

# Health Overview and Scrutiny Panel

Thursday, 29th June, 2017  
at 6.00 pm

**PLEASE NOTE TIME OF MEETING**

## Conference Room 3 and 4 - Civic Centre

This meeting is open to the public

### **Members**

Councillor Bogle (Chair)  
Councillor P Baillie  
Councillor Houghton  
Councillor Mintoff  
Councillor Noon  
Councillor Savage  
Councillor White

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# **PUBLIC INFORMATION**

## **ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)**

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

**MOBILE TELEPHONES:** - Please switch your mobile telephones to silent whilst in the meeting.

**USE OF SOCIAL MEDIA:** - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

## **PUBLIC REPRESENTATIONS**

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

**SMOKING POLICY** – the Council operates a no-smoking policy in all civic buildings.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

## **CONDUCT OF MEETING**

### **BUSINESS TO BE DISCUSSED**

Only those items listed on the attached agenda may be considered at this meeting.

### **RULES OF PROCEDURE**

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

### **QUORUM**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

## **DISCLOSURE OF INTERESTS**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

### **DISCLOSABLE PECUNIARY INTERESTS**

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship  
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
  - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
  - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

### **OTHER INTERESTS**

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

## PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

### DATES OF MEETINGS: MUNICIPAL YEAR 2017/2018

| <b>2017</b> | <b>2018</b> |
|-------------|-------------|
| 29 June     | 22 February |
| 24 August   | 26 April    |
| 26 October  |             |
| 7 December  |             |

## AGENDA

### **1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

### **2 ELECTION OF VICE-CHAIR**

To elect a Vice Chair for the Panel for the Municipal Year 2017-2018.

### **3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **4 DECLARATIONS OF SCRUTINY INTEREST**

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

### **5 DECLARATION OF PARTY POLITICAL WHIP**

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

### **6 STATEMENT FROM THE CHAIR**

### **7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 27 April 2017 and to deal with any matters arising, attached.

### **8 HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN: DELIVERY PLAN**

(Pages 5 - 10)

Report of the Hampshire and Isle of Wight Sustainability and Transformation Plan Lead detailing progress made to date on the core delivery programmes.

**9 MAKING BETTER USE OF OUR COMMUNITY HOSPITALS IN SOUTHAMPTON**

(Pages 11 - 22)

Report of the Director, System Delivery - NHS Southampton Clinical Commissioning Group, informing the Panel of proposals to make better use of the land and buildings at the Royal South Hants Hospital and at the Western Community Hospital.

**10 SOUTHAMPTON SUICIDE PREVENTION PLAN**

(Pages 23 - 54)

Report of the Chair of the Health Overview and Scrutiny Panel requesting that the Panel consider the quality of the Southampton Suicide Prevention plan and how effectively it is being implemented.

Wednesday, 21 June 2017

SERVICE DIRECTOR, LEGAL AND GOVERNANCE

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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 27 APRIL 2017

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Present: Councillors Bogle (Chair), Houghton, Mintoff, Noon and Savage

Apologies: Councillors P Baillie and White

24. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

**RESOLVED:** that the minutes for the Panel meeting on 23 February 2017 be approved and signed as a correct record.

25. **SOUTHAMPTON PROVIDER DRAFT QUALITY ACCOUNTS 2016/17**

The Panel considered the report of the Service Director, Legal and Governance introducing the 2016/17 draft Quality Accounts for NHS providers operating within Southampton.

John Richards - Chief Officer NHS Southampton City Clinical Commissioning Group (CCG) was present and was asked by the Chair to provide the CCG's evaluation of the Quality Accounts. In addition Annabel Hodgson (Healthwatch Southampton) and Joe Hannigan (Patients Forum) were present and, with consent of the Chair, were able to address the meeting.

The Panel recognised that the accounts were designed to focus on the individual organisational performance. However, the City Providers were requested that the final versions of the Quality Accounts should make broader reference to how the individual organisations feed into the priorities of the wider system.

**University Hospital Southampton NHS Foundation Trust (UHS)**

Juliet Pearce (Deputy Director of Nursing) and Gail Byrne (Director of Nursing and Organisational Development) were present and with the consent of the Chair addressed the meeting.

The Trust outlined its performance against 2016/17 targets and reasons for choosing the priorities. It was noted that UHS had managed winter pressures well in 2016/17, in terms of patient care, and that, whilst there were a number workforce challenges, recent staff surveys had indicated a great deal of employee satisfaction with the Trust. It was recognised that the Trust had continued to engage with staff to provide a better understanding of how the Trust was performing. It was noted that the Trust recognised the danger of staff shortages and was considering introducing an apprenticeship scheme and had instigated a talent management programme to support staff development within the organisation.

The Panel noted that there continued to be concerns over the issue of delayed discharge of patients from the Hospital. The trust acknowledged the problem but stated that there had been an improvement in performance against targets in the Southampton City area but that sustained improvement was required. In response to questioning the Trust informed the Panel of its efforts to enable accessible information, explaining the planned roll out of a card that would identify the required format of any information imparted to patients by staff members.

The Quality Account made reference to an unannounced Care Quality Commission inspection in January 2017. The Panel welcomed the opportunity to review the feedback from the inspection and the subsequent action plan in 2017/18.

### **Care UK**

Were not present at the meeting and offered apologies. The Panel raised concerns that the number of reported incidents at the Southampton Treatment Centre had increased, including a 'Never Event'. The CCG outlined that Care UK had a transparent and open approach to reporting incidents and subsequently learning from them.

### **Solent NHS Trust**

Mandy Rayani (Chief Nurse) was present and with the consent of the Chair addressed the meeting.

The Panel received a verbal update that detailed the progress implementing the action plan developed following the inspection by the Care Quality Commission (CQC) in June and July 2016. It was noted that the CQC had provided initial comments on the action plan and these were being responded to and that the matter would be best addressed at a future meeting.

The Panel were informed that Solent NHS Trust had made progress following the CQC inspection, particularly around risk assessments and medicine management in schools. Not all the actions have been implemented but they were confident that when the Trust were re-inspected the CQC would note the improvements.

It was noted that the Trust had implemented a quality improvement programme, focusing on the skills of the workforce, with the aim of empowering staff at all levels to make a difference and improve outcomes.

The Panel highlighted the difficulty within the Quality Account to link the performance indicators with the priorities of the organisation. It was noted that the trust had only fully achieved 2 out of the 5 priorities for 2016/17 and that they were carrying over 3 of its 5 priorities for the forthcoming year. In response to questioning the Trust explained that recruitment to a number of senior positions was on going.

### **Southern Health NHS Foundation Trust**

Alan Yates (Interim Chair), Julie Dawes (Interim Chief Executive) Helen Ludford (Associate Director Quality and Governance) Emma McKinney (Associate Director Communications) were present and with the consent of the Chair addressed the meeting.



The Panel acknowledged that the Trust had been the subject of a great deal of scrutiny over the past 12 months and that generally it was making progress against the targets and action plans developed following the critical CQC and Mazars reports, this included the removal of the warning notice by the CQC. The Trust was now better at reporting and investigating serious incidents and was reviewing structures, risk management processes and performance management.

The Panel were informed that Southern Health had appointed a Family Liaison Officer to improve the engagement of carers and families, this was recognised as a positive development reflecting good practice.

The Trust also provided the Panel with an overview of the Quality Ambassadors Initiative. The scheme seeks to involve staff across the organisation in improving quality and ensuring that improvements are sustainable.

The Panel were briefed on the status of the Psychiatric Intensive Care Unit (PICU) in Southampton and were informed that the unit had now been reopened but that the Trust had restricted admission on a number of occasions to maintain safe staffing levels. It was explained that the Unit continued to be closely monitored to ensure that the quality of care could be maintained.

The Panel also reviewed the Trust's Clinical Services Strategy. The strategy identifies how services will be best delivered in the future and looked at whether the current organisational arrangements needed to change to support the clinical strategy. Reflecting the new strategy the Panel were informed that it was hoped that a permanent Chair for the Trust would be appointed by the end of May 2017 and that once appointed the Chair would be involved in recruiting the new Non-Executive Directors to the Trust Board. The CCG expressed its support for the new strategy.

**RESOLVED** that the Panel;

- (i) Noted the draft 2016/17 Quality Accounts from the University Hospital Southampton NHS Foundation Trust, Care UK, Solent NHS Trust and Southern Health NHS Foundation Trust
- (ii) Agreed that a response to each Quality Account would be developed, following consultation with the Chair, for inclusion within the final reports;
- (iii) Noted the Southern Health NHS Foundation Trust Clinical Services Strategy.

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# Agenda Item 8

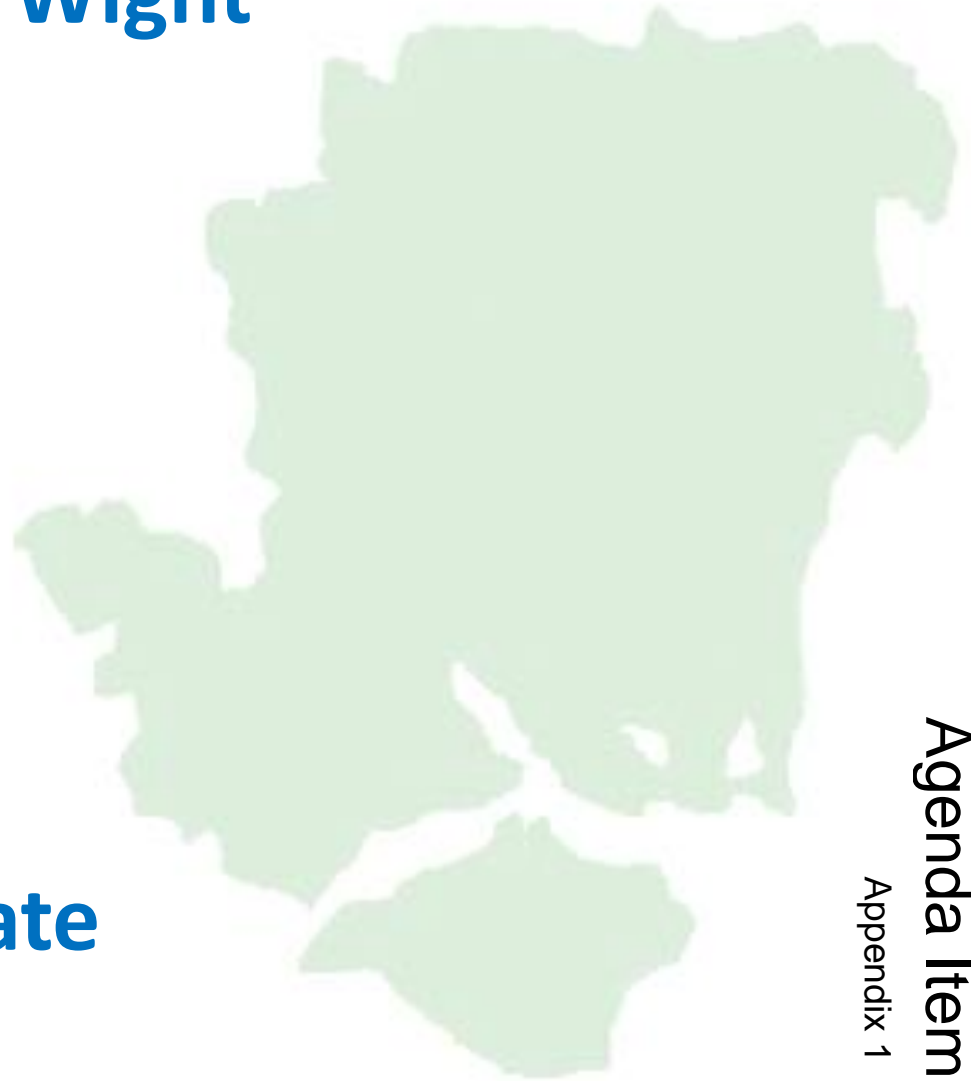
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|---|---|---|
| <b>DECISION-MAKER:</b>  | HEALTH OVERVIEW AND SCRUTINY PANEL  |   |
| <b>SUBJECT:</b>   | HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN: DELIVERY PLAN   |   |
| <b>DATE OF DECISION:</b>  | 29 JUNE 2017  |   |
| <b>REPORT OF:</b>   | HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN LEAD   |   |
| <b><u>CONTACT DETAILS</u></b>   |   |   |
| <b>AUTHOR:</b>  | <b>Name:</b>  | Richard Samuel  |
|   | <b>E-mail:</b>  | SEHCCG.HIOW-STP@nhs.net   |
| <b>STATEMENT OF CONFIDENTIALITY</b>   |   |   |
| None  |   |   |
| <b>BRIEF SUMMARY</b>  |   |   |
| <p>The Hampshire and the Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP) works towards improving both the quality and efficiency of the local health and care system.</p> <p>A delivery plan was submitted to NHS England and NHS improvement in 2016 and attached is an appendix detailing progress made to date on the core delivery programmes.</p> |   |   |
| <b>RECOMMENDATIONS:</b>   |   |   |
|   | (i)   | That the Panel note the progress made by the Hampshire and Isle of Wight Sustainability and Transformation Partnership along with the next steps. |
| <b>REASONS FOR REPORT RECOMMENDATIONS</b>   |   |   |
| 1.  | To enable the Panel to discuss the Sustainability and Transformation Partnership's progress.  |   |
| <b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>  |   |   |
| 2.  | Not applicable  |   |
| <b>DETAIL (Including consultation carried out)</b>  |   |   |
| 3.  | The delivery plan for the Hampshire and the Isle of Wight (HIOW) Sustainability and Transformation Plan (STP) was presented to the Southampton Health Overview and Scrutiny Panel (HOSP) at the 19 December 2016 meeting.   |   |
| 4.  | At the HOSP meeting the Panel agreed to review and monitor the development of the Plan on a regular basis. Attached as Appendix 1 is a briefing paper from the NHS on the Hampshire and Isle of Wight Sustainability and Transformation Partnership updating the Panel on progress to date. |   |
| <b>RESOURCE IMPLICATIONS</b>  |   |   |
| <b><u>Capital/Revenue</u></b>   |   |   |
| 5.  | Information contained within Appendix 1.  |   |
| <b><u>Property/Other</u></b>  |   |   |
| 6.  | Information contained within Appendix 1.  |   |

|   |  |
|---|--|
| <b>LEGAL IMPLICATIONS</b>   |  |
| <b>Statutory power to undertake proposals in the report:</b>  |  |
| 7.  | N/A  |
| <b>Other Legal Implications:</b>  |  |
| <b>RISK MANAGEMENT IMPLICATIONS</b>   |  |
| 8.  | N/A  |
| <b>POLICY FRAMEWORK IMPLICATIONS</b>  |  |
| 9.  | N/A  |
| <b>KEY DECISION</b>   | No   |
| <b>WARDS/COMMUNITIES AFFECTED:</b>  | None directly as a result of this report   |
| <b><u>SUPPORTING DOCUMENTATION</u></b>  |  |
| <b>Appendices</b>   |  |
| 1.  | NHS Briefing Paper - Hampshire and Isle of Wight Sustainability and Transformation Partnership update                                      |
| <b>Equality Impact Assessment</b>   |  |
| Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out. | No   |
| <b>Privacy Impact Assessment</b>  |  |
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.                | No   |
| <b>Other Background Documents</b>   |  |
| <b>Equality Impact Assessment and Other Background documents available for inspection at:</b>                         |  |
| Title of Background Paper(s)  | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
| 1.  | None   |

