

LAMBETH HEALTH AND WELLBEING BOARD 20 JANUARY 2022

Report title: Lambeth Suicide Prevention Strategy and Action Plan (2022 – 2025)

Wards: All

Portfolio: Cabinet Member for Health and Social Care: Councillors Jim Dickson and Lucy Caldicott

Report Authorised by: Andrew Eyres: Strategic Director for Integrated Health and Care

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Report summary

This is a three-year Lambeth Suicide Prevention Strategy and Action Plan (2022 – 2025) for the borough. The Strategy and Action Plan describes the local context challenges and the background to its development. It includes the aims and actions to address suicide prevention over the next three years, with the focus on key priorities for year one (2022-2023).

The Lambeth Suicide Prevention Strategy and Action pulls together and builds on the work done by the council and partners including local voluntary and community organisations to support individuals and communities in distress, particularly in response to the COVID-19 Pandemic.

An extensive consultation of the plan was carried out and included a four-week consultation to obtain the views from people living and working in the borough. In addition to the online consultation, the draft plan was presented at NHS and voluntary and community sector meetings, different stakeholder forums, as well as general signposting to the draft report. The final action plan has taken into account feedback from the consultation.

Finance summary

None arising from this report.

Recommendations

1. To agree the Lambeth Suicide Prevention Strategy and Action Plan (2022 – 2025).

1. CONTEXT

- 1.1 Suicide is the leading cause of death among young people aged 20-34 years in the UK (ONS 2015), accounting for 24% of deaths in this age group in men and 12% in women. It is also the leading cause of death among men aged 35-49 (followed closely by heart disease).
- 1.2 Lambeth has a higher prevalence of some of the key risk factors for suicide than the benchmark for England (including severe mental illness and substance misuse). Many of the risk factors and social determinants which make people vulnerable to suicide are more prevalent in times of economic instability: loss of employment, debt, relationship breakdown, substance misuse and loneliness are known contributory factors for suicide. The pandemic has contributed to increase the risk of mental ill health and suicide for many people.
- 1.3 Suicide is preventable and it is our collective responsibility to do all that we can to reduce deaths through suicide. This must be through a multi-agency approach bringing together the Council, primary care and secondary care services, voluntary and third sector organisations as well as communities and individuals. A Strategy that is to succeed in reducing suicide deaths needs to combine a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide.

2. PROPOSAL AND REASONS

- 2.1 The London Health Inequalities Strategy 2018 includes a commitment from the Mayor of London to make London a Zero Suicide City by 2028. The Strategy pledges that action will be taken across London to prevent suicide, and all Londoners know where they can get help when they need it.
- 2.2 The strategy for Lambeth aims to contribute to the London pledge by ensuring that the recent downward trend in rates of suicide continues, through effective partnership working across the borough.
- 2.3 In its first year, the Lambeth Suicide Prevention Strategy will focus on reducing the risk of suicide in vulnerable groups, providing better information and support to those bereaved by suicide, supporting research, data collection and monitoring, supporting the media in delivering sensitive approaches to suicide and suicidal ideation and reducing rates of self-harm as a key indicator for suicide.
- 2.4 These priority areas for action were identified from both local need and national policy recommendations and best practice.

3. FINANCE

- 3.1 There is no specific funding allocated to the strategy, however the action plan consists of activities that are resourced through larger existing budgets such as the Public Health grant, block integrated mental health contract and Office for Health Improvement and Disparities Better Mental Health Fund.

4. LEGAL AND DEMOCRACY

- 4.1 The NHS Long Term Plan 2019 reaffirms the NHS's commitment to prioritising suicide prevention over the next ten years, with an expansion of mental health crisis care and specialist services, including a new mental health safety improvement programme for mental health inpatients.

- 4.2 The Mayor of London Health Inequalities Strategy 2018 has pledged to make London a zero suicide city by 2028 and calls on all London Boroughs to develop effective multiagency suicide prevention plans.
- 4.3 The Council's Constitution requires that issues of an important or sensitive nature will be published on the Council's website for five clear days prior to the decision being taken (Constitution, Part 2, Chapter F) by the Cabinet Member or officer concerned. It is suggested that this proposed decision is published online in the interests of transparency. Any representations received during this period must be considered by the decision-maker before the decision is taken.

