

## **Minutes of the Health and Wellbeing Board**

**18 March 2021**

**-: Present :-**

Chris Forster, Pat Teague, Matt Fox, Jo Williams, Councillor Jackie Stockman (Chairwoman), Adel Jones, Nikki Leaper and Lincoln Sargeant

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### **135. Apologies**

Apologies for absence were received from Nancy Meehan, Pat Harris, Liz Thomas, Alison Hernandez and David Somerfield.

### **136. Update from Previous Meeting**

The Board received an update on the following topics discussed at the previous meeting:

- Ageing Well – Living Longer Better: the Board was advised that a small stakeholder group had been formed, funding for the licence and program had been secured with discussions on governance arrangements to be held.
- Joint Health and Wellbeing Strategy – Outcomes: Members noted this item had been scheduled for this meeting, however more work was required in respect of understanding the impact of the most recent lockdown.
- Enabling Children to have the Best Start in Life – Early Help: this item was deferred in the absence of Nancy Meehan.

### **137. Director of Public Health Annual Report**

The Board considered the Director of Public Health Annual Report and supported the recommendations as set out in the submitted report. Members were advised that the recommendations would inform the future work program of the Board and outcomes framework.

### **138. Multiple Complex Needs**

The Board noted a report on multiple complex needs. Bruce Bell informed the Board that the Multiple Complex Needs tender was seeking an alternative method for commissioning services for those with complex lives (substance misuse/homelessness/domestic abuse). A tender for an Alliance to deliver a services has commenced and is currently open.

Covid-19 had impacted upon the capacity and ability for the market to submit bids within the intended timelines. Two extensions to submission dates had been given following letters requesting further time. This had been due to the uncertainty around the impact of COVID-19 on services, the current lockdown duration and the recovery process – all of which had inhibited developing bids.

The delay had however presented the opportunity for conducting a separate mental health provision alongside the procurement of the Multiple Complex Needs (MCN) Alliance, with an aspiration for this to integrate with the MCN Alliance. The intention being to commission and procure an emotional, wellbeing and resilience provision in parallel with the MCN Alliance procurement with a view to integrating into the Alliance at the point for the Alliance forming or a specified point thereafter.

Due to the importance of this project and the wish to enable the submission of a good level of high quality bids, Torbay Council have extended the submission deadline to 31 January 2022. This would, therefore significantly delay the operationalisation of the Alliance and the new delivery model.

### **139. Mental Health Update**

The Board received a presentation (attached to these minutes) on the Torbay Suicide Audit, Suicide Prevention Plan and Mental Health and Suicide Prevention Alliance. The Board noted suicide was a major public health issue: it was the leading cause of death in men under 50 years, young people and new mothers.

Members were advised that Torbay's suicide rate had, in general, increased year on year since 2010 and had one of the highest suicide rates amongst local authorities in England. The Board further noted, that Local Authorities were recommended to coordinate and implement work on suicide prevention under their local public health and health improvement responsibilities. The main thrust of this was through the development and delivery of a local multi-agency suicide prevention plan. The Board welcomed the presentation and data contained therein and endorsed the Torbay Suicide and Self-harm Prevention Plan and the multi-agency approach set out within the plan.

#### **Actions:**

- 1) that the plan, consider the following as potential developmental areas: sporting clubs and bar staff, similar to projects developed with barbers.
- 2) that the findings of the Torbay Suicide Audit as well as the Suicide Health and Self-harm Prevention Plan are shared with GPS and included in the local GP training programme.

### **140. Torbay Carers Strategy 2021-24**

Members noted the submitted report and endorsed the Torbay Carers Strategy 2021-24. Members were advised that the previous strategy set 106 ambitious targets with all but two having been achieved, the current refresh of the strategy was even more ambitious with 150 targets. Members were informed that the

COVID-19 outbreak had been especially difficult for unpaid carers, who had reported deterioration in their own health and wellbeing as a result of COVID-19 restrictions. Members also noted that officers anticipated more people identifying as unpaid carers with the inclusion of a question in the Census.