# Hampshire and Isle of Wight Sustainability and Transformation Partnership

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**Core programme update  
June 2017**



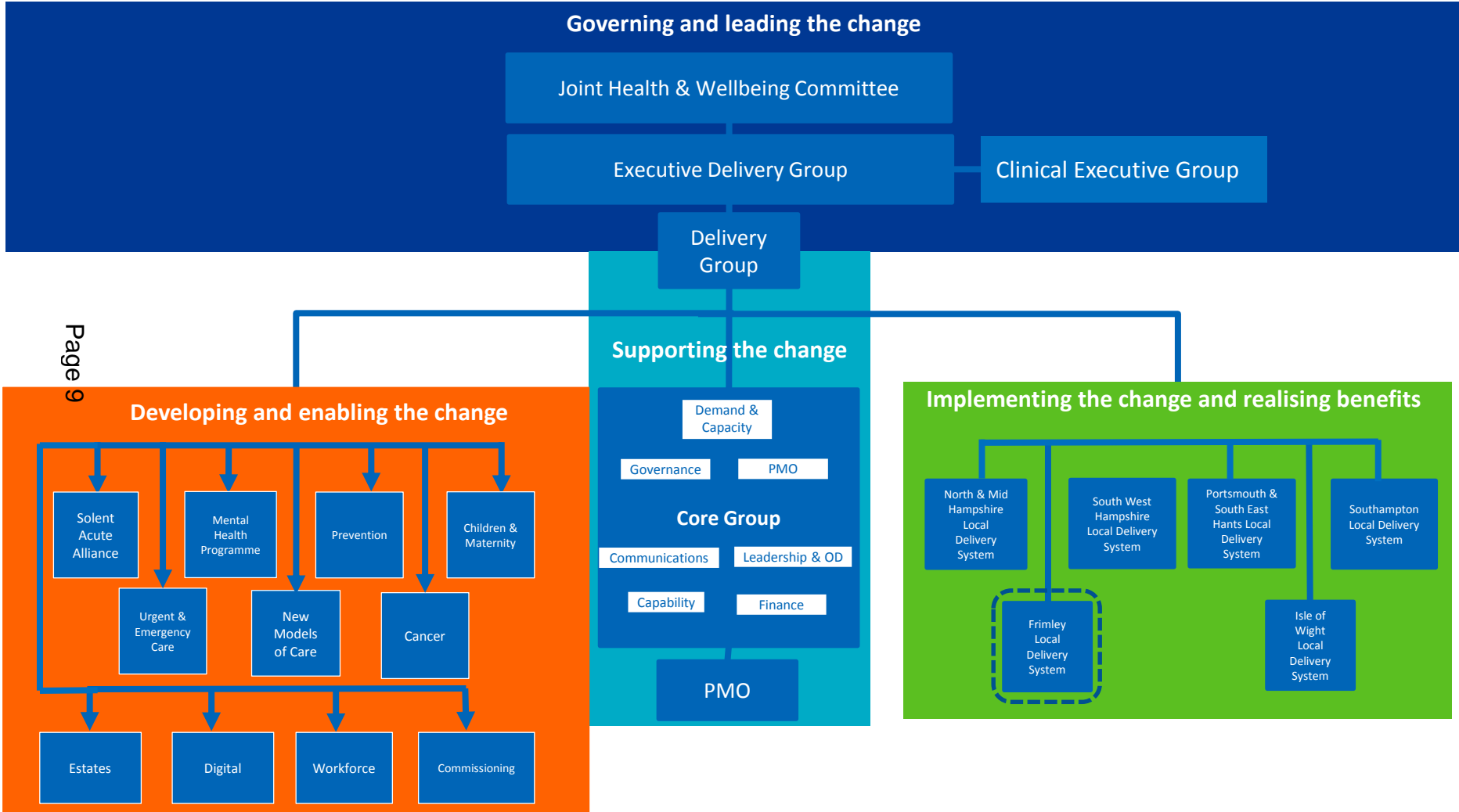
Agenda Item 8  
Appendix 1

# Our core delivery programmes

**This document provides an update on our seven core delivery programmes.** Following the publication of NHS England's Five Year Forward View Next Steps the core programmes have been amended to reflect both national and local priorities. There are now seven core programmes focused on transforming the way both physical and mental health and care are delivered.

| Core Programme               | Summary  |
|------------------------------|--|
| 1. Prevention at scale       | To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW.   |
| 2. New Care Models           | To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements.  |
| 3. Urgent and Emergency Care | To create a sustainable, high quality and affordable configuration of urgent and emergency services for the population of HIOW and the out-of-hospital services to support that configuration, ensuring that no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands. Focus will include reducing the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings |
| 4. Solent Acute Alliance     | To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and cost through collaboration between UHS, Portsmouth Hospitals, Isle of Wight Trust and Lymington Hospital. Provide equity of access, highest quality, safe services for the population.   |
| 5. Cancer                    | To improve the prevention and early detection of cancer , ensuring that patient treatment and their experience of that treatment is as good as it can be. We will also work to ensure that people are supported to live with and beyond their cancer diagnosis.  |
| 6. Mental Health Programme   | To improve quality, capacity and access to MH services in HIOW. Achieved by the four HIOW Trusts providing mental health services (Southern Health, Solent NHST, Sussex Partnership FT and Isle of Wight NHST), commissioners, local authorities, third sector and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways   |
| 7. Children and maternity    | To ensure the children and young people of Hampshire and the Isle of Wight have the best start in life, having the access they need to high quality physical and mental health care.   |

# STP governance structure



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# Our core delivery programme activity

| Core Programme               | Progress to date   | Objectives over the next six months   |
|------------------------------|--|---|
| 1. Prevention at scale       | <ul style="list-style-type: none"> <li>Diabetes Prevention Programme now active with additional national funding obtained – 119 people referred in first month in West and North Hants, Fareham and Gosport</li> <li>'Stop before the op' now actively promoted in all acute trusts</li> </ul>   | <ul style="list-style-type: none"> <li>Diabetes Prevention programme to roll out in Southampton and Portsmouth</li> </ul>   |
| 2. New Care Models           | <ul style="list-style-type: none"> <li>Each local area has completed a new care models self assessment to enable a HIOW plan to be developed</li> </ul>  | <ul style="list-style-type: none"> <li>Analysis of self-assessments to identify key priorities and resource requirements</li> </ul>   |
| 3. Urgent and Emergency Care | <ul style="list-style-type: none"> <li>Investing circa £3m capital to support GP streaming in three emergency departments: £855k at Portsmouth Hospitals, £1m at UHS, £969k at Hampshire Hospitals</li> <li>Agreement of a delivery plan including eight key priority areas</li> </ul>   | <ul style="list-style-type: none"> <li>Transforming care services in north and mid-Hampshire</li> <li>Development of an enhanced NHS 111 service model including assessment by a clinician and direct booking for out of hours appointments</li> </ul>  |
| 4. Solent Acute Alliance     | <ul style="list-style-type: none"> <li>Contributed to the Acute Services Review, identifying options to provide safe and sustainable services on the Isle of Wight</li> <li>Moved HIOW vascular services to UHS from April 2017</li> </ul>   | <ul style="list-style-type: none"> <li>Designing a Wessex renal service using a 'Hub and Spoke' model</li> <li>Designing spinal surgical services across Alliance partners, supported by commissioners</li> <li>Prioritising further opportunities to achieve benefits in quality, cost and sustainability</li> </ul> |
| 5. Cancer                    | <ul style="list-style-type: none"> <li>Invested £148k additional funding into non-recurrent MRI scan capacity to improve cancer 62 day wait performance</li> </ul>   | <ul style="list-style-type: none"> <li>Continued focus on improving achievement of the 62 waiting time standard</li> <li>Improving rehabilitation and recovery services</li> </ul>  |
| 6. Mental Health Programme   | <ul style="list-style-type: none"> <li>Secured £456k non-recurrent revenue for University Hospitals Southampton to provide 24hr psychiatric liaison services</li> <li>Provided immediate resilience and improvement support for Isle of Wight mental health services</li> <li>Commenced process of establishing a specialised mental health and learning disability service for Hampshire and Southampton</li> </ul> | <ul style="list-style-type: none"> <li>Working with 'Building Health Partnerships' to develop plans to work with community and voluntary sector to embed coproduction into HIOW mental health crisis service design</li> </ul>  |
| 7. Children and maternity    | <ul style="list-style-type: none"> <li>Scope of programme agreed including identification of key priorities : improving care for children with ADHD/ Autism, paediatric urgent and emergency care, Tier3/4 CAMHS, paediatric acute bed review</li> </ul>   | <ul style="list-style-type: none"> <li>Stakeholder engagement to help shape plans for key priority areas</li> </ul>   |



|                               |   |                                       |                          |
|-------------------------------|---|---------------------------------------|--------------------------|
| <b>DECISION-MAKER:</b>        | HEALTH OVERVIEW AND SCRUTINY PANEL  |                                       |                          |
| <b>SUBJECT:</b>               | MAKING BETTER USE OF OUR COMMUNITY HOSPITALS IN SOUTHAMPTON                   |                                       |                          |
| <b>DATE OF DECISION:</b>      | 29 JUNE 2017  |                                       |                          |
| <b>REPORT OF:</b>             | DIRECTOR, SYSTEM DELIVERY - NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP |                                       |                          |
| <b><u>CONTACT DETAILS</u></b> |   |                                       |                          |
| <b>AUTHOR:</b>                | <b>Name:</b>  | Paul Benson                           | <b>Tel:</b> 07967 506028 |
|                               | <b>E-mail:</b>  | Paul.benson@southamptoncityccg.nhs.uk |                          |
| <b>Director</b>               | <b>Name:</b>  | Peter Horne                           | <b>Tel:</b> 07768 926487 |
|                               | <b>E-mail:</b>  | Peter.horne@southamptoncityccg.nhs.uk |                          |

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|--|---|
| <b>STATEMENT OF CONFIDENTIALITY</b>  |   |
| None   |   |
| <b>BRIEF SUMMARY</b>   |   |
| <p>The CCG has established a multi-stakeholder project team to coordinate necessary work to make better use of the land and buildings at the Royal South Hants Hospital and at the Western Community Hospital. Within this there is a priority need to replace a 24-bed rehabilitation ward for older people with a modern facility and, ideally, have all Solent's inpatient wards in Southampton in the same location: presently they are divided across the two sites. A solution to this necessary ward replacement and co-location has been identified and an Outline Business Case is at a late stage of development. In parallel, proposals to make good use of the land at the Royal South Hants Hospital have been developed and the attached briefing paper outlines the emerging proposals.</p> |   |
| <b>RECOMMENDATIONS: That the Panel</b>   |   |
|  | (i) Consider and comment upon the information presented in the attached briefing paper, and at the meeting on 29 June, on proposals to make better use of the land and buildings at the Royal South Hants Hospital and at the Western Community Hospital. |
| <b>REASONS FOR REPORT RECOMMENDATIONS</b>  |   |
| 1.   | The CCG wishes to brief the Panel about current work in progress and receive comments and suggestions from the Panel.   |
| <b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>   |   |
| 2.   | Six options to reconfigure the estate at the two hospital sites have been considered and a preferred option has been selected. Further details are shown in the attached briefing.  |
| <b>DETAIL (Including consultation carried out)</b>   |   |
| 3.   | The briefing, attached as Appendix 1, provides the Southampton HOSP with details of the emerging proposals regarding the Royal South Hants and the Western Community Hospital sites.  |

|   |   |
|---|---|
| 4.  | NHS Southampton City CCG are keen to receive the Panel's questions, comments and suggestions at the meeting.            |
| <b>RESOURCE IMPLICATIONS</b>  |   |
| <b><u>Capital/Revenue</u></b>                                       |   |
| 5.  | The capital cost of the proposed new ward block at the Western Community Hospital is currently estimated to be £12.35m. |
| <b><u>Property/Other</u></b>  |   |
| 6.  | Please refer to attached briefing.  |
| <b>LEGAL IMPLICATIONS</b>   |   |
| <b><u>Statutory power to undertake proposals in the report:</u></b> |   |
| 7.  | Not applicable.   |
| <b><u>Other Legal Implications:</u></b>                             |   |
| 8.  | None.   |
| <b>RISK MANAGEMENT IMPLICATIONS</b>                                 |   |
| 9.  | None.   |
| <b>POLICY FRAMEWORK IMPLICATIONS</b>                                |   |
| 10.   | Not applicable.   |

|   |   |
|---|---|
| <b>KEY DECISION?</b>  | No  |
| <b>WARDS/COMMUNITIES AFFECTED:</b>  | ALL   |
| <b><u>SUPPORTING DOCUMENTATION</u></b>  |   |
| <b>Appendices</b>   |   |
| 1.  | Making better use of our community hospital – Royal South Hants Hospital and Western Community Hospital estate optimisation project |
| <b>Documents In Members' Rooms</b>  |   |
| 1.  | None  |
| <b>Equality Impact Assessment</b>   |   |
| Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out. | No  |
| <b>Privacy Impact Assessment</b>  |   |
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.                | No  |
| <b>Other Background Documents</b>   |   |
| <b>Equality Impact Assessment and Other Background documents available for inspection at:</b>                         |   |
| Title of Background Paper(s)  |   |
| 1.  | None  |

### **SOUTHAMPTON CITY HEALTH OVERVIEW AND SCRUTINY PANEL 29 JUNE 2017**

#### **MAKING BETTER USE OF OUR COMMUNITY HOSPITALS - ROYAL SOUTH HANTS HOSPITAL/WESTERN COMMUNITY HOSPITAL ESTATE OPTIMISATION PROJECT**

1. The purpose of this paper is to brief the Health Overview and Scrutiny Panel about work now in progress to make better use of the land and buildings at the two community hospitals in Southampton – the Royal South Hants Hospital and the Western Community Hospital.
2. The Royal South Hants Hospital (Royal South Hants), which in its original form opened its doors in 1844, occupies a 5.7 hectare site in Bevois ward in the centre of the city. The Royal South Hants is owned by NHS Property Services Ltd and mainly comprises three linked wings (built at different stages in the evolution of the hospital), a physically separate and now redundant psychiatry wing, a deconsecrated hospital chapel, and various car parks:-
  - Hospital chapel (1857 – not in use)
  - Brambles Wing (1890s – ground floor operational, first floor not in use)
  - Fanshawe Wing (1964 - operational)
  - Department of Psychiatry (opened 1979, closed 2010 – not in use)
  - Mary Seacole Wing (1987 – operational but with some areas not in use)

A separate boiler house on the site houses plant and equipment of the Southampton District Energy Scheme which serves the hospital and neighbouring properties. While technically not part of the Royal South Hants site, the Newtown Clinic on Lyon Street abuts the Royal South Hants site and has been included within the scope of the optimisation project (see site plan at annex 1).

