

# THE HIGHLAND COUNCIL

Resources Committee 11<sup>th</sup> June 2008

Agenda Item	
Report No	

## Suicide Prevention Funding

### **Joint Report by Head of Policy and Performance and Dr Cameron Stark, Consultant in Public Health NHS Highland**

#### **Summary**

The Choose Life National Strategy and Action Plan to reduce suicide in Scotland aims to reduce the suicide rate in Scotland by 20% by 2013 (from the baseline year 2002). Previously ring-fenced funding was allocated to Community Planning Partnerships to implement local Strategies and a multi-agency Choose Life Steering Group has overseen this process in Highland. This report provides contextual information on suicide rates in the Highlands, changes to funding arrangements and proposals for allocating funding.

#### **1. Background**

- 1.1 The national Choose Life Suicide Prevention Strategy and Action Plan links to the Scottish Government national outcome 6 “We live longer, healthier lives”. Targets for suicide prevention and training are included in the Highland Single Outcome Agreement (SOA) discussed at the Council meeting in May 2008. In addition, suicide prevention activities include promoting mental wellbeing and contribute to the Council’s commitment in the Programme for Administration that “with our Community Planning partners we will give a high priority to health improvement in the Highlands and will focus on combating drug and alcohol misuse, improving healthy eating and increasing the opportunities for people to stop smoking and take exercise”.
- 1.2 Suicide prevention is of crucial importance to the Highlands. There has been a welcome reduction in suicide rates in Highland in the last few years, but despite this reduction, 40 people died by suicide or undetermined intent in the Highland Council area in 2006, the last year for which information is available. Of this group, 36 were male. Deaths by suicide are often in younger people, and can have an enormous impact on a family and community.
- 1.3 Studies<sup>1</sup> have identified that only 76% of completed suicides had had contact with mental health or psychiatric services in the previous 12 months. This indicates that the focus on suicide prevention needs to be broader than just mental health services, and studies also indicate that prevention of suicide after discharge may require earlier follow up in the community, which links well with work required under the mental wellbeing sections of the Mental Health (Care & Treatment) (Scotland) Act 2003 which is also outlined in this

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<sup>1</sup> Appleby et al *Suicide within 12 Months of Contact with Mental Health Services: National Clinical Survey*, British Medical Journal Vol 318 May 1999, Nicoll et al *Death By Suicide In Grampian 1991 –1999: Comparison With A Previous Study*, SMJ 49(1): 44-47 2003

report.

- 1.4 Scottish research has found higher than average rates of suicide in remote and rural areas, and in areas with high levels of social and economic deprivation. Social isolation appears to be an important risk factor for suicide, as is mental ill-health. People in some occupations, including farmers, forestry workers and fishermen, have higher than average rates of suicide. Continuing stigma around mental ill-health can play a role in reducing the number of people who seek help. Other routes of access to help, such as telephone help lines and web-based support, have a role to play in supporting some groups of people who may find face to face service contact difficult. Recognition of problems, willingness to seek help and an appropriate response when help is sought are all essential.

## **2. National Choose Life Strategy and Action Plan**

- 2.1 The National Choose Life Strategy and Action Plan aims to reduce the suicide rate in Scotland by 20% by 2013 (baseline year 2002). The new Government has continued its support for the strategy. It has 7 key objectives:

1. Early prevention and intervention
2. Responding to immediate crisis
3. Longer-term work to provide hope and support recovery
4. Coping with suicidal behaviour and completed suicide
5. Promoting greater public awareness and encouraging people to seek help early
6. Supporting the media
7. Knowing what works

- 2.2 A local multi-agency Choose Life Steering Group has developed and implemented a Highland Choose Life Action Plan which focused on:
- training (supported by a Co-ordinator post based in NHS Highland)
  - small grants support to voluntary groups; and
  - the development and maintenance of a Choose Life Highland website <http://www.chooselifehighland.co.uk/> which contains online activities to encourage people to help themselves, find someone to talk to in confidence and find information to help them or their family and friends to cope with crisis.

- 2.3 Opportunities to streamline partnership working groups exist with the introduction of the Single Outcome Agreement and the reduced requirement on reporting to Government.

## **3. Changes to funding arrangements**

- 3.1 Government support for Choose Life activities previously came in the form of ring-fenced grants. As part of Concordat and Single Outcome Agreement process, funding is now rolled into the Council's grant settlement. The funding available in 2008-9 amounts to £113,000 of Council resources and £35,000 carried forward from the partnership resource last year.

- 3.2 The removal of the ring fence offers more flexibility in the use of the funds and the Resources Committee agreed at its meeting on the 20<sup>th</sup> of February the establishment of a Policy Officer post to:
- continue to support suicide prevention work;
  - ensure the Council complies with the wellbeing requirements of mental health legislation (sections 25 – 31 of the Mental Health (Care and Treatment) (Scotland) Act 2003) in its role as an employer and as a service provider;
  - to lead on the co-ordination, analysis and performance reporting of the Council's activity to improve health and tackle health inequalities; and

- support new partnership arrangements with NHS Highland.