**141. Health Protection Annual Report 2019/20**

The Board received a verbal update on the Annual Health Protection Report. Members were advised that ordinarily the Board would have a written submission however due to delays in collecting data and capacity at Public Health England the report wasn't quite ready. The issue being, that once finalised, the time period the report covers would be quite out of date when the Board meets in June. Therefore the Board's permission was requested and granted for the Chairwoman to be given delegated authority to note the report on the Board's behalf.



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# ORRBAY SUICIDE AUDIT, SUICIDE PREVENTION PLAN & MENTAL HEALTH & SUICIDE PREVENTION ALLIANCE

Minute Item 139  
Rachel  
18/03/2023

# SUICIDE AUDIT METHODOLOGY

- In September 2019 Torbay and Devon Public Health teams completed a coroner file suicide audit in the Plymouth and Exeter Coroners Offices
- Calendar year 2017, 2018 and the early months of 2019 were included (2016 archived)
- Based on registered death to match national statistics, e.g. date of death may have occurred in the previous year/s
- Deaths of residents, whether they died locally or not, are included in national data; coroners files only cover deaths of residents who have died locally
- An online data entry form was developed and used by both Public Health Teams to create a standardised set of data which could be analysed with more robustness
- In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” – balance of probabilities

# QUALITATIVE ANALYSIS (N~300)

The following themes were mentioned in over 20% of comments:

Relationships (breakdown, difficulties, access to children)

Loneliness (little social contact or no close friends)

Housing (sofa surfing, living with family and friends, fear of eviction)

Finances (linked to housing and employment, low wages, debt)

Employment (lack of or insecure employment, frequent job changes, signed off work due to ill health)

Healthcare services (not attending appointments, lack of coordination between services [social services, health – primary and secondary care), not meeting thresholds, time between referral and assessments and waiting lists (mainly mental health but some physical health services)

# QUALITATIVE ANALYSIS

## CONTINUED

The following themes were mentioned in around 10% of comments:

End of life – mentions of euthanasia, do not resuscitate requests, advanced directives, palliative care, and asking others for help for those with terminal/permanent or deteriorating health where life perceived to no longer be worth living

CJ10

Use of social media and internet – researching methods, accessing pro-suicide websites and ordering products on line which were used in the suicide. Mentions of using social media to discuss suicide intent with both positive and negative experiences

Previous attempt/acknowledgement – documented or reported to others that they had thought of or were planning to take their own lives

Uncharacteristic behaviour – friends, families, neighbours, work colleagues and carers report about uncharacteristic behaviour and that they seemed depressed

## Slide 4

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**CJ10**

I picked up loss as in carers / widow/ers taking their life after losing their partner - could be under loneliness?

Chisnell, Julia, 16/03/21



# KEY RISK FACTORS (QUANTITATIVE DATA)

- Having a mental health diagnosis
- Having a previous bereavement
- Being involved with criminal justice (perpetrator or victim)
- Having a range of adverse childhood experiences (ACEs)

# KEY DEMOGRAPHICS (PCMD)<sup>CJ8</sup>

## 2017–2019

- Count – 64 (~21 deaths per year)
- Rate – 19.0 per 100,000
- Sex – 3 in 5 male\*
- Age – ~4 in 5 suicides aged 20–69yrs
- Deprivation – Highest rates in Q1 & Q2
- Place of death – 45% at home, 16% in hospital, 39% elsewhere
- Time of year – Aug and Dec but no clear pattern

## 2018–2020\*

- Count – 61 (~20 deaths per year)
- Rate – 18.7 per 100,000
- Sex – 3 in 4 male
- Age – ~4 in 5 suicides aged 20–59yrs
- Deprivation – Highest rates in Q1 & Q2
- Place of death – 48% at home, 18% in hospital, 34% elsewhere (25% public)<sup>CJ1</sup>
- Time of year – No clear pattern

## Slide 6

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**CJ1**

Do we note somewhere that altho males are much higher, we are an outlier because of our remale rate?