3. As is evident from the list above, the land and buildings at the Royal South Hants are not fully utilised: perhaps the clearest illustration of this is the redundant Department of Psychiatry building (see photograph below) which has lain empty and unused since the opening in 2010 of the adjacent Antelope House, an adult inpatient psychiatric unit operated by Southern Health NHS Foundation Trust (Southern Health). The Antelope House site abuts the Royal South Hants site: it has not been included in the scope project because it was constructed under the provisions of a 25-year contract with the Hampshire Local Improvement Finance Trust.



4. An increasingly pressing issue is the need to replace the 24-bed Lower Brambles Ward which provides “step down” rehabilitation care for older people following an episode of acute care in Southampton General Hospital. Lower Brambles Ward occupies the ground floor of the Brambles Wing which is understood to have been constructed in the 1890s and is thus not well-configured for the delivery of care in the 21<sup>st</sup> century. Of the 24 beds, all but two are in multi-bed bays and this limits swift access to beds because of the need to designate male and female bays to maintain privacy and dignity. There have also been problems with the heating system and windows arising from the age of the infrastructure.
5. The staff work hard to provide a caring and responsive service but there is a need to replace Lower Brambles Ward with a modern facility – ideally co-located with its sister ward, Fanshawe Ward (19 step-up/step-down beds), which is presently on the first floor of the separate Fanshawe Wing of the hospital. Both wards are some distance from the supporting Therapies Department (physiotherapy/occupational therapy) which is in the Mary Seacole Wing.
6. Solent NHS Trust (Solent), which operates the two wards and the therapy service, has expressed a strategic intention to have all their inpatient services in Southampton on the same site. In addition to the two wards at the Royal South Hants, Solent operates the 14-bed Snowdon Ward at the Western Community Hospital (Western) in Millbrook ward. Solent also operates the 10-bed Kite Unit – a county-wide neuro-behavioural rehabilitation service - at St James Hospital, Portsmouth.
7. Subject to the outcome of a consultation presently in progress, the Kite Unit will relocate from Portsmouth to the currently vacant Minstead Ward at the Western during the latter part of 2017. At that point the trust will operate two wards at the Royal South Hants and two wards at the Western. The trust’s preference would be to have all four wards on the same site to achieve gains in mutual support, staffing resilience and improved outcomes. Co-location would also help create a regional “centre of excellence” in rehabilitation which is expected to aid the recruitment and retention of increasingly scarce clinical staff. Another benefit of the Western site is its physical proximity to Southampton General Hospital.
8. The freehold of the Western, which opened in 1995, is owned by Solent NHS Trust. When built the Western had five inpatient wards but at present only three are in use. Of these, two are leased to Southern Health for the provision of an inpatient mental health service for older people living in Southampton and the New Forest. Current utilisation of the wards at the Western is summarised in the table below:-

| <b>Ward name</b> | <b>Function/current status</b><br>(as at June 2017) | <b>Provider</b> | <b>Beds</b> |
|------------------|---|-----------------|-------------|
| Snowdon          | Neuro/Stroke rehab                                  | Solent          | 14          |
| Tannersbrook     | Not in use for patients [19 beds as built]          |                 | [19]        |
| Berrywood        | Older People Mental Health                          | Southern        | 18          |
| Beaulieu         | Older People Mental Health                          | Southern        | 17          |
| Minstead         | Not in use for patients [18 beds as built]          |                 | [18]        |

Minstead Ward will be brought back into use later this year as a consequence of the relocation of the Kite Unit. Tannersbrook Ward has been out of use for several years because it is now deemed to be unsuitable for patient care due to poor sight lines and doors which are too small to allow the passage of patient beds. In consequence it is presently used for administration offices.

9. In summary, the central objectives of the estate optimisation project have been to:-
- Near term - reprovide Lower Brambles Ward in suitable accommodation at either the Royal South Hants or the Western;
  - Longer term – ensure full and effective use is made of buildings and land at the Royal South Hants and Western sites.
10. An “Estate Optimisation Project Team”, chaired by Peter Horne (Director, System Delivery, Southampton City Clinical Commissioning Group) has been meeting on a monthly basis since January 2016. The Project Team has included representatives from Southampton City CCG, local provider organisations (University Hospital Southampton, Solent, Southern), NHS Property Services, Hampshire LIFT and Community Health Partnerships. Architectural and cost advice has been provided by two local firms and various technical reports have been commissioned from specialist engineering and estate advice.
11. The task of identifying options and potential solutions in relation to replacing Lower Brambles Ward has been substantially informed by advice from a “Clinical Reference Group” drawn from Southampton GPs and frontline clinicians and operational managers. A programme of option development workshops was held during 2016 and, after extensive discussion, the Clinical Reference Group identified six potential improvement options. These are summarised in the table below along with a baseline “do minimum” option (option 1):-

| Option | Summary description of option  | Key change and score when evaluated  |    |
|--------|--|--|----|
| 1      | Do minimum - maintain existing estate to required standards  | No material change.  | 26 |
| 2      | Lower Brambles moves into Mary Seacole wing at RSH.  | Lower Brambles Ward stays at Royal South Hants.  | 43 |
| 3      | Lower Brambles <u>and</u> Fanshawe move into Mary Seacole wing at RSH.   | As above. Two wards now adjacent to each other and therapies.                                  | 55 |
| 4      | As option 3 plus new building on Brambles footprint enabling Fanshawe Wing to be taken out of use.                         | As above plus new building on Brambles site to rehouse Fanshawe wing.                          | 69 |
| 5      | Lower Brambles and Fanshawe move to new building on Tannersbrook footprint.  | Lower Brambles and Fanshawe move to Western site.  | 86 |
| 6      | Southern Health wards at Western move to new building adjacent to Antelope House. Lower Brambles/Fanshawe move to Western. | As above but in addition the two mental health wards at the Western move to Royal South Hants. | 71 |
| 7      | All wards and services at the Western move to new buildings on RSH site. Western site available for other use.             | All wards at the Western move to Royal South Hants.  | 61 |

12. In parallel with the work of the Clinical Reference Group, there has been ongoing dialogue with patient and carer representatives. Since the summer of 2016, two meetings have been held with the CCG's Patients Forum and two with Communications and Engagement Group. The objective of the meetings has been to explain the background to the estate optimisation work and identify stakeholder issues or concerns. Members of both groups attended a specially-convened workshop in December 2016 to provide input into the finalisation of the selection criteria developed by Clinical Reference Group. The selection criteria used when assessing the options are shown below:-

**Functional suitability and operational efficiency**

- delivers improvement to current accommodation (patient perspective)
- delivers improvement to current accommodation (technical and staff)
- delivers improvement to current adjacencies
- delivers modern/energy-efficient buildings

**Strategic flexibility and innovation**

- delivers buildings that can adapt to changing needs and models of care
- delivers/maintains community hospital land that can adapt to changing needs
- helps maintain equitable access for all residents in the catchment area

**Deliverability**

- expected to be acceptable to our public and their elected representatives
- meets needs and aspirations of our staff
- can be delivered in timescale acceptable to stakeholders
- solution is likely to be acceptable to planning authority

**Wider economic benefit**

- delivers improvements to the visual amenity etc of local residents
- supports the city council's regeneration agenda
- potential to release surplus land for alternative use (housing/extra care)

13. In December 2016, option 5 was identified as the preferred option from a clinical and operational perspective. Option 5 envisages the relocation of Lower Brambles Ward and Fanshawe Ward to a specially constructed ward block at the Western on the site of Tannersbrook Ward (which would be demolished). The new two storey building will be linked at ground floor level to the main Western building and will incorporate the bed capacity currently provided in Lower Brambles and Fanshawe Wards (43 beds) plus some "future-proofing" capacity (current planning assumption - 7 beds) – ie a total of 50 beds. More significantly, there will an increase in the number of single rooms from the current 9 to 26.

|                   | Current state |           | Future state |           |
|-------------------|---------------|-----------|--------------|-----------|
|                   | Bays          | Beds      | Bays         | Beds      |
| Single rooms      | -             | 9         | -            | 26        |
| 3-bed bays        | 4             | 12        | 8            | 24        |
| 4-bed bays        | 0             | 0         | 0            | 0         |
| 5-bed bays        | 2             | 10        | 0            | 0         |
| 6-bed bays        | 2             | 12        | 0            | 0         |
| <b>TOTAL BEDS</b> |               | <b>43</b> |              | <b>50</b> |

14. A site plan showing the siting of the new ward block is shown at annex 2. It is important to note that the square “block” is not intended to convey an impression of the final building – this will develop from detailed design work by architects working with staff and patient stakeholders at a later stage.
15. The capital cost of the new ward block, which will also incorporate a therapies area to serve the two wards, is currently estimated to be some £12.35m. An Outline Business Case is presently in development: this will set out the strategic, economic, commercial and financial case for this investment. Sources of potential capital funding are presently being explored as a necessary part of the Outline Business Case.
16. In terms of making better use of the Royal South Hants site, the property and valuation consultancy Savills was engaged jointly by Southampton City CCG and NHS Property Services (owners of the Royal South Hants and Newtown Clinic freeholds) following a competitive tender.
17. The brief to Savills was to carry out a high level review of the sites, understand constraints and opportunities, understand site capacity, and suggest development options for future rationalisation. Savills began work in mid-March 2017 and their report was received at the end of May. In developing their findings and recommendations Savills held discussions with the Planning Team at Southampton City Council and considered extensive input from, amongst others, Southampton City CCG and NHS Property Services.
18. The report is still being considered by the Project Team and a number of follow-up questions and points for clarification have been put to Savills for inclusion in a final version of their report. At a headline level, Savills say that taking into account the various factors that impinge upon land values, current and future demand pressures (eg an aging population), and the consequential health and care planning requirements of commissioners, the best use of surplus or potentially surplus land and buildings at the Royal South Hants would be to utilise the land for the establishment of the following (singly or in combination):-
  - an Extra Care facility
  - a Care Home with Nursing or student accommodation
  - a development of key worker housing and residential housing
19. Savills were asked to display up to three development options and the option that CCG and City Council commissioning colleagues regard as being worthy of serious further consideration is shown in the image at annex 3. This option envisages:-
  - the demolition of the Department of Psychiatry building and its replacement with an Extra Care facility (ie analogous to Erskine Court) of approximately 120 units;
  - the construction of a 70-bed Care Home with Nursing on a car park on the west of the site;
  - the demolition of the Brambles Wing and the construction of Key Worker housing;
  - the demolition of the Newtown Clinic and the construction of Key Worker housing and residential housing;
  - the conversion of the Grade 2 listed redundant chapel into a café/retail facility (which may be made viable in terms of footfall by the above developments);
  - the construction of a decked car park to replace parking spaces lost as a consequence of the above developments.

20. Members of the Panel will understand that we are presently at an “ideas and options” stage and there is much work still to do to turn these ideas into reality. Clearly there are some significant potential obstacles and risks including:-

- securing capital funding and planning permission for the new ward block at the Western;
- reaching agreement with NHS Property Services on the future use of the Royal South Hants site;
- securing community support and planning permission for the above potential developments at the Royal South Hants site (or variations of them);
- Identifying development and funding partners for the proposed Extra Care, Care Home and Key Worker housing developments.

21. In terms of next steps, an Outline Business Case for the development of the new ward block at the Western is nearing completion and is expected to be submitted to the various NHS approval bodies in September 2017 with a Final Business Case submitted by March 2018. If the business case is approved, demolition of Tannersbrook Ward would take place in July 2018 with the new building ready for occupation towards the end of the 2019-20 financial year.

22. The CCG is also currently in active discussion with NHS Property Services about the future use of the Royal South Hants site and have proposed that a “Memorandum of Understanding” should be developed and signed which sets out how the Royal South Hants site should be used and developed over the next decade to best serve the needs of the people of Southampton.