With on-costs this requires up to £40,000 annually of the funding available.

- 3.3 In addition, the Single Outcome Agreement includes a target to achieve 50% of frontline staff (primarily care, mental health, substance misuse, A&E) in the NHS to be educated and trained in suicide assessment / tools and training programmes by 2010, against a base-line of 24%. This target needs to be extended to train staff in other organisations, including the Council, Fire and Rescue Service, Police and the voluntary and independent sectors. Funding is required to meet this training target and to sustain the progress made in reducing suicide in the Highlands as described in paragraph 1.2 above.
- 3.3 Training for suicide prevention is focused on different levels for different needs from basic awareness raising for the general population and front-line staff to risk management skills for mental health professionals. It includes:
- SuicideTALK (two hour awareness raising workshop which can be delivered to up to 50 people), this could be offered to Elected Members
  - safeTALK ( 3 hour more in depth session that can be delivered to up to 30 people);
  - MHFA (Mental Health First Aid, broader training in recognising mental health problems which includes suicide prevention: the help given to someone experiencing a mental health problem before professional help is obtained);
  - ASIST (Applied suicide Intervention Skills Training, 2 day training to help to recognise and estimate the risk of suicide and become more effective at helping aimed at all informal and formal care givers;
  - STORM (Skills training on Risk Management, up to four half day modules providing training for frontline staff).
- 3.4 Highland has a strong record on training and has been seen as an exemplar nationally with:
- 358 NHS staff trained by March 2008 (24% of the target)
  - 105 Social work staff have received STORM training and 138 had received ASIST (accounting for just over 50% of the professional workforce)
  - 23 people have been trained as Trainers, all of whom can deliver STORM and 4 are also able to deliver ASIST. (17 NHS Highland, 2 Highland Council, 2 Northern Constabulary and 2 lecturers in Higher Education (University of Stirling, Highland Campus).
- 3.5 Challenges remain to:
- meet the targets set in the SOA;
  - train more trainers and refresh training for key staff
  - integrate training into other training sessions such as child protection and domestic abuse
  - aim for 75% of the professional staff trained in the Social Work Service;
  - broaden training to other staff in Social Work and other Council services with the training needs to be assessed, with the findings expected shortly from a review of the need for training on suicide and self harm for children's services.
  - include all partners to the Single Outcome Agreement (Northern constabulary and the Fire and Rescue Service are particularly keen for more training)
  - include relevant voluntary and independent sector organisations, for example Highland Users Group (HUG);
  - encourage responsible media reporting.

- 3.6 Experience from earlier rounds of Choose Life funding shows that the development and co-ordination of a partnership training plan is required. Previously a Co-ordinator post hosted in NHS Highland was funded. It is proposed that this arrangement continues but on a part-time basis. The co-ordination role, training needs identified to date and indicative training costs are described in Appendix 1. The total estimated full year 1 costs for the training plan would be £49,500, but the Training Co-ordinator is not yet appointed so a full training programme will not be able to take place this year, therefore the proposed allocation for the remainder of 2008/09 is £30,000. This amount will reduce as the training targets are reached with emphasis then moving to maintaining staff awareness / education and as efficiencies are identified in training costs through the use of partner venues etc.
- 3.7 Other effective use of the funding available includes:
- small grants support to voluntary organisations and support groups (e.g. the Samaritans have benefited in the past)
  - the ongoing maintenance and development of the website; £5,000 for year 1 to cover all costs involved in negotiations about moving ownership to Highland partnership or national website, then reducing to £500 per year for basic maintenance
  - funding to support the Council's duties in mental wellbeing and health improvement including publicity, events and support to community projects as match funding.

#### 4. Funding Implications

- 4.1 The funding available to allocate this year is £105,000 as this includes a carry forward of £35,000 from the 2007/08 partnership funding. This reduces to around £70,000 for future years, depending on carry forward flexibility and there is a need for the Council and partners to identify resources (including those in kind) to contribute to the training targets as the resource reduces. Recommendations for allocating funding are set out below. A mid year review of spending and performance across the categories would be conducted to ensure the right balance of funding to meet the SOA targets.

<b>Proposal</b>	<b>2008/09</b>	<b>2009/10*</b>	<b>2010/11*</b>
Partnership Training Plan	£35,000	£24,500	£24,500
Web site maintenance	£5,000	£500	£500
Grants to voluntary sector	£30,000	£20,000	£20,000
Council resource for mental wellbeing activities and support	£35,000	£25,000	£25,000
Total:	£105,000	£70,000	£70,000

\*Indicative figures

- 4.2 It is recommended that small grants of up to a maximum of £5,000 are made to voluntary groups concerned with suicide prevention. Criteria for grants would include innovation in service delivery, one off costs to improve access to services or extension of services into new geographical areas.
- 4.3 For 2008-9 delegated authority is sought for applications to be approved by the Head of Policy and Performance and the Consultant in Public Health (NHSH) in discussion with the Chair and Vice Chair of Resources Committee. During 2008-9 a review of discretionary funding for the voluntary sector will be reported to a relevant Council committee for implementation in 2009-10. Future small grants awards would be processed as part of any new corporate system introduced.