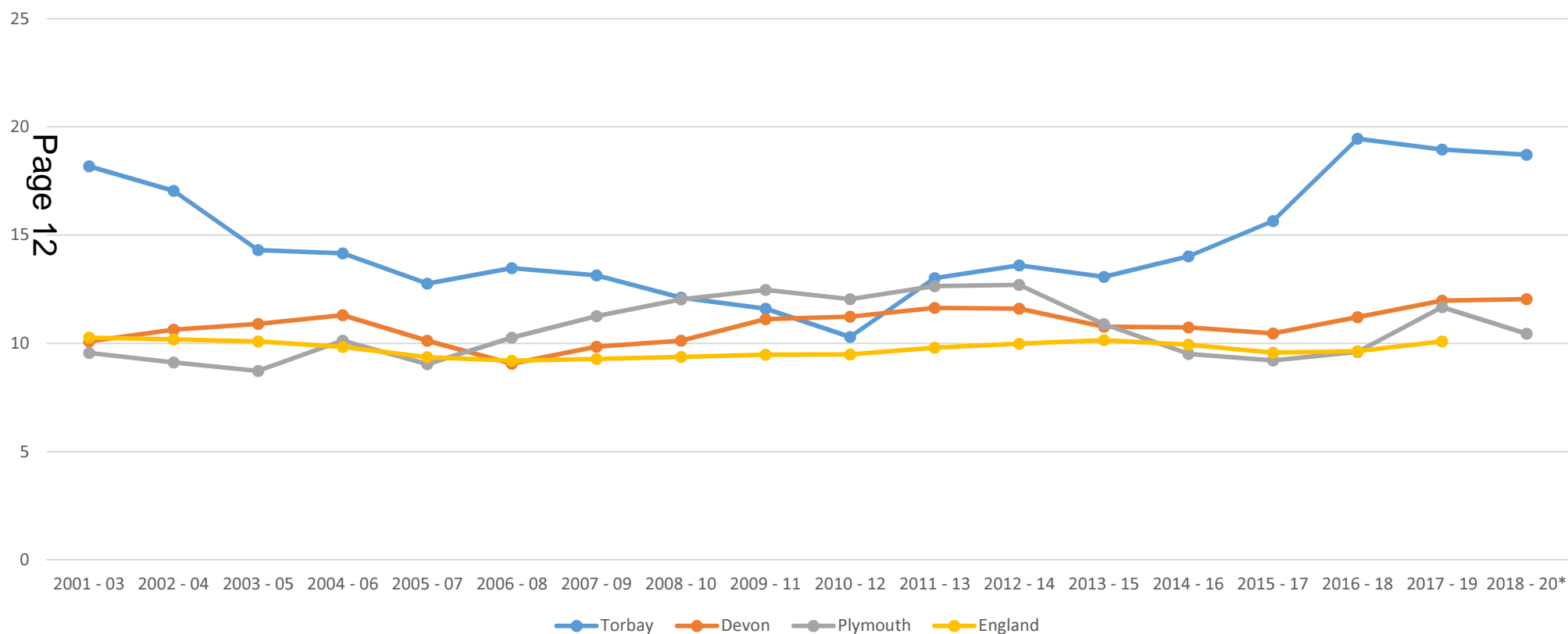
Chisnell, Julia, 15/03/21

**CJ8**

?put or footnote

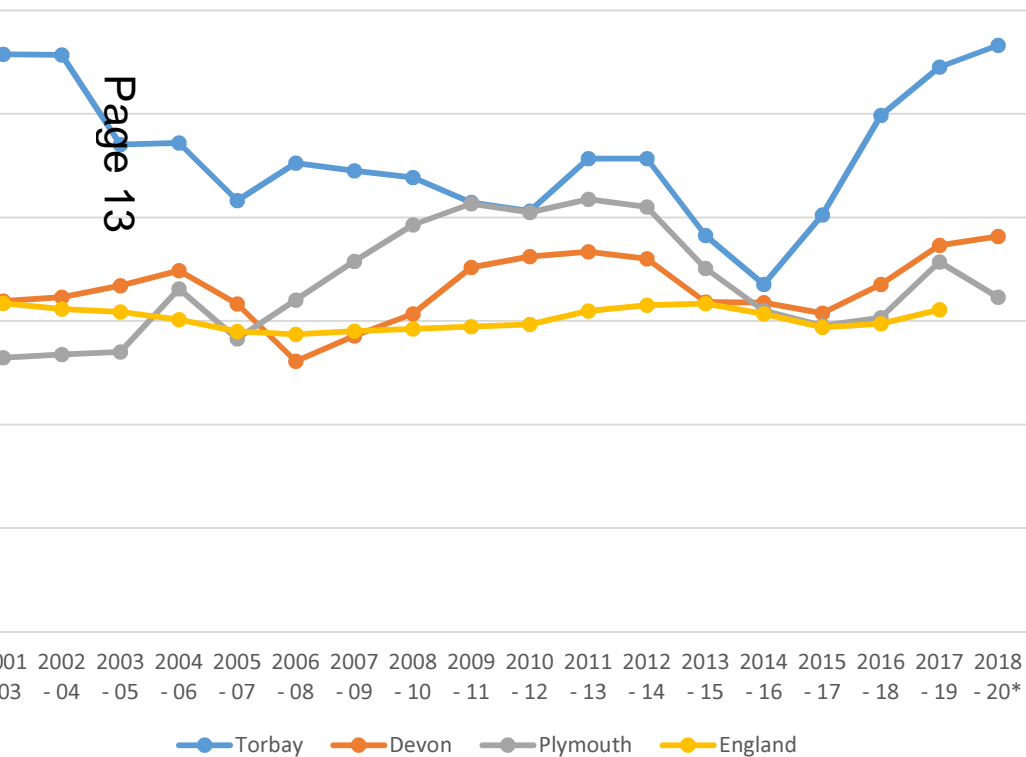
Chisnell, Julia, 15/03/21

# SUICIDE RATE (DSR) PER 100,000 – PERSONS

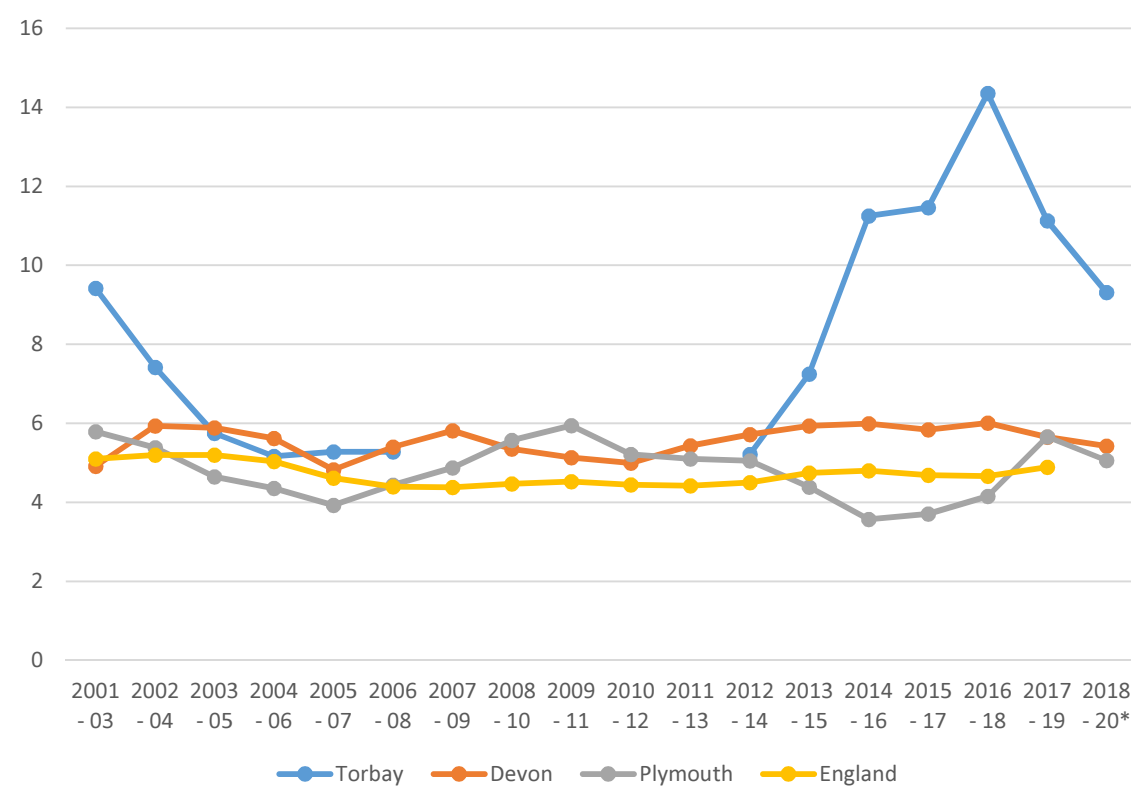


# SEX-SPECIFIC SUICIDE RATE (DSR) PER 100,000

Males (2018–20\*)



Females (2018–20\*)



# Torbay Suicide and Self-harm Prevention Plan

2021-2022

MARCH 10 2021

Torbay Mental Health and Suicide Prevention Alliance  
 Authored by: Rachel Bell



Torbay Priorities						
Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
<b>4. Better understand Torbay's high suicide and self-harm rate</b> Aligns to the following national priorities: Government Strategy p2, p6, p7, Prof Louis Appleby p2, p3						
4.1	Commission qualitative research to explore the drivers for Torbay's high suicide and self-harm rates. Particularly exploring the higher female suicide rate compared to other areas.	TBC based on funding	TBC	NHS 3 <sup>rd</sup> Wave funding secured. Awaiting release of funding. Mental Health Practitioner post recruited and awaiting start date.	Torbay Council	Academic Institution
<b>5. Monitor and evaluate Torbay's secondary school based, self-harm prevention pilot (in the context of the pandemic)</b> Aligns to the following national priorities: Government Strategy p2, p6, p7, Prof Louis Appleby p2, p3)						