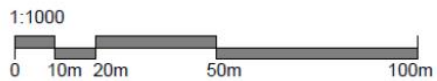
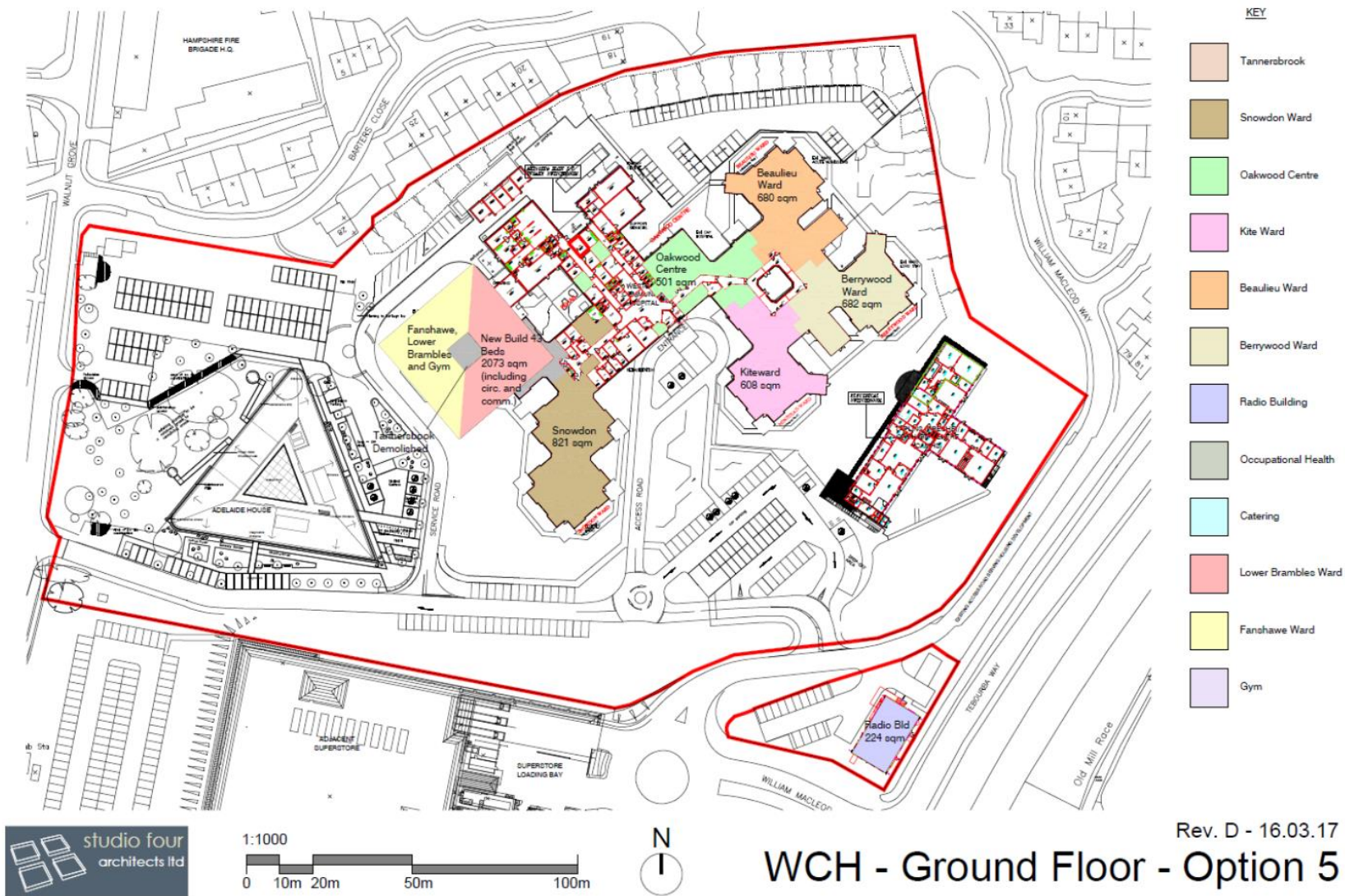
23. The CCG welcomes this opportunity to brief the Health Overview and Scrutiny Panel about the estate optimisation work affecting the Royal South Hants and the Western and are keen to receive the Panel’s questions, comments and suggestions at the meeting on 29 June.

Peter Horne  
Director, System Delivery  
NHS Southampton City CCG

PRB/16.06.17



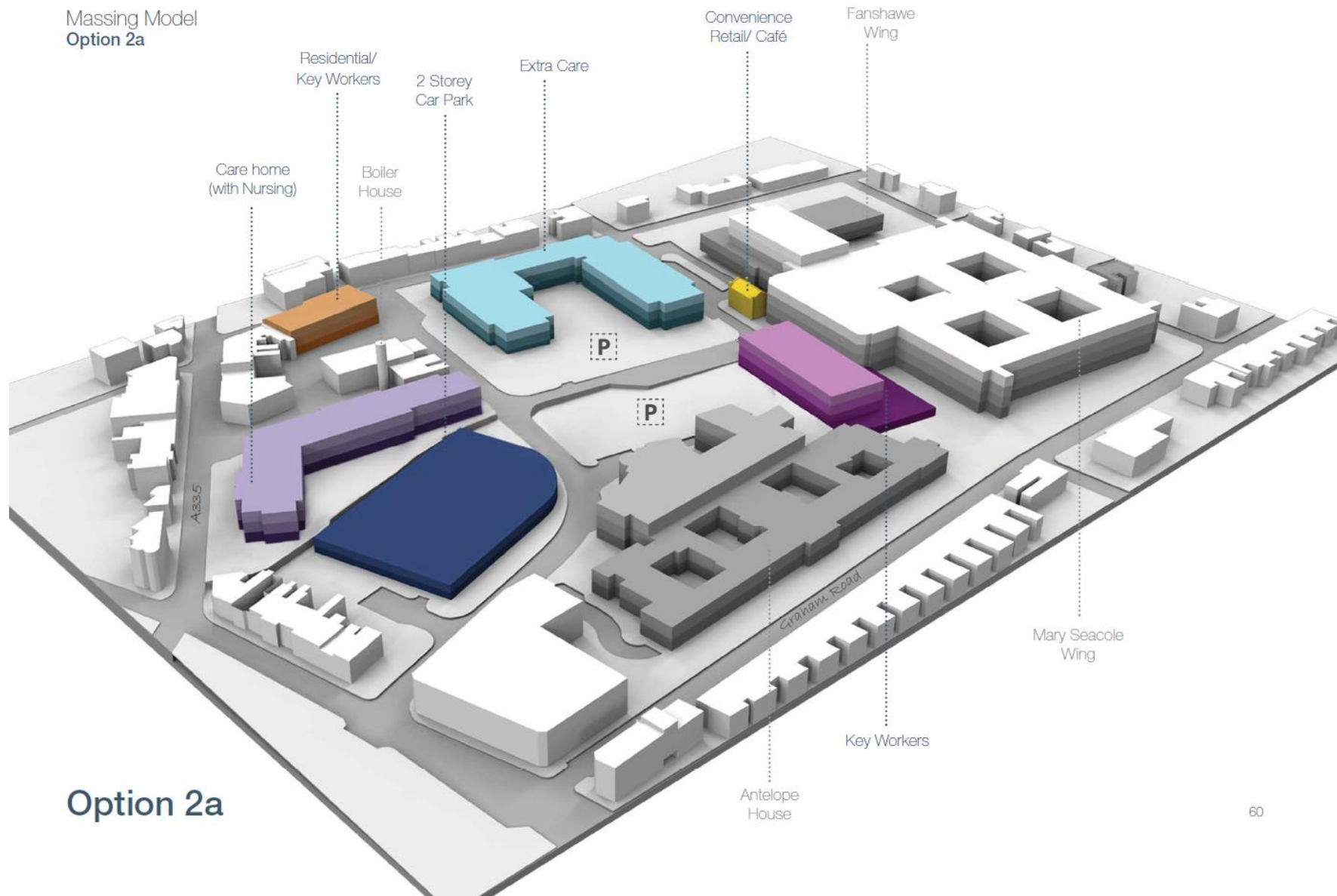




Rev. D - 16.03.17  
**WCH - Ground Floor - Option 5**



Massing Model  
Option 2a



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|  |   |   |                                  |
|--|---|---|----------------------------------|
| <b>DECISION-MAKER:</b>   | HEALTH OVERVIEW AND SCRUTINY PANEL  |   |                                  |
| <b>SUBJECT:</b>  | SOUTHAMPTON SUICIDE PREVENTION PLAN   |   |                                  |
| <b>DATE OF DECISION:</b>   | 29 JUNE 2017  |   |                                  |
| <b>REPORT OF:</b>  | CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL   |   |                                  |
| <b><u>CONTACT DETAILS</u></b>  |   |   |                                  |
| <b>AUTHOR:</b>   | <b>Name:</b>  | <b>Mark Pirnie</b>  | <b>Tel:</b> <b>023 8083 3886</b> |
|  | <b>E-mail:</b>  | <b>Mark.pirnie@southampton.gov.uk</b>   |                                  |
| <b>STATEMENT OF CONFIDENTIALITY</b>  |   |   |                                  |
| Not applicable   |   |   |                                  |
| <b>BRIEF SUMMARY</b>   |   |   |                                  |
| <p>In December 2016, the House of Commons Health Committee published an interim report on suicide. Witnesses told the inquiry that the underlying strategy is essentially sound but that the key problem lies with inadequate implementation. 95% of local authorities now have a suicide prevention plan, but there is currently little or no information about the quality of those plans.</p> <p>The House of Commons Health Committee noted that there is a role for local scrutiny of implementation of suicide prevention plans and considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities. The Committee therefore made a recommendation to Government that effective implementation of the suicide prevention plan in local areas should be a key role of health overview and scrutiny committees.</p> <p>In recognition of the information above please find appended to this report a briefing paper informing the Panel of the approach to suicide prevention in Southampton; the Suicide Prevention Plan and the Suicide Prevention Action Plan.</p> |   |   |                                  |
| <b>RECOMMENDATIONS:</b>  |   |   |                                  |
|  | (i)   | That the Panel consider the quality of the Southampton Suicide Prevention plan and how effectively it is being implemented. |                                  |
| <b>REASONS FOR REPORT RECOMMENDATIONS</b>  |   |   |                                  |
| 1.   | In response to a recommendation from the House of Commons Health Committee.   |   |                                  |
| <b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>   |   |   |                                  |
| 2.   | None.   |   |                                  |
| <b>DETAIL (Including consultation carried out)</b>   |   |   |                                  |
| 3.   | The House of Commons Health Committee concluded an inquiry into suicide prevention. The Committee's final report was published on 16 March 2017.  |   |                                  |
| 4.   | In the report, the Committee welcomed the fact that 95 per cent of local authorities have a suicide prevention plan in place or in development. However they were concerned that there is no detail about the quality of the plans or about how effectively they are being implemented. |   |                                  |
| 5.   | The Committee consider that local scrutiny is essential for ensuring effective  |   |                                  |

|   |   |
|---|---|
|   | implementation and health overview and scrutiny committees in local authorities are well-placed to perform this important function.   |
| 6.  | The House of Commons Health Committee therefore recommended that <i>'health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees..... Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board'</i> . |
| 7.  | Reflecting the recommendations from the Committee the Chair of the Panel has requested that the HOSP consider the Southampton Suicide Prevention Plan, and its implementation, at the June 2017 meeting.  |
| 8.  | To inform the discussion please find attached, as appendices, a briefing paper outlining the work of Public Health in the development and implementation of the Southampton Suicide Prevention Plan; the Southampton Suicide Prevention Plan and the Action Plan to deliver the Plan.   |
| 9.  | The Panel are asked to discuss with representatives from Public Health information contained within the appendices and to consider the quality of the Southampton Suicide Prevention plans and how effectively it is being implemented.   |
| <b>RESOURCE IMPLICATIONS</b>  |   |
| <b><u>Capital/Revenue</u></b>                                       |   |
| 10.   | None.   |
| <b><u>Property/Other</u></b>  |   |
| 11.   | None.   |
| <b>LEGAL IMPLICATIONS</b>   |   |
| <b><u>Statutory power to undertake proposals in the report:</u></b> |   |
| 12.   | The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.   |
| <b><u>Other Legal Implications:</u></b>                             |   |
| 13.   | None  |
| <b>RISK MANAGEMENT IMPLICATIONS</b>                                 |   |
| 14.   | None  |
| <b>POLICY FRAMEWORK IMPLICATIONS</b>                                |   |
| 15.   | None  |
| <b>KEY DECISION</b>   | No  |
| <b>WARDS/COMMUNITIES AFFECTED:</b>                                  | None directly as a result of this report  |
|   |   |

**SUPPORTING DOCUMENTATION**

**Appendices**

- |    |  |
|----|--|
| 1. | Briefing Paper – Southampton Suicide Prevention Plan |
| 2. | Southampton Suicide Prevention Plan 2016 - 2019      |
| 3. | Southampton Suicide Prevention Plan – Action Plan    |
| 4. | Suicide Risk Factors                                 |

**Documents In Members' Rooms**

- |    |      |
|----|------|
| 1. | None |
|----|------|

**Equality Impact Assessment**

|   |    |
|---|----|
| Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out. | No |
|---|----|

**Privacy Impact Assessment**

|  |    |
|--|----|
| Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out. | No |
|--|----|

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
|------------------------------|--|
| 1. None                      |  |

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**BRIEFING PAPER**

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**SUBJECT:** SUICIDE PREVENTION IN SOUTHAMPTON  
**DATE:** 29 JUNE 2017  
**RECIPIENT:** HEALTH OVERVIEW AND SCRUTINY PANEL

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**THIS IS NOT A DECISION PAPER****SUMMARY:**

Local Authorities in England have a statutory duty to take appropriate steps to improve the health of the people who live and work in their areas. Public Health functions include the responsibility for co-ordinating and implementing work on suicide prevention.

This paper briefly outlines the work of Public Health in the development and implementation of the Southampton Suicide Prevention Plan.

