to reduce suicides in Manchester is outlined below. This is organised under the key themes of the local action plan. Some of this work is directly led by members of the suicide prevention steering group and other aspects are part of a broader system approach to suicide prevention in Manchester.

6.2 Data, research and intelligence

6.2.1 The Joint Strategic Needs Assessment (JSNA) on Manchester City Council's website includes a topic paper on suicide prevention. Furthermore, since January 2018, the Population Health Team (PHT) has been receiving 'real time' data of suspected suicides from the Manchester Coroner's office. This enables us to take any urgent action to coordinate a response that manages impact to prevent additional suicides, as well as identifying any trends or possible contagion. Additionally, the PHT also receive notifications of suspected suicides on our local railways from British Transport Police and are currently in the process of developing a formal response plan that clearly sets out the relevant action and partnership involvement for any potential suicide notifications received. Because of the highly sensitive nature of the data this is only shared (securely) on an absolute need to know basis. A summary of recurring themes for recent Manchester suspected suicides was shared at the recent Learning Circle event so that relevant partners could be engaged in developing our approach to suicide prevention across the city.

6.2.3 A pilot for the collection of key 'real time' data, co-ordinated by the Greater Manchester Suicide Prevention Lead, is currently underway with a limited number of our Greater Manchester partners. In Manchester we have our own system in place but will continue to work closely with the GM Lead.

6.2.4 Manchester is a national and international leader in suicide and self-harm research through the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) and the Manchester Self Harm Project (MaSH). Professor Nav Kapur has provided regular annual briefings to the Manchester Health Scrutiny Committee on the work of MaSH and will be attending the October 2019 meeting.

6.2.5 The Population Health team and partners are working with Network Rail, British Transport Police and Train Operators as part of their escalation processes to support a community response to suicide incidents on the rail network. This includes: targeting suicide awareness messages to local residents to support vigilance in relation to suicidal behaviour they might witness; working with local businesses to promote self-help materials and physical measures such as removal of bushes at stations and training for rail staff.

6.3 Awareness raising, training and communications and tailored support

6.3.1 As a key action in the local suicide prevention plan, suicide prevention awareness training continues to be delivered to a range of staff and volunteers across the city and more will be scheduled for next year (including targeted training for school nurses.) This half day training covers essential facts and figures about suicide prevalence and risk, the suicide continuum, understanding suicidal distress and building skills and confidence in talking to someone who may be suicidal. These sessions have been delivered collaboratively by colleagues across the partnership including the Population Health Team, Manchester University NHS Foundation Trust, buzz health and wellbeing service and Councillor Midgley.

6.3.2 Due to the limited capacity within the system to deliver the training and very high demand there will be a need to recruit a bigger pool of trainers. In addition, more specialist training for services in contact with high risk individuals is required. A comprehensive workforce training plan will therefore be developed and implemented as part of the refresh of the local suicide prevention plan. Finally, partners will be asked to consider making a small financial investment to sustain the ongoing training programme.

6.3.3 Suicide Prevention training for local Councillors is planned to take place on 19 and 21 November and information on the times and venues has been circulated by the Members Development Working Group.

6.3.4 The City Council sees supporting the health and wellbeing of its employees as a priority. Mental health awareness training is now available to all staff and managers. This training, delivered by Mind, is a core part of the Leadership and Management development programme for all managers and specifically

addresses suicide prevention. There is also generic mental health awareness training for all staff that can be accessed via the Learning and Events Team.

- 6.3.5 The City Council also has an Employee Assistance Programme (EAP) which provides free, confidential, 24/7 advice, emotional support and counselling to all employees and their immediate family.
- 6.3.6 A 'Safe Talk' training course (accredited suicide prevention training) has been delivered in Central Manchester aimed at barbers, hairdressers and tattooists. Feedback from the course was positive. However, it is recognised that it is a challenge for this profession to take time out from their working week to attend a face to face course and alternative methods of delivering messages and information will be explored.
- 6.3.7 As part of World Suicide Prevention Day on 10 September 2019 Manchester City Council supported the 'Exhibition of Hope' - an exhibition of photographs that represented hope for a group of patients and carers affected by suicide. The event was organised by researchers from the National Institute of Health Research Greater Manchester Patient Safety Translational Research Centre (NIHR GM PSTRC), working in partnership with a patient and carer involvement group. The event was held in Rates Hall of the Town Hall Extension which allowed a range of visitors to connect with the exhibition. Visitors to the exhibition also received a packet of seeds and were encouraged to share pictures of the plant's progress.
- 6.3.8 Manchester Suicide Prevention Partnership staffed a Shining a Light on Suicide campaign stall at Manchester Pride in August, reaching many attendees with messages about the importance of talking about suicide, where to get help and how to support someone you may be concerned about. The Shining a Light on Suicide Campaign highlights the LGBT community as a high risk group.

