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Friday 1st December, 2017

Mayor Ros Jones
Doncaster Council
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Dear Ros,

Doncaster Suicide Prevention Plan.

A report was presented to the Health and Adults Social Care Panel around the Doncaster Suicide Prevention Plan at its meeting on the 22nd November 2017. It was explained that Local Authorities have a responsibility to have local suicide prevention plans in place. The report provided an overview of local suicide data and provided Panel Members with the Doncaster Suicide Prevention Plan for their consideration.

During the meeting, the Panel noted the data provided relating to local suicides, and were assured of a robust Suicide Prevention Plan in place for Doncaster. It was explained that the Suicide Prevention Plan contained a range of themed actions in accordance with national Public Health England guidance, which contributed to the prevention of suicides in Doncaster and support for those affected. It was further explained that the new guidance challenged local partnership about how they work together effectively.

After consideration of the report and details presented, Panel Members highlighted the following areas with some recommendations.

Veterans – Concern was raised about what was in place for veterans who were at risk from this issue. Members were informed that this group was an equality characteristic which would be audited and picked up through that information. It was added that mortality data only provided information on an individual's last occupation, where for veterans their occupation was often their first (and therefore not picked up). In respect of the wider issues around veterans, it was suggested that the veterans plan should be added to the Panels workplan for future consideration.

Suicide Prevention – The Panel question what was being done to prevent suicides from reaching that stage. Members were informed about the future commissioning of dementia cafes that would be established in 2018. Members were made aware of a small pot of funding of £5,000 per year available for areas within the action plan for areas including training and awareness campaigns.

Bereavement – Members were pleased to hear that further support would be made available around the bereavement service. A Member shared with the Panel how they had witnessed through their involvement with foodbanks, a number of individuals who were severely affected by bereavement. It was stated that this issue was often raised and recognised as an unmet need. It was added that the Council would be involved in developing the specification to commission the additional services to ensure that those affected by bereavement accessed the right support.

Social Isolation – A Member raised concern that those who were based within rural areas were more prone to being socially isolated and therefore more at risk of this issue.

Data and Information – The Panel heard that the quality of data and information available presented the greatest challenge although it was reported that since the last audit, data and information had become stronger. In respect of data recorded, it was clarified that no specific data was held on suicide attempts as opposed to actually committing suicide. Members were also told that the current database was able to search by postcode and would be able to pick up any significant patterns.

It was explained that reviews of cases would be undertaken when a suicide occurred and would be treated as a child's death, so that more can be learnt from those cases. It was suggested that the same should be applied for those deaths classed as a 'misadventure'. It was therefore recommended that consideration be given to:

Undertaking case reviews on those suicides and sudden deaths registered as 'misadventures'.

Children and Young People – It was shared that within schools, a child or young person could be asked the question whether they had created a plan to take their own life. Where they had responded that they had created a plan, that child or young person could then be referred. It was explained that there was no evidence suggesting that asking in this way created any harm as it was better to ask than not. It was understood that asking this type of question was intuitively very difficult.

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Members were told about PAPYRUS, a national UK charity dedicated to the prevention of suicide amongst young people. Members were informed that training had been commissioned through 'Safetalk' and that 300 professionals had been trained including teachers. It was added that schools had been targeted, and four of which had been invited to recent training from each locality. It was questioned whether the training could be opened to Governors and Members before it ended in 2018. It was therefore recommended that consideration be given to:

Widening SAFETALK training currently available for both School Governors and Members.

Wider Policies, Plans and Partnership Working - Concern was raised that this issue was not reflected within wider policies and plans and should be fed back into all relevant areas. Members were informed that attempts had been made to engage with certain partners and services such as Emergency and Social Care to ensure that those at high risk were being appropriately referred. It was therefore recommended that consideration be given to:

Further being done to explore what could be achieved across partnerships, picking this issue up within key plans and policies such as the Accountable Care Systems and mental health.

Finally, I would also like to take this opportunity to thank all of those who attended, and responded to questions posed by the Panel. I would be grateful for a response by no later than the 1st January 2017.

Kind regards,

pp 

Councillor Andrea Robinson
Chair of the Health and Adult Social Care Overview and Scrutiny Panel

cc: Jo Miller, Chief Executive
Cabinet Members
OSMC
Simon Wiles, Director of Finance and Corporate Services
Rupert Suckling, Director of Public Health
Damian Allen, Learning and Opportunities