**BACKGROUND and BRIEFING DETAILS:**

1. In September 2012 the coalition government published a national strategy - "Preventing Suicide in England", the overall objectives are:
  - A reduction in the suicide rate in the general population in England
  - Better support for those bereaved or affected by suicide.
2. The Southampton Suicide Prevention Plan considers how each action contained in the national strategy will be addressed locally. It also supports Pledge 5 of the Public Mental Health Strategy "Be Well" which is to strive to reduce the number of suicides in the city. This strategy was developed in partnership with service users and the statutory and voluntary sector.
3. An engagement event was held at the end of 2015 attended by over forty stakeholders. Feedback from this event, together with national and local evidence have helped shape the local suicide prevention plan. The plan also follows guidance from Public Health England.
4. Public health works with the coroner's office to undertake a suicide audit to gather intelligence on who, where and how people are taking their own lives. During the period 2013 - 2015 there were a total of 60 deaths by suicide (not including children):
  - 74% were male, and 72% white British
  - Hanging remains the most frequent method of suicide, with most people taking their own lives at home.
  - Unusually in Southampton around 60% of people were employed, this ranges across professions.
  - Records from the coroner's office show that 40% of people were known to mental health services, with just under one third known to use drugs and/or

# BRIEFING PAPER

alcohol to some extent.<sup>1</sup>

5. The Southampton Suicide Prevention Plan was adopted by the Health and Wellbeing Board in 2016. It is monitored quarterly by members of the Southampton Suicide Prevention Steering Group, led by Public Health and Chaired by Cllr Lewzey. Membership includes: Southern Health, Dorset Health (IAPT), Mind, SVS, CCG, Coroner's office, Red Lipstick (Families bereaved by Suicide), Hampshire Police, British Transport Police, Samaritan's and Saints Foundation.
6. Priorities for the plan are:
  1. Reduce the risk of suicide in high risk groups
  2. Tailor approaches to improve mental health and wellbeing in Southampton
  3. Reduce access to the means of suicide
  4. Provide better information and support to those bereaved or affected by suicide
  5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
  6. Support research, data collection and monitoring.
7. Successes so far include:
  - Saints vs stigma a major three day event held in Guildhall Square using football as a way of engaging men, to raise issues around mental health and suicide.
  - Working with British Transport Police and Southern Health to identify suicide hotspots, ensuring Southern Health undertakes ligature audits.
  - Suicide prevention training delivered to over 100 people in the City including Street Pastors.
  - Major suicide conference held in 2016, with national and international speakers, this had excellent, sensitive media coverage. Finding the resource to deliver this was a significant achievement. Whilst Health Education England (Wessex) funded the majority of spend including hiring St Marys Stadium, a number of national and international speakers only asked for a donation for their time as they were keen to support our work.
  - Public Health has also been supporting the set up of a local charity, Red Lipstick, to offer support locally to families bereaved by suicide.
8. Challenges:
  - Media coverage of deaths by suicide and inquests remains patchy, but we continue to make slow progress.
  - Suicide Prevention training and the creation of a suicide bereavement service have been challenged by limited resources. Resources available for delivering the objectives in the plan remain limited especially with the reduction in the public health grant. Whilst the government has outlined its expectations no new resource was assigned to this area. Delivery of training requires a moderate amount of ongoing resource. Designing and delivering a specific

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<sup>1</sup> This includes a limited number of people known to drug and alcohol services plus those where alcohol was cited in the toxicology report.

# BRIEFING PAPER

post-vention / bereavement support service will also require significant resources.

## **Appendices/Supporting Information:**

- Southampton Suicide Prevention Plan 2016 - 2019
- Southampton Suicide Prevention Plan – Action Plan

## **Further Information Available From:**

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Development Manager

**Tel:** 023 8083 3934

**E-mail:** [sally.denley@southampton.gov.uk](mailto:sally.denley@southampton.gov.uk)

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### Southampton Suicide Prevention Plan 2016 - 2019

#### 1 Vision

A multi-agency approach to reducing suicides and supporting those effected.

#### 2 Introduction and context

Local Authorities in England have a statutory duty to take appropriate steps to improve the health of the people who live in their areas. Public Health functions include the responsibility for co-ordinating and implementing work on suicide prevention.

In September 2012 the coalition government published a national strategy “Preventing Suicide in England – A cross government outcomes strategy to save lives”.<sup>1</sup> The overall objectives are:

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

It also identifies six key areas for action:

- 1. Reduce the risk of suicide in key high-risk groups**
- 2. Tailor approaches to improve mental health in specific groups**
- 3. Reduce access to the means of suicide**
- 4. Provide better information and support to those bereaved or affected by suicide**
- 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- 6. Support research, data collection and monitoring.**

The Suicide Prevention Plan considers how Southampton will address each area for action locally. The plan also supports the Southampton Public Mental Health Strategy – Be Well and Southampton’s Health and Wellbeing Strategy.

In “Preventing Suicide: A Global imperative”<sup>2</sup> the World Health Organisation calls for a systematic response to suicide and making prevention a multisectoral priority involving not only health care but education, employment, social welfare, the judiciary and others. Public Health England’s guidance for developing a local suicide prevention action plan states that it is vital that local authorities work with key stakeholders. The factors leading to someone taking their own life are often complex, however there can be opportunities to intervene. No one organisation is able to directly influence all factors, it is vital that services, communities, individuals and society as a whole work together to help prevent suicides.

<sup>1</sup> Preventing Suicide in England, A cross government outcomes strategy to save Lives. HM Government 2012

<sup>2</sup> Preventing Suicide a Global Imperative. World Health Organisation 2014

### 3 Governance and Management

This plan outlines the Southampton approach to suicide prevention which requires statutory agencies, the voluntary sector, businesses and others to work together to reduce the number of suicides and the effects of someone taking their own life on society. The organisations below are core members of the Suicide Prevention group for Southampton and are integral to taking this work forward:

- Southampton City CCG
- Southern Health
- Dorset Healthcare Trust
- Hampshire Police
- British Transport Police
- Coroner's Office
- Red Lipstick (Families bereaved by suicide)
- Southampton City Council Cabinet Members (Mental Health Champion)
- Mind
- SCC Safeguarding
- Southampton Voluntary Service
- Saints foundation
- Samaritans

The Southampton Suicide Prevention Group was set up in 2015, it supports the Public Mental Health Strategy "Be Well" and is accountable to the Health and Wellbeing Board. The group review findings from the local suicide audit, and identifies any particular local issues relating to suicide and undetermined injury in Southampton for example hot spots and unusual methods. It also oversees the delivery of the issues identified in the local suicide prevention action plan.

This plan will be monitored quarterly by the Southampton Suicide Prevention Group and refreshed by Public Health every three years.

### 4 Priorities and Outcomes

Suicide is a major issue for society and a leading cause of years of life lost. Every suicide is an individual tragedy and has wide reaching effects; impacting on friends, family, work colleagues and the local community. Support for individuals, groups and communities at risk of suicide are required, offering effective and acceptable responses which reduce their level of risk.

#### **The National Picture:**

Suicide is rising, after many years of decline suicide rates in England have increased steadily in recent years. In England one person dies every two hours as a result of suicide.

There were 6233 suicides of over 15 year olds registered in 2013, 252 more than in 2012. Suicides in males is more than three times more likely than females.

Suicide remains the leading cause of death for men between 20 and 34 in England, representing 24% of all deaths in 2013.

According to national and international research the total cost to society of suicide has been estimated as being around £1.67 million per case<sup>3</sup>. This consists of both the individual costs (the services used by the individual leading up to and immediately following the suicide) and indirect costs (time lost from work and human costs due to lost years of disability free life and the costs to the family).

The national strategy for preventing suicide was published on 10 September 2012. This states that suicide is a major issue for society and a leading cause of years of life lost. Suicide is not inevitable; there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. (*Preventing Suicide in England – A cross –government outcomes strategy to save lives HM Government 2012*)

### **The Local Picture**

Data on Southampton's suicide deaths is taken from two sources; firstly work undertaken with the Coroner's office looking at individual case files using a standardised data collection form, and secondly the Office for National Statistics (ONS) death registrations. The coroner's data only covers suicides amongst Southampton residents that occurred within the city, whereas the ONS data includes data on suicides amongst Southampton residents wherever they occurred.

A suicide audit (see 5 Supporting Evidence) is the systematic collection of local data on suicides in order to: learn lessons, facilitate our understanding of those most at risk and the context of the local suicide, to target suicide prevention strategies appropriately.

The benefit of local collection of this data in particular is that it will enable us to review available information on risk factors associated with each case such as mental health service use, long term conditions, drug and alcohol use and other factors that are not available from national data.

The number of deaths from suicide in Southampton is relatively small and due to year on year variability, the confidence intervals around suicide rates is large. Data is aggregated over three years to increase statistically validity of analysis. By pooling the data we also aim to protect anonymity.

The ONS information shows Southampton as high when compared to its statistical neighbours and England averages in terms of death by suicide.

### **Priorities**

An engagement event attended by over forty stakeholders was held at the end of 2015. Feedback from this event, national and local evidence have helped shape the suicide prevention plan.

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<sup>3</sup> An Economic Perspective on suicide across five continents. McDaid,D and Kennelly B. 2009

### **Priority 1. Reduce the risk of suicide in high risk groups**

The national strategy identified the following high risk groups as priorities for action:

- Young and middle aged men
- People in the care of mental health
- People with a history of self-harm
- People in contact with the criminal justice
- Specific occupational groups such as doctors, nurses, veterinary workers and farmers.

A year after the national suicide prevention strategy was launched the government published their *One Year On* report which identified that middle age men were now the group with the highest suicide rate. This report also suggested that Children and Young People should also now be a particular focus for national prevention work.

The Southampton Suicide Prevention Steering Group have identified the following groups as being of particular concern in Southampton:

- Men aged 35-49
- Older men
- Those in contact with mental health services
- Those living in social isolation

### **Priority 2 – Tailor approaches to improve mental health and wellbeing in Southampton**

The following groups may need additional support to improve their mental health and wellbeing (this list is not exhaustive)

- People living with long term physical health problems
- People with untreated depression
- Care Leavers
- LGBT
- People who are especially vulnerable due to social and economic circumstances.

Not everyone who has a mental illness will be suicidal and not everyone who takes their own life will have been diagnosed with a mental illness. Therefore as well as ensuring that mental health services provide the best possible support to those they come in contact with, wider support to improve the mental health and wellbeing of the general population is needed.

The Be Well Public Mental Health strategy is designed to improve mental health across the whole of Southampton. As well as helping people stay well, it focuses on ensuring that people with mental health needs get the care they need. This is also a main focus of the Mental Health Matters work currently being conducted by the CCG.

Reducing stigma and raising awareness of mental illness, can have a tremendous



impact and the Suicide Prevention Group will continue to work on the Anti-Stigma campaign in partnership with national Time to Change. A recent public event, where a Time to Change village was present as part of Skyride showed that 63% of people interviewed felt that stigma in the city had reduced in the last five years.

### **Priority 3 – Reduce access to the means of suicide**

Research has shown that work to reduce the availability and lethality of suicide methods is effective in preventing deaths. Suicidal intent can fluctuate with time and therefore actions which make it more difficult for people to take their own life can prevent deaths by deterring suicide until the level of intent subsides.

At the national level restrictions on the amount of paracetamol products which can be bought in one transaction and the fitting of catalytic convertors on cars as standard have been credited with reducing the number of suicides by poisoning and inhalation respectively.

At a local level public health liaises with Southern Health and British Transport Police (BTP), two organisations who continue to take action to make it more difficult for individuals to take their own lives. For example Southern Health undertake regular audits of their wards to reduce the number of ligature points and BTP monitor incidents at stations , identifies hotspots and provides suicide prevention training to staff.

### **Priority 4 – Provide better information and support to those bereaved or affected by suicide.**

Suicide can have a profound effect on the local community. As well as immediate family and friends many others will be affected in some way.

As part of ongoing work support should be provided that is effective and timely and have in place effective local responses to the aftermath of a suicide.

The Department of Health has recently reviewed and updated Help is at Hand. This provides advice and information for anyone directly affected by suicide. A charity that has recently set up in Southampton has suggested a more localised version of this information would be beneficial.

Health professionals, police and others also need to be sensitive when dealing with family, friends and carers of the deceased.

### **Priority 5 – Support the media in delivering sensitive approaches to suicide and suicidal behaviour**

There are two key aspects to supporting the media in delivering sensitive approaches to suicide and suicidal behaviour:

- Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media.
- Continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention services.

The Samaritans have developed helpful guidance for the media on the reporting and portrayal of suicides. Members of the local Suicide Prevention Steering group

should encourage local media to adopt this guidance, and help them improve their coverage.

It is also important that the media is supported to raise awareness to prevent suicides. For example campaigns focused on world Suicide Prevention Day could be promoted each year.

**Priority 6 – Support research, data collection and monitoring**

Ensuring that there is reliable and timely data on suicides is vital to any suicide prevention work. As well as ONS data and information collected during the suicide audits. The Group should investigate using other data sources that are not routinely or systematically reported. This could include ambulance, Police and Network rail data. There are plans to increase partnership working across Public Health Teams in Wessex to develop a bigger local picture.

(All the above priorities are incorporated into a Suicide Prevention Action drafted by members of the Southampton Suicide Prevention Steering Group).