5. CONSULTATION AND CO-PRODUCTION

- 5.1 Every life lost to suicide is a tragedy and suicide prevention is a public health priority. Over the years, the Public Health team has engaged and worked in partnership with stakeholders, and communities to identify the key issues and potential solutions. This approach is a range of programmes and policies carried out across the borough prior to the pandemic.
- 5.2 Lambeth Suicide Prevention partnership group established:
- a. Engagement through two large scale events in 2019 (70 people and 100 people respectively);
 - b. Targeted half-day awareness training to over 100 people (DWP, Welfare advice staff, council staff, LGBTQI, low income, teachers, young people);
 - c. Public awareness raising through drama 400+ people (Tony Cealy Men's drama: What is Killing Black men?);
 - d. Lambeth Suicide Prevention champion Cllr Rezina Chowdhury;
 - e. Council's Love Lambeth blogs on suicide prevention;
 - f. Promotion of Zero Suicide 20-minute online training through Thrive London <https://www.thriveldn.co.uk/campaigns/zerosuicideldn/>;
 - g. Sanctuary crisis service now open 7 nights a week;
 - h. Lambeth/Westminster Samaritans bridge signage (hotspots) complete;
 - i. South London and the Maudsley NHS suicide prevention strategy;
 - j. Council mental health awareness activities: training & Time to Change employer pledge to combat mental health stigma;
 - k. Lambeth 12 – 26-year-old self-harm case note review (published Lancet Health Science poster);
 - l. Substance misuse & co-occurring mental health services review; and,
 - m. Lambeth Cruse/Healthwatch review of support for bereaved by suicide recommends help-point for local bereavement resources/joint work with SLaM.
- 5.3 Since May 2021 the Lambeth Suicide Prevention Partnership Group has been meeting regularly to develop a suicide prevention strategy and action plan that would follow good practice guidance as well as meeting local needs.
- 5.4 Following the development of the draft Suicide Prevention Strategy and Action Plan, a formal consultation was conducted. The purpose of the consultation was to obtain the views from people living and working in borough on the proposed plan and to have a shared understanding of the challenges faced in preventing suicides. The focus was on consulting local people including residents, community, statutory and non-statutory organisations and stakeholders. The online consultation ran for four weeks, from 19 November to 19 December 2021. Additionally, a series of presentations and signposting to the draft plan were carried out via the different internal and external stakeholders' networks.

- 5.5 A questionnaire was created via survey monkey and accessible on the Lambeth Council website for participation <https://beta.lambeth.gov.uk/consultations/have-your-say-lambeths-suicide-prevention-strategy-2022-25>. An email containing supporting documents and the question was sent to Lambeth stakeholders. Links to the consultation were shared with key organisations for onward promotion and participation; these included:
- The Lambeth Living Well Collaborative
 - The Lambeth Neighbourhood and Wellbeing Alliance
 - The Vassal and Coldharbour Health and Wellbeing Working Group
 - Healthwatch
- 5.6 The SEL CCG have been sighted on the proposals formally via the Lambeth Suicide Prevention Partnership Group and individual programme leads from within Lambeth Together and the local authority are working with public health specialists on understanding the specifics of the plans, providing critical feedback, and ensuring that actions proposed will maximise the benefit and outcome for our Lambeth communities.
- 5.7 Below is a list of the activities carried out during the four-week period:
- Discussions at the Staying Healthy Partnership Board
 - Discussions at Adults and Health CMB
 - Discussions at the Children Senior Management Team
 - Discussions at Lambeth Living Well Collaborative
 - Discussions at Lambeth Neighbourhood and Wellbeing Alliance
 - Consultation event at the Fiveways PCN Health Day Community Event
 - Consultation event in partnership with The Black Men’s Consortium
 - Discussions with Black Thrive
 - Discussions with LGBT Hero

6. RISK MANAGEMENT

- 6.1 The main risks that impede on the successful delivery of this strategy are:

Table 1 – Risk Register

Item	Risk	Likelihood	Impact	Score	Control Measures
1	New waves of the COVID-19 pandemic will reduce opportunities for in person interventions	3	2	6	We will ensure that training and interventions can be delivered online
2	Access to relevant data and intelligence from stakeholders due to COVID-19 pressures.	3	2	6	Progress on the implementation of the strategy will be reported regularly to the Lambeth Staying Healthy Partnership Board to monitor, highlight and escalate potential risks

Key

Likelihood	Very Likely = 4	Likely = 3	Unlikely = 2	Very Unlikely = 1
Impact	Major = 8	Serious = 4	Significant = 2	Minor = 1

7. EQUALITIES IMPACT ASSESSMENT

- 7.1 Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances, with those in poorer communities more likely to be affected. Through surveys and engagement activities we have identified that in Lambeth certain sections of the population are significantly more at risk of suicide than others, such as:
- a. People who are vulnerable due to economic circumstances;
 - b. Children and young people;
 - c. People who are socially isolated;
 - d. Men;
 - e. LGBTQ+ people;
 - f. People who misuse substances;
 - g. People in the care of mental health services;
 - h. BME groups, migrants and asylum seekers; and,
 - i. People in the prison system.
- 7.2 The Strategy and Action Plan has used this intelligence, particularly in identifying priorities for action taking into account those who are at greatest need It also includes monitoring of the key actions taking into account equalities issues.
- 7.3 Equalities considerations were embedded throughout the development process and a comprehensive list of socio-demographic questions were asked in the consultation survey including age, ethnicity and gender .A questionnaire was created via survey monkey and accessible on the Lambeth Council website for participation:
<https://beta.lambeth.gov.uk/consultations/have-your-say-lambeths-suicide-prevention-strategy-2022-25>

8. COMMUNITY SAFETY

- 8.1 Not applicable.

9. ORGANISATIONAL IMPLICATIONS

Environmental

- 9.1 Not applicable.

Health

- 9.2 The Lambeth Suicide Prevention Strategy contributes to improving the health and wellbeing and reducing health inequalities in the borough. It also relates to the four priorities in the Health and Wellbeing Strategy namely: early action and prevention; housing and health; service integration and the health in all policies approach. The strategy has a specific focus on communities that are at greatest risk thereby seeking to address health inequalities particularly those seen within poor mental health and wellbeing.

Corporate Parenting

- 9.3 Not applicable.

Staffing and accommodation

- 9.4 Not applicable.

Responsible Procurement

9.5 Not applicable.

10. TIMETABLE FOR IMPLEMENTATION

10.1 Not applicable

AUDIT TRAIL

Name and Position/Title	Lambeth Directorate	Date Sent	Date Received	Comments in paragraph:
Councillors Jim Dickson and Lucy Caldicott	Cabinet Member for Adults and Health	04.01.22	11.01.22	
Andrew Eyres, Strategic Director	Integrated Health and Care	04.01.22	11.01.22	
Ruth Hutt, Director of Public Health	Integrated Health and Care	04.01.22	06.01.22	
Pete Hesketh, Finance	Finance and Investment	04.01.22	05.01.22	
David Thomas, Legal Services	Legal and Governance	04.01.22	07.01.22	
David Rose, Democratic Services	Legal and Governance	04.01.22	05.01.22	

REPORT HISTORY

Original discussion with Cabinet Member	21/09/2021
Report deadline	07.01.22
Date final report sent	07.01.22
Part II Exempt from Disclosure/confidential accompanying report?	N/A
Key decision report	N/A
Date first appeared on forward plan	N/A
Key decision reasons	N/A
Background information	<ul style="list-style-type: none"> • NHS Long Term Plan 2019 • Mayor of London Health Inequalities Strategy 2018 • Promotion of Zero Suicide 20-minute online training through Thrive London • Questionnaire
Appendices	Appendix A – Lambeth Suicide Prevention Strategy (2022-2025) and Action Plan Appendix B – Lambeth Suicide Prevention Strategy (2022-2025) End of Consultation Report