6.4 Mental Wellbeing Promotion

- 6.4.1 Manchester Health and Care Commissioning commissions a range of community based mental health and wellbeing support including:
- 6.4.2 Buzz Manchester Health and Wellbeing Service includes a team of Neighbourhood Health Workers, one in each neighbourhood of Manchester. They have a key role in delivering community development – working in each of the 12 Manchester neighbourhoods using community development approaches to increase the involvement of local people in developing projects that improve health and wellbeing. Suicide prevention initiatives / training can be more locally targeted this way.

- 6.4.3 Be Well is a citywide social prescribing service that offers free, confidential, one-to-one advice and support for people referred by primary care (GPs and services provided from GP surgeries) or other health and care services. Be Well workers (Community Link Workers and Health Coaches) support people to identify what will improve their health and wellbeing, access community support and services, and develop understanding and skills to manage their own health. Be Well can support people with a range of non-medical issues (e.g. housing, work, money), isolation, healthy lifestyles, and others.
- 6.4.4 Samaritans - Samaritans volunteers provide a 24 hour telephone, text and email service for people who need emotional support including those who have suicidal thoughts or plans. Samaritans also provides an outreach service to Manchester Prison and works in partnership with Network Rail to provide training to its staff and signage for stations. Samaritans also provide a support service to schools to prepare for or recover from a suicide or attempted suicide within the school community.
- 6.4.5 Adverse Childhood Experiences (ACEs) – In 2017, Our Manchester funded a twelve month place-based pilot to provide ACE awareness training to workers in Harpurhey. The training was to help workers be more ACEs aware and supported them to routinely enquire about ACEs with people they are working with and provide appropriate support and referral. Since the success of the pilot, partnership funding was secured for 2019-20 to expand the ACEs work into other areas of the city.

6.5 Clinical Support

- 6.5.1 Greater Manchester Mental Health (GMMH) has a comprehensive vision for suicide prevention within its organisation and convenes a regular suicide prevention group. Based on evidence and analysis of national and local data GMMH have adopted five priority areas as the key drivers for quality improvement across the organisation:
- Care provided will be evidence based, timely, safe and effective.
 - We will work in partnership with Service Users and their Carers.
 - We will support Carers and Staff when they have been bereaved or affected by suicide.
 - We will be a learning organisation.
 - We will have a competent workforce.
- 6.5.2 Following the formation of Manchester University NHS Foundation Trust (MFT) a transformational work stream for self-harm and suicide prevention has been set out. This includes the development of policy, education and training and audit/incident review across the entire organisation. Action so far includes:

- Publication of a comprehensive suicide prevention policy in July 2019, including patients of all ages, across a diverse range of clinical settings including community services.
- Delivery of training to support staff to implement key policy targets such as ligature incident prevention and management.
- Development of a mental health awareness level 1 e-learning to go live in time for World Mental Health Day on 10 October 2019 and to be mandatory for all new staff within the organisation.
- Implementation of an Integrated Care Pathway for Self-Harm and Suicide Prevention providing clear standards to support patients who are experiencing mental health crises.

6.5.3 Manchester Suicide Prevention Partnership convenes a clinical sub group to further identify opportunities to reduce suicide and self-harm risk through intervention and ongoing clinical / support. Priority objectives for this group include:

- Analysis of self-harm services to identify gaps and compliance with NICE standards
- Pilot and evaluate a 'managing distressing thoughts' course - due to start in January 2020 and run for 10 weeks
- Focusing on the following groups at increased risk of suicide - the leaving prison population, those with sleep disturbances and those with chronic pain conditions
- Promoting the role of pharmacy in the prevention of suicide.

6.5.4 The group has recognised the importance of including the voices of experts by experience in this work stream and is exploring the most effective way to involve service users and carers.

6.6 Children and Young People

6.6.1 Suicide prevention is part and parcel of work to support the mental health and wellbeing of children and young people within clinical and non-clinical settings. This work is overseen by the Thrive Partnership Board. Thrive is a partnership that includes Child and Adolescent Mental Health Services (CAMHS), Youth Justice, Safeguarding, Manchester Health and Care Commissioning, School Health Service (including School Nursing and Healthy Schools team), schools and colleges, community voluntary sector providers including 42nd street and Manchester Mind, Population Health, Greater Manchester Mental Health Trust and Children's Social Care. The Thrive Partnership is overseeing the transformation of mental health services for children and young people in the city including treatment, early intervention and prevention. The Suicide Prevention Steering Group and Thrive Partnership are aligned and the Chair of Thrive Partnership is a member of the Suicide Prevention Steering Group.