**5 Key Actions**

**Southampton Suicide Prevention Action Plan 2016/17**  
(SPSG = Southampton Suicide Prevention Steering Group)

**Priority 1: To reduce risk in key high risk groups**

Target suicide prevention work: These groups have been shown to be at high risk in Southampton

- Men aged 35 – 49
- Older men
- Those in contact with mental health services
- Those living in social isolation

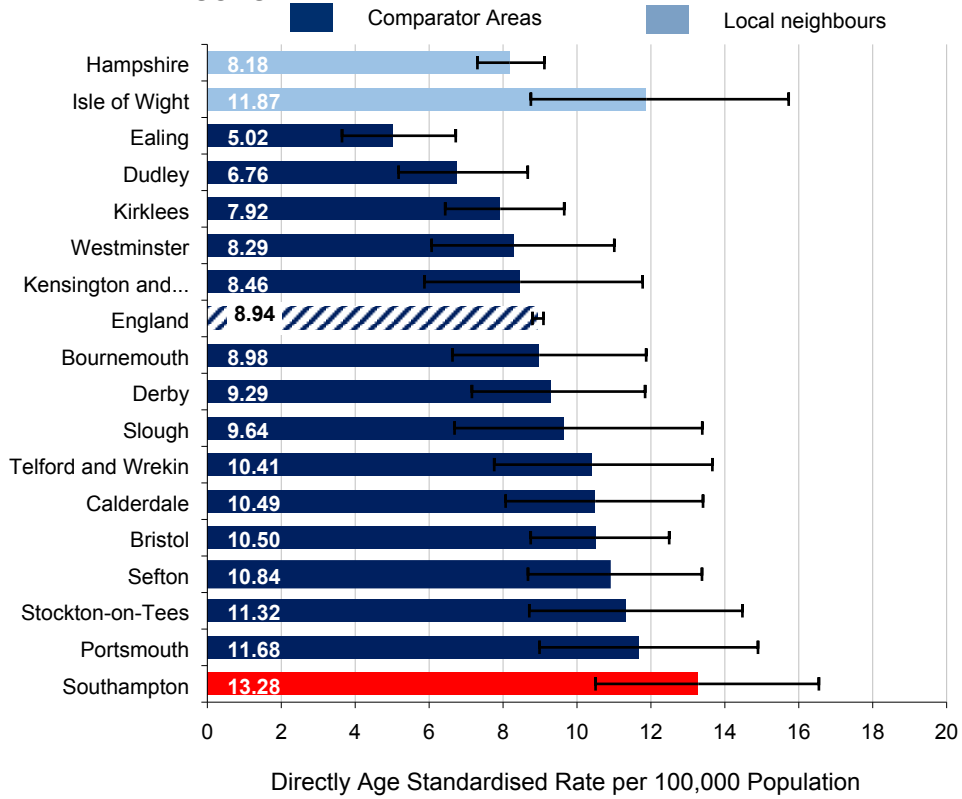
| Action Needed   | Lead agency/contact                    | Estimated completion date |
|---|--|---------------------------|
| 1. Promote Steps to Wellbeing (IAPT) to these groups.   | Steps to Wellbeing (Dorset Healthcare) | Ongoing                   |
| 2. Reflect these groups in the refreshed “Be Well” public health strategy.                    | Public Health                          | March 2017                |
| 3. Explore new initiatives to respond to loneliness and social isolation.                     | Community Solutions Group              | March 2017                |
| 4. Improve risk assessment and safety/crisis planning for people with mental health problems. | SHFT                                   | January 2017              |
| 5. Improve response to people with comorbid SMI and substance misuse                          | SHFT                                   | April 2017                |
| 6. Improve crisis response for mental health issues (crisis lounge etc.)                      | SHFT                                   | April 2018                |

|  |  |   |
|--|--|---|
| 7. Improve therapeutic input for people with severe mental health problems (PD service)  | CCG/SHFT   | April 2019                                      |
| <b>Priority 2: Tailor approaches to improve mental health and wellbeing in specific groups</b>   |  |   |
| <p>The following groups may need additional support to improve their mental health and wellbeing.(This list is not exhaustive)</p> <ul style="list-style-type: none"> <li>• Looked after children</li> <li>• Care leavers</li> <li>• People living with long term physical health problems</li> <li>• People with untreated depression</li> <li>• People who are especially vulnerable due to social and economic circumstances</li> <li>• LGBT</li> </ul> |  |   |
| <b>Action Needed</b>   | <b>Lead agency/contact</b>   | <b>Estimated completion date</b>                |
| 1. Investigate the provision of prevention and early help for secondary school pupils in the light of big lottery funding decision.  | SCC  | TBC   |
| 2. Develop a campaign to raise awareness of mental health issues amongst men.  | SPSG<br>Southampton anti-stigma group                                  | April 2017                                      |
| 3. Continue to roll out Five Ways to Wellbeing campaigns   | SCC comms and<br>SPSG  | Ongoing   |
| 4. Improve the knowledge and confidence of front line staff who are in contact with people who may be vulnerable because of social/economic circumstances.(Training) (e.g. DWP, debt advice, housing and benefit advice)   | Public Health  | Training to housing staff commences August 2016 |
| 5. Host a local suicide prevention conference.   | Public Health  | October 2016                                    |
| 6.Scope support available for the LGBT community and make recommendations  | Southampton University, Solent University, Public Health, Red Lipstick | December 2017                                   |
| <b>Priority 3: Reduce access to the means of suicide.</b>  |  |   |
| <b>Action Needed</b>   | <b>Lead agency/contact</b>   | <b>Estimated completion date</b>                |
| 1. Reduce access to ligature points in inpatient units.  | Southern Health  | ongoing   |
| 2. All agencies to work together to identify and manage hotspots for both completed and attempted suicides.  | SPSG and Police, BTP, Network Rail, SCAS, Healios                      | Ongoing   |

|   |  |                                  |
|---|--|----------------------------------|
| 3. Work with planning and developers to include suicide risk in health and safety considerations when designing multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities. | SPSG   | ongoing                          |
| 4. Identify and respond to new or unusual suicide methods.  | SPSG   | ongoing                          |
| <b>Priority 4: Provide better information and support to those bereaved by suicide</b>  |  |                                  |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>                       | <b>Estimated completion date</b> |
| 1, Ensure that the support pack "Help is at Hand" is distributed and available to all appropriate agencies (e.g. police, health).   | SPSG   | Ongoing                          |
| 2. Work with local agency Red Lipstick in developing a local resource to support those bereaved by suicide.   | Public Health, Coroner's office, Southern Health | July 2017                        |
| <b>Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour</b>   |  |                                  |
| <ul style="list-style-type: none"> <li>Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media.</li> </ul>   |  |                                  |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>                       | <b>Estimated completion date</b> |
| 1. Encourage the inclusion of details of local support organisations and helplines in any coverage of suicide deaths.   | SCC media team                                   | December 2016                    |
| 2. Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media.  | SCC media team, Samaritans                       | December 2016                    |
| <b>Priority 6: Support research, data collection and monitoring</b>   |  |                                  |
| <ul style="list-style-type: none"> <li>Build on the existing research evidence and other relevant sources of data on suicide and suicide prevention.</li> </ul>   |  |                                  |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>                       | <b>Estimated completion date</b> |
| 1. Continue to audit all Southampton suicides.  | Public Health, Coroner's office                  | Ongoing                          |
| 2. Suicide Prevention Group to identify key data sources on suicide attempts and self-harm.   | SSPG   | April 2017                       |
| <b>6 Supporting Evidence</b>  |  |                                  |

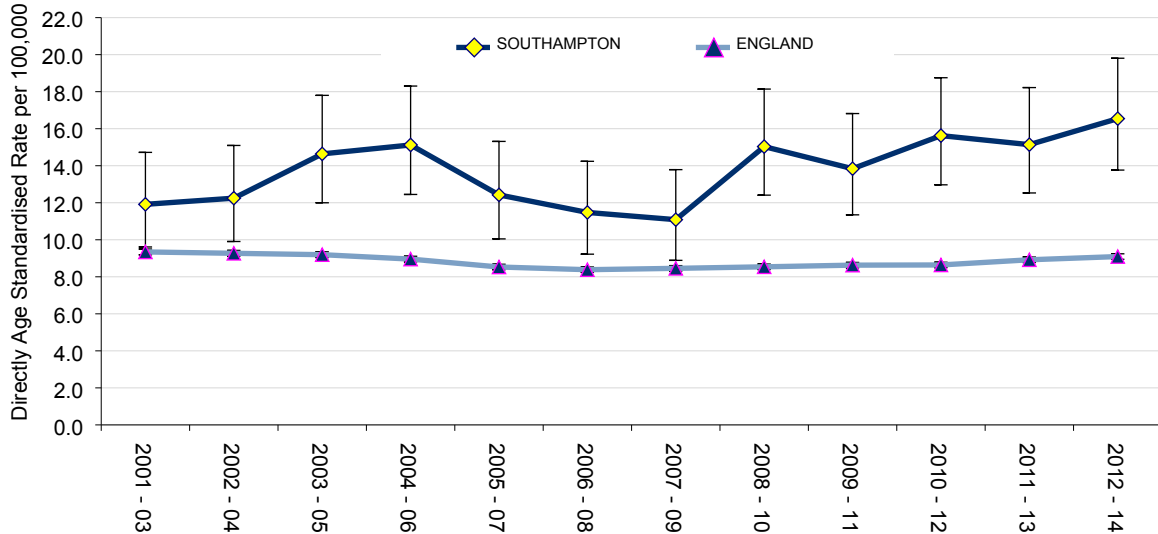
**Mortality from Suicide and Injury Undetermined (15 plus years):  
2012-2014 (pooled)**

**Southampton & ONS Comparator Local Authorities:  
PERSONS**



Source: Public Health Engl

**Mortality from Suicide and Injury Undetermined (15 plus years): -  
Southampton and England trend:  
2001-2003 to 2012-2014 PERSONS**



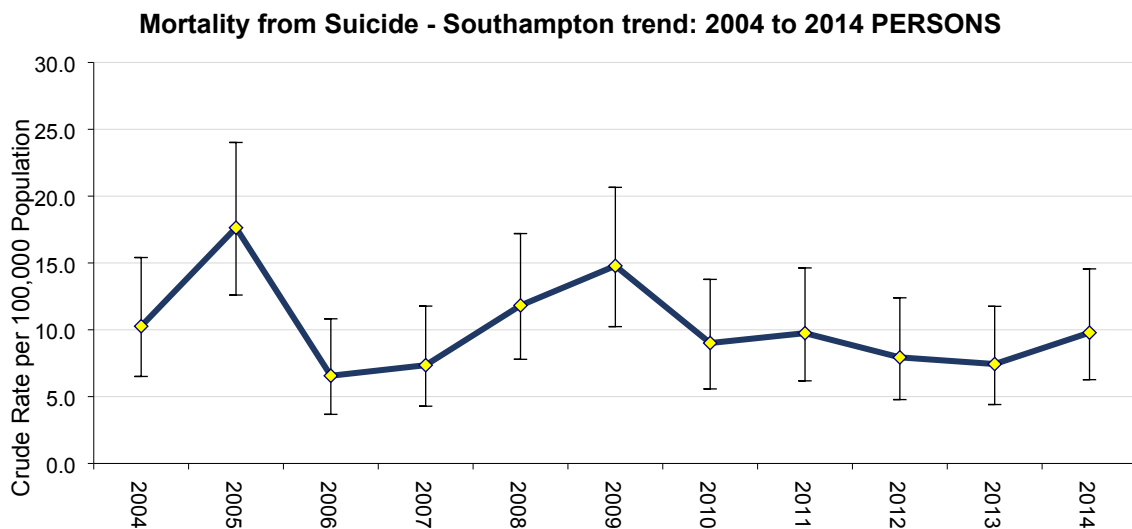
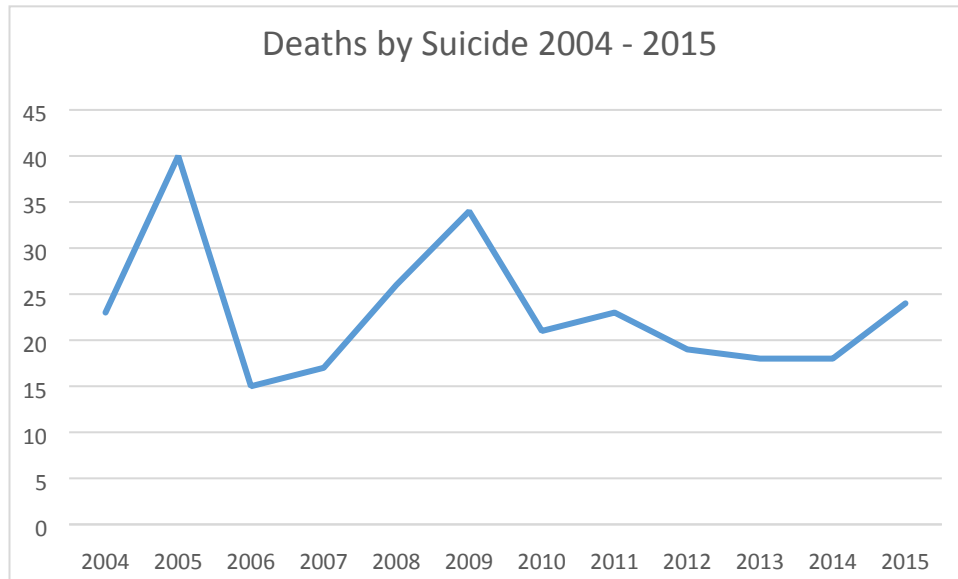
Source: Public Health England

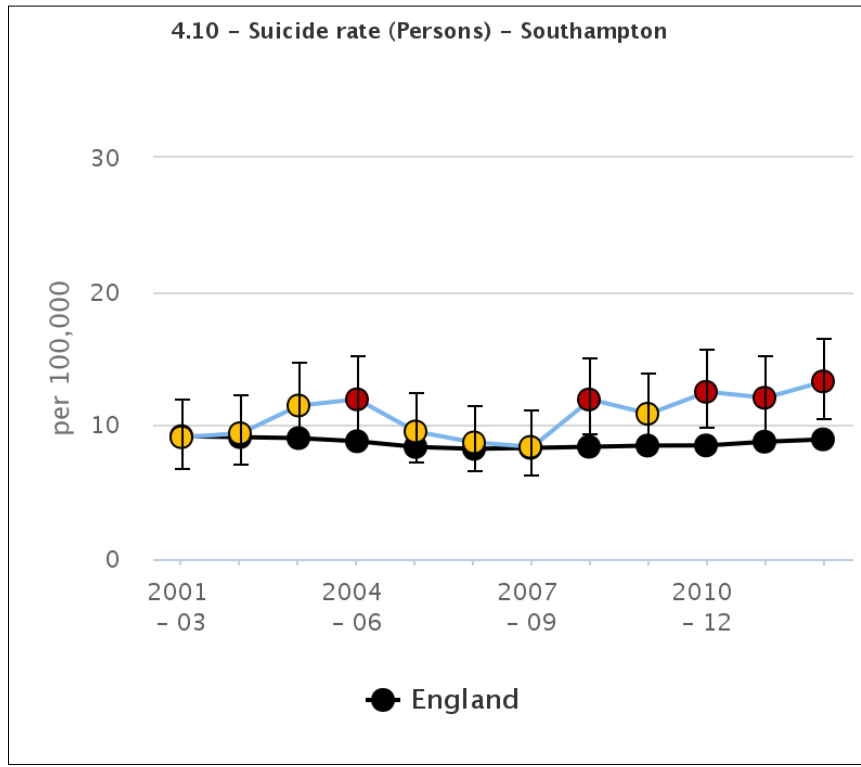
**Southampton Suicide Audit Findings 2013 - 2015**

Data from the Coroner's office show that there were a total of 60 deaths by suicide during the calendar years 2013 – 2015. (Not including child deaths). This compares to 63 deaths in the period 2010-2012

|      |    |
|------|----|
| 2013 | 18 |
| 2014 | 18 |
| 2015 | 24 |

The graph below shows the yearly number of deaths by suicide from 2004 – 2015.