5.1	Commission a secondary school and family-based self-harm prevention intervention	April 2020-22	Service in place. Contract monitoring measures	NHS 2 <sup>nd</sup> Wave funding secured. Procurement complete and awarded to Checkpoint. Summary of current status required from CCG with Torbay Council to support contract monitoring and evaluation.	Devon CCG	Torbay Council, Checkpoint Spire Academy
Devon-wide priorities						
Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
<b>8. Devon-wide postvention suicide bereavement support service</b> Aligns to the following national priorities: Government Strategy p4; Prof Louis Appleby p8, Samaritans & Exeter University p1)						
8.1	Commission a postvention bereavement support service in Torbay and Plymouth to complement current provision in Devon	April 2021	Service in place Contact monitoring measures	Procurement process almost complete. Devon CCG to finalise.	Devon Council & Devon CCG	Torbay Council, Plymouth Council
<b>9. Devon-wide real-time suicide surveillance</b> Aligns to the following national priorities: Government Strategy p4, 6; Prof Louis Appleby p8, Samaritans & Exeter University p1)						
9.1	Co-design a real-time suicide surveillance system to help identify the following: suicide clusters, support for those bereaved by suicide and timely preventative intervention if possible	Oct 2020 Ongoing	System in place Action based on system	Data analyst recruited. Regular data flow from police and monthly meetings to review data in place, 6-month review planned. DSA being scoped.	Devon Council & Pete's Dragons	Torbay Council, Plymouth Council, DPT, Safeguarding teams

# SUICIDE PREVENTION PLAN – STAKEHOLDER ENGAGEMENT

**Statutory duty** – to coordinate local suicide prevention activity via a transparent local plan which is shaped by evidence of need (e.g. suicide audit, real-time surveillance, anecdotal evidence)

**History** – Devon and Torbay Suicide Prevention Strategic Group

**Future direction** – Torbay Mental Health and Suicide Prevention Alliance

## **Suicide Prevention Plan Task & Finish Group**

**Current members of T&F:** Torbay Council Public Health, Torbay & Southern Devon NHS Foundation Trust (TSDFT – (Adult Social Care & MHSP Training, Devon Partnership Trust (DPT), Samaritans, Torbay Age UK, Action to Prevent Suicide CIC

**Two scoping meetings** to collectively agree local principles and priorities

**Main principles:** doing a few things well in a truly collaborative way, playing to our strengths (support and partnerships) and working with other local authorities where we can