- 6.6.2 Following a small number of suspected suicides in young people in Manchester in the previous 15 months (following several years of no cases), Manchester Safeguarding Children Board requested a learning circle to consider risk factors and themes and make recommendations. This took place on 18th September and themes considered included the impact of drugs and alcohol, family mental ill health, self-harm, support for students and relationship issues. The findings from the group discussions are in the process of being analysed and will feed into the refreshed suicide prevention plan.
- 6.6.3 Work is taking place, led by Child and Adolescent Mental Health Services and Education, to develop a robust critical response pathway to support schools and colleges and the wider community following a suicide or attempted suicide of a young person. Recent incidents have highlighted that whilst there is a high level of support from a range of organisations, this is not always coordinated as well as it could be.
- 6.6.4 A new student mental health service is currently being established in Manchester. The GM Universities Mental Health Service is a partnership with local higher education institutions (University of Manchester, Manchester Metropolitan University, Salford University, Bolton University and the Royal Northern College of Music), stakeholders including the GMCA Health & Social Care Partnership with support from local mental health organisation 42nd Street. A two year pilot has been funded and the service is now being set up, with plans to start undertaking clinical work in autumn 2019.

7.0 Support for those bereaved by suicide

- 7.1 A new Greater Manchester Bereavement Information Service was launched in April 2019 with two years funding from the Greater Manchester Health and Social Care Partnership. This recognises the importance of providing compassionate support and practical advice to people bereaved by suicide and the increased risk of suicide that those bereaved fall under. The service, based in Salford and provided by Six Degrees, has a dedicated office hours phone line and signposts callers to local services that can help. The service is already helping Manchester bereaved by suicide either recently or in the past. It is important to ensure that local service information is kept up to date to ensure seamless signposting and referral.
- 7.2 Manchester City Council is working in partnership with the Department of Work and Pensions to implement the Tell Us Once service in November 2019. This enables people to report a death just once and the information to be passed on to a number of government agencies, making things easier for next of kin at what is a difficult and distressing time.

8.0 Evaluation

8.1 Earlier this year an evaluation was carried out that combined a review of national evidence, Manchester Suicide Prevention Partnership documentation and eight interviews with a selection of partnership members, to explore their roles and experience within the partnership. The questions were based on the Centre for Public Scrutiny framework for suicide prevention plans. Each partner could clearly articulate their role and was happy with the leadership. Partners engaged through the steering group, forums and clinical pillar groups. Progress was perceived to be largely due to good leadership and commitment of members to make a change, often working voluntarily or in conjunction with other full-time posts. All the findings from the evaluation are contributing to the refresh of our Suicide Prevention plan.

“All members of the partnership stated how committed all partners were in implementing the plan”.

8.2 National funding has recently been announced for the Service Led Improvement programme of the Local Government Association to support local authorities to strengthen suicide prevention plans including both regional and local support potential. This work is being coordinated at a Greater Manchester level and Manchester will have the opportunity to pair up with another local authority area to develop their plans.

9.0 Refresh of Local Manchester Suicide Prevention Plan

9.1 The current local suicide prevention plan expires at the end of 2019. Work is underway to refresh the plan for 2020 - 2025 and it is due to be approved at the Health and Wellbeing Board in 2020. The following steps have been taken to involve partners in the development of the new plan and inform its content:

- A stakeholder workshop in June 2019 to consider progress against existing objectives and develop ideas for future focus.
- Consideration by the Manchester Suicide Prevention Partnership Steering Group.
- Findings from the Partnership evaluation.
- Ensuring alignment with national objectives and the Greater Manchester Suicide Prevention Strategy.
- Development of recommendations from the Learning Circle on suicide in Children and Young People (under 25).

9.2 The plan will maintain the existing structure / model used in the 2017-19 plan. The Suicide-safer Communities Model is an evidence-based multi-agency approach to suicide prevention advocated as part of the Greater Manchester Suicide Prevention Strategy - organising activity under the following pillars:

1. Leadership
2. Evidence, data and intelligence
3. Suicide Prevention Awareness
4. Mental Health and wellbeing promotion
5. Training
6. Suicide intervention and ongoing clinical/support services
7. Suicide bereavement
8. Evaluation
9. Capacity building and sustainability

9.3 In addition to the pillar focus, it is proposed to identify the following groups for targeted work in order to ensure we have an impact. These are:

- Middle aged men.
- Children and young people, including students.
- People in the care of mental health services and who self harm.
- LGBT+ community.

9.4 Key objectives for the refreshed plan include:

- The development of a comprehensive workforce development strategy to ensure that training is embedded across organisations and communities.
- Improved communication of activities, learning and opportunities for engagement and networking.
- Implementation of competence frameworks across organisations.

10.0 Recommendations

10.1 The Committee is asked to:

1. Note the contents of the report;
2. Consider the multiple factors that impact upon suicide rates; and
3. Provide feedback and ideas to support the refreshed plan for 2020 – 2025.