Source: Public Health England (based on ONS source data)

<http://www.phoutcomes.info/search/suicide#page/4/gid/1/pat/6/par/E1200008/ati/102/are/E06000045/iid/41001/age/1/sex/4>

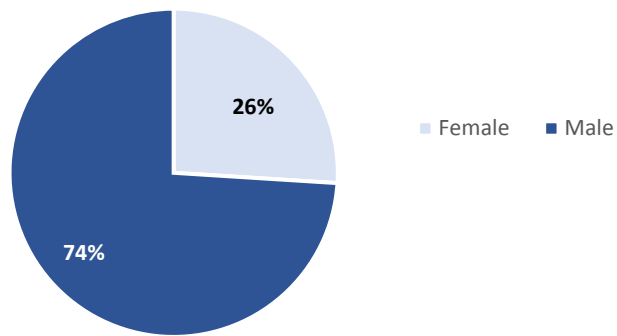
Red = worse than England average so data indicates increase and worsening of figures relative to national average.

The **Southampton suicide audit** featured several people who had taken their own lives that actually stated that they did not want to be a burden on others and that they were incredibly lonely.

#### Gender

In common with the national picture more men than women take their own lives in Southampton. Over the period of this audit this equates to three quarters of male deaths and a quarter female.

Gender of People Dying From Suicide: Recorded Suicides in Southampton: 2013 - 2015 Pooled

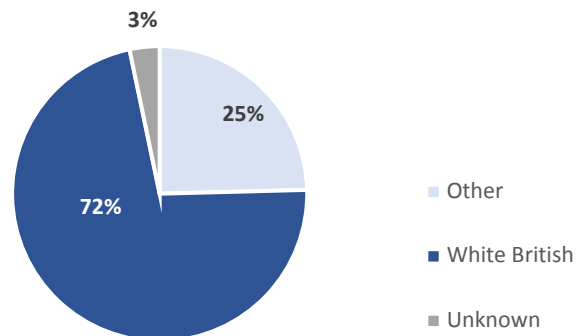


Source: Hampshire Coroner's Office

### Ethnicity

In terms of ethnicity 72% of people who died by suicide were White British this has changed from the last audit (2010-2012) when it stood at 89%, this could be due to the change in demographics in the City.

Ethnicity of People Dying From Suicide: Recorded Suicides in Southampton: 2013 - 2015 Pooled

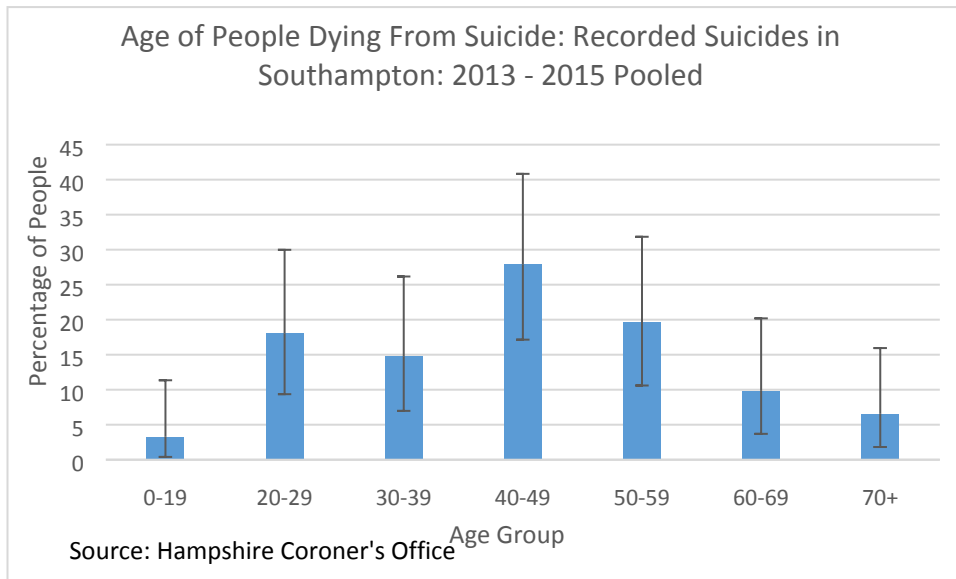


Source: Hampshire Coroner's Office

### Age

National trends highlight a significant increase in the rate of suicides in people aged 40-59, which is reflected in Southampton, this age group accounts for nearly half of all deaths by suicide in the City.





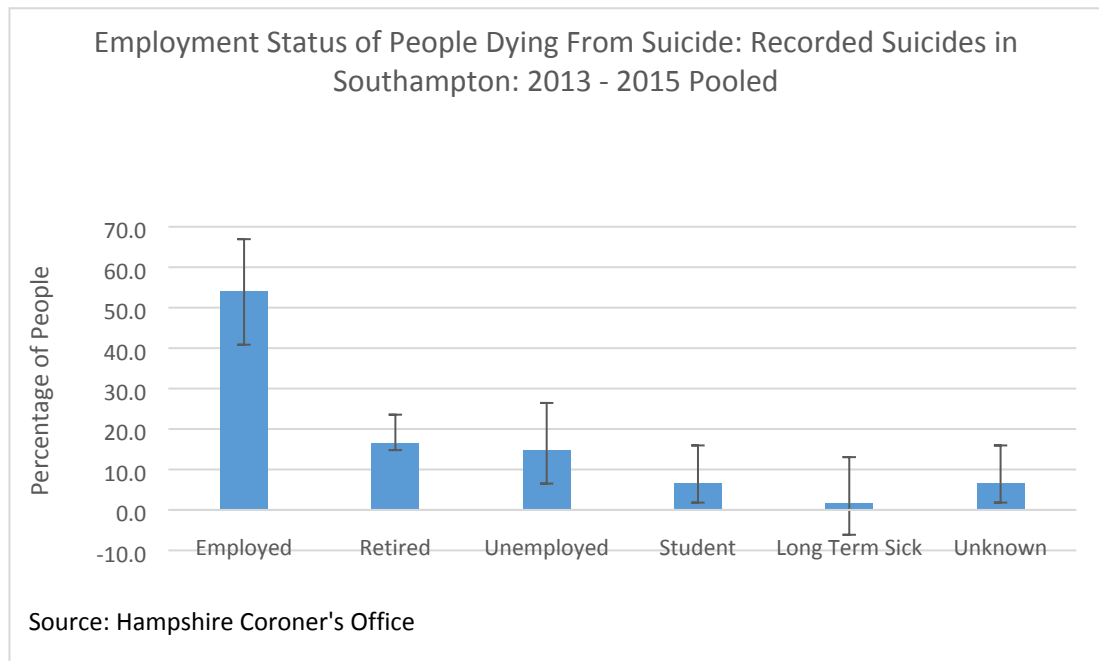
**Housing status**

In the previous audit 71% of all deaths by suicide were people living on their own, this has changed to just 47%.

**Employment**

In common with the 2010 2012 audit figures 60% of people who took their own lives were employed.

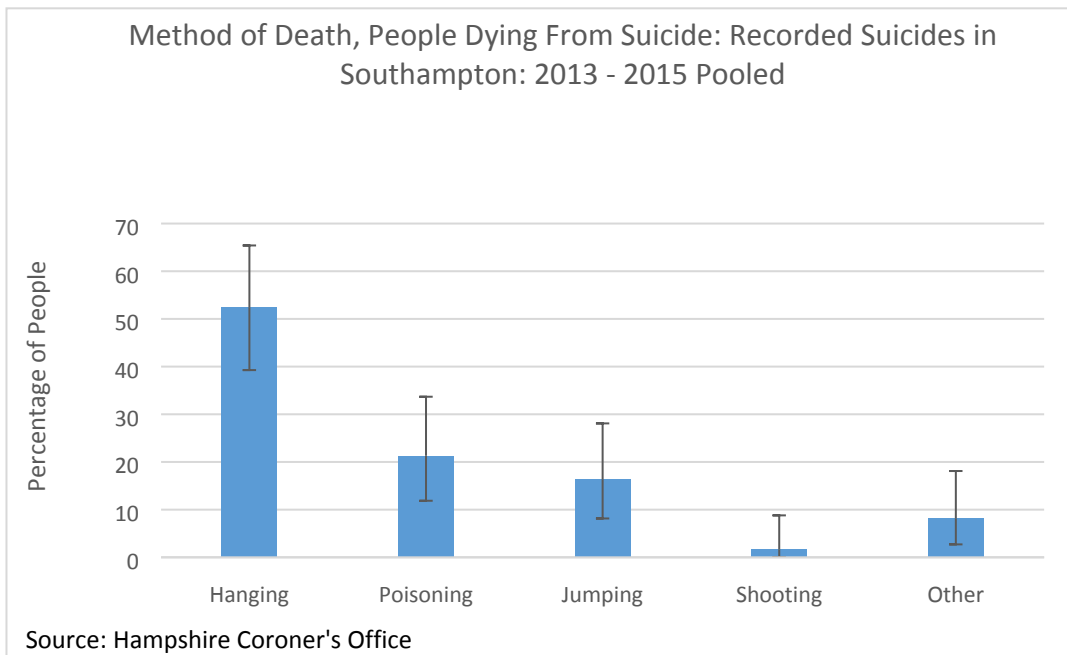
This varies across professions and includes employed, self-employed and casual workers



**Method**

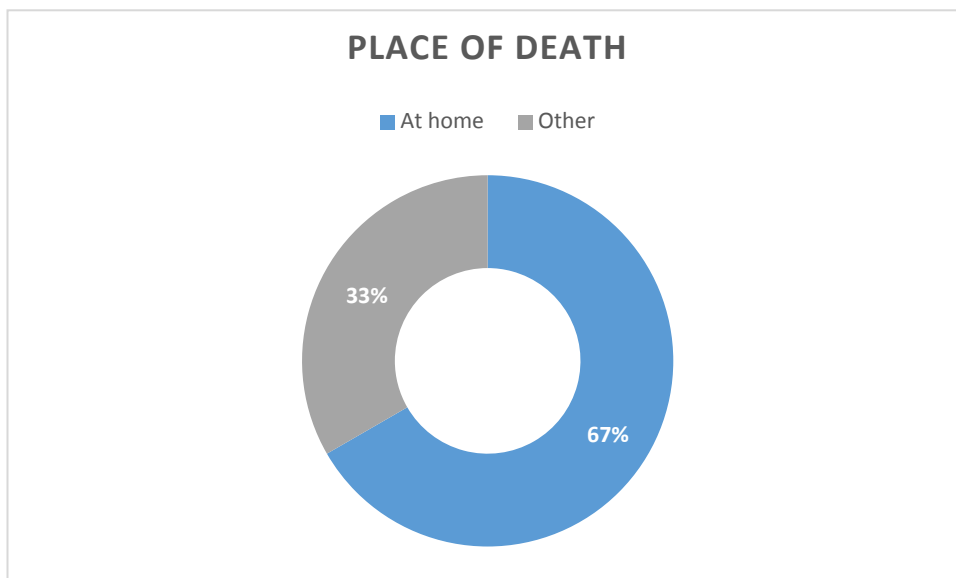
Hanging remains the most frequent method of suicide. Women are now choosing to employ more violent methods, such as hanging or jumping than in previous years. Some suicides occur by jumping from height in a number of different locations. The number of people who die from jumping from the Itchen Bridge

remains statistically low, however the perception that the number of people is much greater may be explained by the number of times the police are called as a concern for welfare.



**Place**

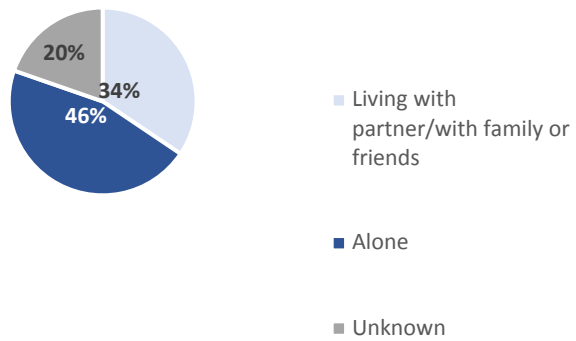
The majority of people taking their own lives did so in their own homes. As a result direct intervention at the time of the incident is limited. Other suicides took place in woodland, or by jumping from tall buildings, bridges and on to railway lines.



**Known to services**

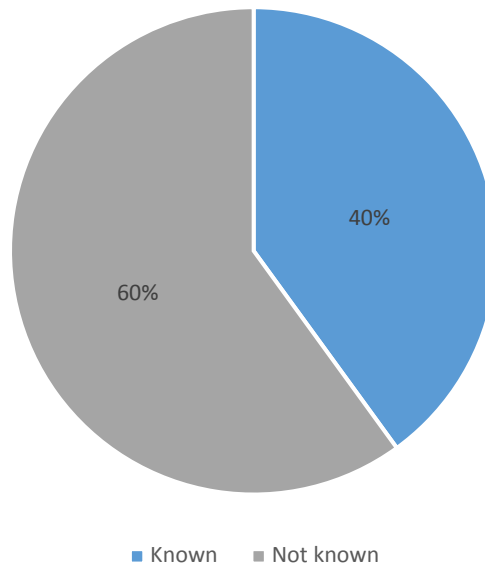
From the records we could see that 40% of people were known to mental health services. This includes inpatients, community and IAPT. This is similar to the last audit where the percentage was 38%. There has been a slight increase with those engaged with the IAPT service.