# PRIORITIES (TORBAY)

1. Reduce social isolation and loneliness
2. Promote a 'culture of curiosity' both publically and professionally
3. Build upon and grow peer-support within the mental health system
4. Better understand Torbay's high suicide and self-harm rates
5. Monitor and evaluate Torbay's secondary school based, self-harm prevention pilot (in the context of the pandemic)
6. Address system gaps for people with severe mental illness (in partnership with Community Mental Health Framework redesign)
7. Tackle high frequency locations



# PRIORITIES (DEVON-WIDE)

- Postvention suicide bereavement support service
- Real-time suicide surveillance
- Suicide prevention training (public, professionals and primary care)
- Men's mental health promotion campaign
- Media and communications programme
- Devon & Torbay – Embedding NCISH '10 ways to improve patient safety' in acute and community mental health provision
- Devon & Torbay suicide prevention for people with a history of domestic abuse and sexual violence

CJ3



# AIM, IMPLEMENTATION AND MONITORING

- Aims for no increase in the suicide rate from its current position, however, it aspires for a consistent downward trajectory which will bring it closer to the average rate of its nearest statistical neighbours (CIPFA).
- Suicide Prevention Plan T&F will continue to meet regularly to implement and monitor the plan, calling upon the Torbay Mental Health and Suicide Prevention (MHSP) Alliance members for additional support where needed. CJ4
- T&F will report back to the Torbay MHSP Alliance on a monthly basis and feedback will contribute to a quarterly HWBB report. CJ5
- T&F will respond to local emerging needs as and when required (e.g. via Real-Time Suicide Surveillance or MHSP Alliance

CJ4	list name in full? Chisnell, Julia, 15/03/21
CJ5	Chisnell, Julia, 15/03/21

# TORBAY MENTAL HEALTH AND SUICIDE PREVENTION ALLIANCE (MHSP)

- Builds upon the success of the Covid-19 Mental Health Cell which was first established during lock-down March / April 2020
- Multi-agency alliance (in principle) bringing together partners across the life-course and the mental health continuum
- Current membership: Torbay Council, Devon Partnership Trust (DPT), Devon Clinical Commissioning Group (CCG), Brixham & Paignton Primary Care Network (PCN), Torbay & Southern Devon NHS Foundation Trust (TSDFT), Torbay Community Development Trust (CDT), Torbay Healthwatch, Torbay Age UK, Action to Prevent Suicide CIC, Step One CIC
- Meets monthly with T&F groups following their own schedules

# TORBAY MENTAL HEALTH AND SUICIDE PREVENTION ALLIANCE (MHSP)

- Key aims:

1. Enable early identification and rapid response where there is evidence of escalating levels of distress, deteriorating mental health, self-harm or suicidal intent
2. Seek to identify gaps in provision to meet need which will help inform commissioning and local development
3. Promote clear pathways of support across the continuum of mental health
4. Ensure a trained, supported and informed workforce
5. To share resources and promote community collaboration

# TORBAY MENTAL HEALTH AND SUICIDE PREVENTION ALLIANCE (MHSP)

## Key actions:

- Formalise the MHSP Alliance
- Build upon and grow local CVSE mental health networks
- Lead local system change for suicide prevention and evaluate impact
- Develop, formalise and promote local support pathways across the continuum of mental health for all ages
- Identify and implement local system training requirements
- Establish and formalise links with other groups and any key local, regional and national developments

# HWBB ASK

- Hold the Torbay MHSP Alliance to account for updates and assurance
- Be the multi-agency group of senior leaders who can use your levers when necessary – to help progress actions and contribute towards improvements in mental wellbeing, mental health and a reduction in suicides
- This might be through:
  - Truly being part of a collective mental health system that addresses local needs
  - Ensuring alignment with your organisation's work-streams (working together)
  - Using your organisation's voice (as well) to champion a cause
  - Releasing capacity from your organisation
  - Contributing resource from your organisation



BE THE CHANGE  
THAT YOU  
WISH TO SEE  
IN THE WORLD.

*~ Mahatma Gandhi*