Housing Status of People Dying From Suicide: Recorded Suicides in Southampton: 2013 - 2015 Pooled



Source: Hampshire Coroner's Office

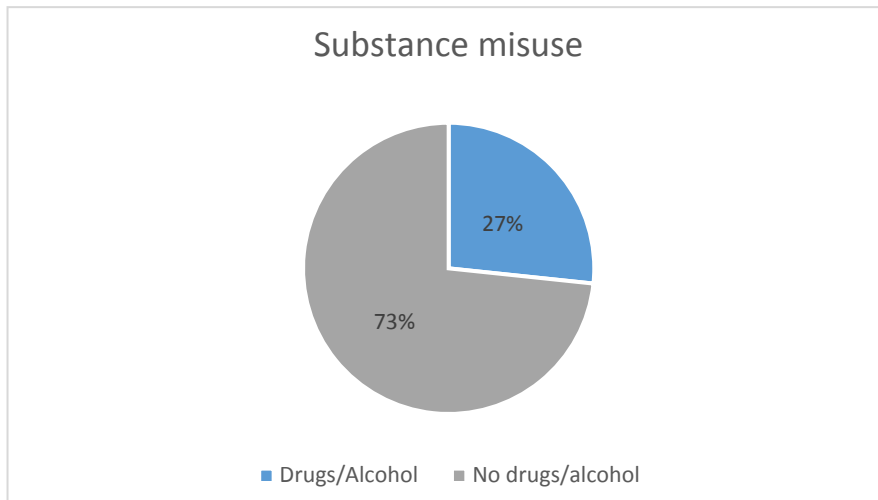
Service Involvement



Drugs and/or alcohol

Under a third of cases were known to use drugs and/or alcohol to some extent. In the younger age groups this would appear to lead to impulsive behaviours which could impair their judgement.

A separate audit of drug related deaths in Southampton is also undertaken every year. This considers deaths where the underlying cause is poisoning, drug abuse or drug dependence and includes suicides as well as accidental deaths accidental and those judged to be as a result of dependent use of drugs.



**Contributory Factors**

In Southampton suicide notes and other information contained in the files the following factors were most frequently mentioned:

- Loneliness
- Chronic Pain/LTC
- Relationship problems
- Bereavement
- Not wanting to be a burden on others
- History of abuse
- Involvement with criminal justice system
- Debt

Nationally we are mindful of the impact of the recession, welfare benefit cuts and unemployment and its potential impact on suicide. However we are not yet seeing this as a major contributing factor in Southampton suicides.

The main reasons are the top three in the list above. Loneliness (across age groups and genders). Chronic pain – people actually stating that they can no longer live with the pain. Relationship problems again across all age groups.

| Final document           |  |                      |                                      |
|--------------------------|--|----------------------|--------------------------------------|
| <b>Version</b>           | 5.2                                      | <b>Approved by</b>   | Southampton Suicide Prevention Group |
| <b>Date last amended</b> | 11.11.16                                 | <b>Approval date</b> | 7 December 2016                      |
| <b>Lead officer</b>      | <i>Sally Denley, Public Health, SCC.</i> | <b>Review date</b>   | 7 December 2019                      |

| Key Actions   |  |                           |   |
|---|--|---------------------------|---|
| <p><b>Southampton Suicide Prevention Action Plan 2016/17</b><br/>(SPSG = Southampton Suicide Prevention Steering Group)</p>   |  |                           |   |
| <p><b>Priority 1: To reduce risk in key high risk groups</b></p>  |  |                           |   |
| <p>Target suicide prevention work: These groups have been shown to be at high risk in Southampton</p> <ul style="list-style-type: none"> <li>• Men aged 35 – 49</li> <li>• Older men</li> <li>• Those in contact with mental health services</li> <li>• Those living in social isolation</li> </ul> |  |                           |   |
| Action Needed   | Lead agency/contact                    | Estimated completion date | Update  |
| 1. Promote Steps to Wellbeing (IAPT) to these groups.   | Steps to Wellbeing (Dorset Healthcare) | Ongoing                   | STWB continues to work with a wide client group                                 |
| 2. Reflect these groups in the refreshed “Be Well” public health strategy.  | Public Health                          | Dec 2017                  | Be Well strategy due to be completed after the update of the mental health JSNA |
| 3. Explore new initiatives to respond to loneliness and social isolation.   | Community Solutions Group              | March 2017                | This work is ongoing  |
| 4. Improve risk assessment and safety/crisis planning for people with mental health problems.   | SHFT                                   | January 2017              | SHFT have made a number of improvements to their service                        |
| 5. Improve response to people with comorbid SMI and substance misuse  | SHFT                                   | April 2017                |   |
| 6. Improve crisis response for mental health issues (crisis lounge etc.)  | SHFT                                   | April 2018                | Work in progress. Crisis lounge provision should be available by April 2018.    |

|   |                                       |                                  |  |
|---|---------------------------------------|----------------------------------|--|
| 7. Improve therapeutic input for people with severe mental health problems (PD service)   | CCG/SHFT                              | April 2019                       | Work on track.   |
| <b>Priority 2: Tailor approaches to improve mental health and wellbeing in specific groups</b>  |                                       |                                  |  |
| <p>The following groups may need additional support to improve their mental health and wellbeing. (This list is not exhaustive)</p> <ul style="list-style-type: none"> <li>• Looked after children</li> <li>• Care leavers</li> <li>• People living with long term physical health problems</li> <li>• People with untreated depression</li> <li>• People who are especially vulnerable due to social and economic circumstances</li> <li>• LGBT</li> </ul> |                                       |                                  |  |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>            | <b>Estimated completion date</b> |  |
| 1. Investigate the provision of prevention and early help for secondary school pupils in the light of big lottery funding decision.   | SCC                                   | TBC                              |  |
| 2. Develop a campaign to raise awareness of mental health issues amongst men.   | SPSG<br>Southampton anti-stigma group | April 2017                       | Successful Saints vs Stigma football event rolled out at the end of April. Three day campaign raising awareness of mental health and suicide in men. |
| 3. Continue to roll out Five Ways to Wellbeing campaigns  | SCC comms and<br>SPSG                 | Ongoing                          | Ongoing.   |

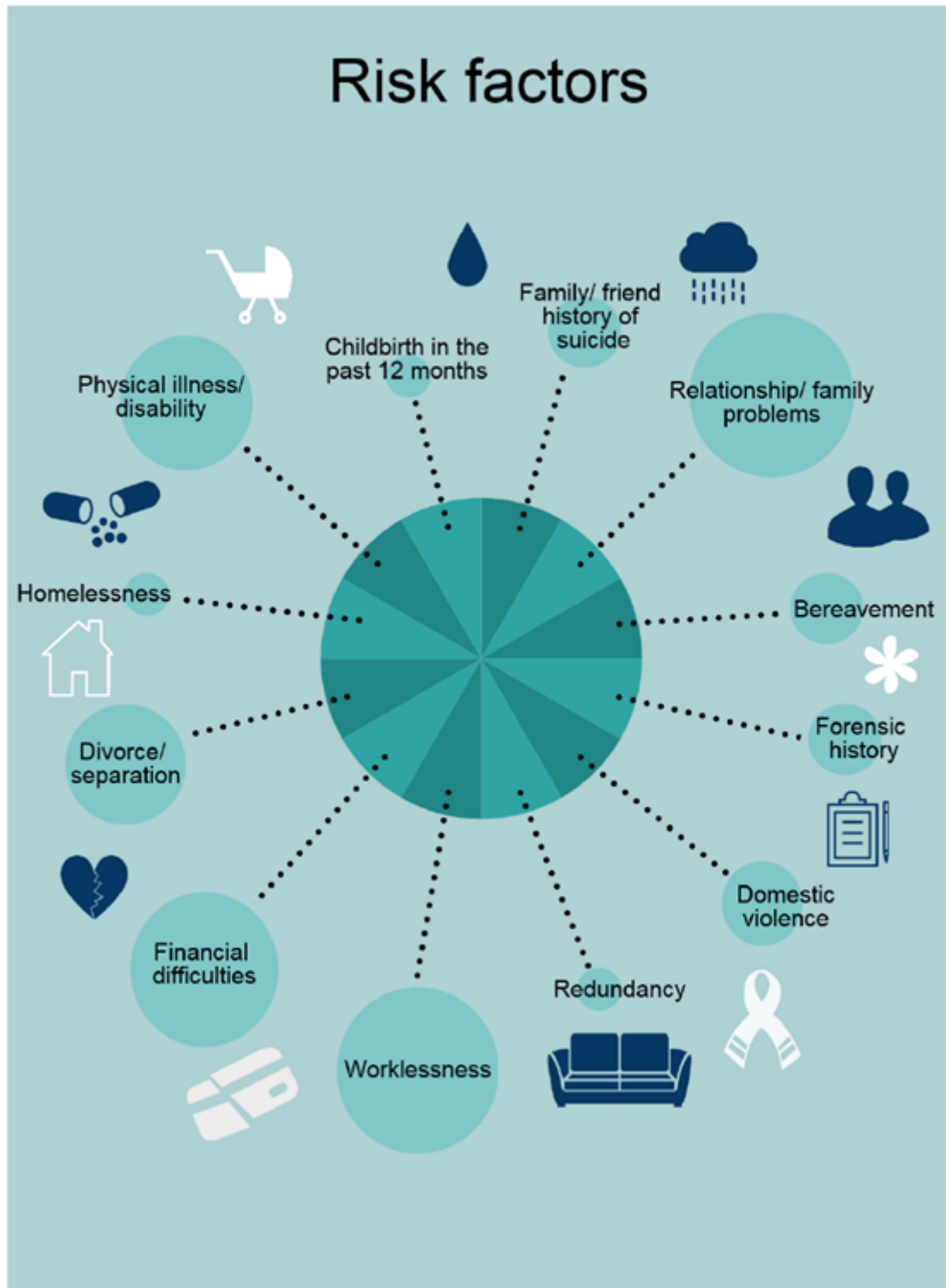
|  |  |   |  |
|--|--|---|--|
| 4. Improve the knowledge and confidence of front line staff who are in contact with people who may be vulnerable because of social/economic circumstances.(Training) (e.g. DWP, debt advice, housing and benefit advice) | Public Health  | Training to housing staff commences August 2016<br><br>JB Centre+ by April 2018 | Training delivered to housing staff. PH working with Job Centre Plus, to deliver mental health training to staff who now work with an increasing complex caseload.   |
| 5. Host a local suicide prevention conference.   | Public Health  | October 2016  | Conference held last October at Southampton Football stadium. Over 120 people attended and benefitted from suicide prevention training. Excellent media coverage and evaluations. (Funded by Health Education England, Wessex)   |
| 6.Scope support available for the LGBT community and make recommendations  | Southampton University, Solent University, Public Health, Red Lipstick | December 2017   | Arranged a joint at Southampton Solent University meeting between the relevant Students' Unions; attended by Southampton University's LGBT's society and Solent's LGBT officer. Solent putting in catch ups between our LGBT Society Committee, LGBT+ Officer, Trans Officer & the LGBT+ Staff Network in place from October when positions have been filled, allowing for wider support for all those who identify at Solent as LGBT+ regardless of whether they're staff or students. (Solent University's GA, Wellbee project and music students organised a successful fundraising gig for Red Lipstick Foundation.) |

| <b>Priority 3: Reduce access to the means of suicide.</b>   |   |                                  |  |
|---|---|----------------------------------|--|
| <b>Action Needed</b>  | <b>Lead agency/contact</b>                        | <b>Estimated completion date</b> |  |
| 1. Reduce access to ligature points in inpatient units.   | Southern Health                                   | ongoing                          | Regular ligature audits undertaken in inpatient units.   |
| 2. All agencies to work together to identify and manage hotspots for both completed and attempted suicides.   | SPSG and Police, BTP, Network Rail, SCAS, Healios | Ongoing                          | Work progressing well on completed deaths. Attempted suicides requires more work.  |
| 3. Work with planning and developers to include suicide risk in health and safety considerations when designing multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities. | SPSG  | Ongoing                          | Current work being considered to improve safety and signage on Itchen Bridge.  |
| 4. Identify and respond to new or unusual suicide methods.  | SPSG  | Ongoing                          | ongoing  |
| <b>Priority 4: Provide better information and support to those bereaved by suicide</b>  |   |                                  |  |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>                        | <b>Estimated completion date</b> |  |
| 1, Ensure that the support pack "Help is at Hand" is distributed and available to all appropriate agencies (e.g. police, health).   | SPSG  | Ongoing                          | This is available. There is now a staff member employed by SHFT working directly with bereaved families providing support. |
| 2. Work with local agency Red Lipstick in developing a local resource to support those bereaved by suicide.   | Public Health, Coroner's office, Southern Health  | July 2017                        | This group has been very active in supporting families bereaved by suicide. Work hampered by lack of funding.              |



| <b>Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour sensitively</b>   |                                 |                                  |   |
|---|---------------------------------|----------------------------------|---|
| <ul style="list-style-type: none"> <li>Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media.</li> </ul>               |                                 |                                  | •   |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>      | <b>Estimated completion date</b> |   |
| 1. Encourage the inclusion of details of local support organisations and helplines in any coverage of suicide deaths.   | SCC media team                  | December 2016                    | See comment below   |
| 2. Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media.  | SCC media team, Samaritans      | December 2016                    | Samaritans media guidelines sent to press, encouraging them to report deaths by suicide in a sensitive way, with regard to families.    |
| <b>Priority 6: Support research, data collection and monitoring</b>   |                                 |                                  |   |
| <ul style="list-style-type: none"> <li>Build on the existing research evidence and other relevant sources of data on suicide and suicide prevention.</li> </ul> |                                 |                                  | •   |
| <b>Action Needed</b>  | <b>Lead agency/contact</b>      | <b>Estimated completion date</b> |   |
| 1. Continue to audit all Southampton suicides.  | Public Health, Coroner's office | Ongoing                          | This work is ongoing. Portsmouth PH staff now trained in undertaking suicide audit, so will be able to share learning across the patch. |
| 2. Suicide Prevention Group to identify key data sources on suicide attempts and self-harm.   | SSPG                            | April 2017                       | Now looking at real time surveillance as rolled out in Thames Valley.   |

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\* Adapted from the Suicide Prevention: The Leeds Approach

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