## **5. Recommendation**

5.1 Members are asked to agree:

1. Funding for partnership training at £35,000 in year 2008/09 reducing to £24,500 for years 2 and 3 to meet the Single Outcome Agreement targets for training and in accordance with the training plan appended;
2. Funding of £5,000 for 2008/09 reducing to £500 in years 2 and 3 for website maintenance
3. An annual allocation of £30,000, reducing to £20,000 in years 2 and 3 for funding small grants to voluntary organisations, with delegated authority as set out in paragraph 4.3 for 2008-9 pending the review of the process for grants to the voluntary sector;
4. Retaining £35,000 in 2008/09 reducing to £25,000 in years 2 and 3 for the Council's use in supporting mental wellbeing activities;
5. A mid year review of performance and spending with flexibility to adjust spending across the categories to ensure the suicide prevention targets are met;
6. The offer to Elected Members to participate in a SuicideTALK awareness raising session (this could follow from a future Resources Committee meeting).

Signatures:

Dr Cameron Stark

Designation: Head of Policy and Performance

Consultant in Public Health

Date: 26.5.08

Author/Reference: Cath King, Policy Manager

## Proposals for a Partnership Suicide Prevention Training Plan

### Co-ordination

Experience over the last four years of joint training has found that co-ordination is essential. The role of a part-time training co-ordinator employed by NHS Highland will be to:

- Ensure that sufficient trainers are available, and to arrange further training of trainers across NHS Highland, Highland Council and the voluntary and independent sectors and partners where necessary
- Identify training needs across the above organisations, and ensure that courses are provided where needed
- Liaise with line managers to arrange for staff to be released to run courses
- Arrange course venues, times and IT requirements (DVD players, projectors etc.)
- Ensure the quality of the courses delivered, through regular meetings of trainers, and other quality assurance measures as are required
- Contribute to delivery of training courses (this would also allow co-delivery of courses from time to time, giving some added assurance of consistency of delivery)
- Ensure that training lists are returned by trainers, and that details of attendance are recorded
- Produce quarterly returns
- Act as a champion with managers and staff across agencies on the need for training, and the added value of the options offered

### Materials, event management

Materials for ASIST courses, which are suitable for many staff, cost £600 per course. An ASIST course can take a maximum of 24 people. As well as the statutory agency staff who would benefit from these courses, the training has proved popular with community groups and voluntary organisations working with at-risk populations. Running eight courses a year would provide over 190 places, but would result in £4,800 of fees in course materials alone.

SafeTalk has not yet been delivered through the Highland Choose Life process and requires development. The Mental Health First Aid course is not currently available through the Choose Life process, but there are trainers in Highland who have delivered courses. Both courses would be suitable for staff who need more than the basic SuicideTalk.

### Trainers

Some trainers are no longer available to undertake courses, and additional trainers will be required in both the Council and the NHS.

**Table 1: Training Costs For full year 2008/09:**

Description	£
Admin Support	6,500
Training Co-ordinator at NHS Band 7 0.6 fte	23,000
ASIST Course materials including licence costs	4,800
Additional Costs, including additional trainers, event management and travel	15,000
<b>Total Costs</b>	<b>49,500</b>

It should be noted that the Training Co-ordinator is not yet appointed therefore a full training programme will not be able to take place this year; therefore the proposed allocation for the remainder of 2008/09 is £35,000. This amount will reduce as the programme becomes a maintenance programme of training and efficiencies are identified in training costs through the use of partner venues etc.

**The training requirements for 2008/09 are:**

<b>Highland Council</b>			
<b>Staff designation</b>	<b>Total Numbers</b>	<b>No. requiring training 08/09</b>	<b>Type of training</b>
Mental Health Professionals inc Learning Disability, MHOs	52	13	STORM
Hospital SWs, Care Managers, Care Assessors, OTs, Resource Managers	120	30	ASIST
Senior Home Carers	40	10	MHFA, SuicideTALK, SafeTALK
Home Carers	600	50	SuicideTALK
Youth Action/Criminal Justice	45	10	To be agreed
Children and Families Social Workers, Senior Practitioners and Team Managers	110	TBC	Part STORM modules
Senior Family Liaison Officers/Key workers/Community Children's workers/Resources SWs/Support workers and Residential Managers	110 - 120	TBC	Part STORM modules
Social Care Workers, Foster Carers	200	TBC	Suicide Talk
Other Council Services including Housing Officers, Money Advisers and Visiting Officers (Finance Service), Service Point Officers	TBC	TBC	TBC
Elected Members	80	80	SuicideTALK
<b>NHS Highland (3 Highland Council Area CHPs)</b>			
<b>Staff designation</b>	<b>Total Numbers<sup>2</sup></b>	<b>No. requiring training 08/09<sup>3</sup></b>	<b>Type of training</b>
General Practitioners	469	80	STORM
Psychiatrists	52	6	STORM
A&E Doctors	28	7	STORM
A&E Nurses (includes nurses of all grades working in A&E departments or similar settings)	240	40	STORM / ASIST or SuicideTALK depending on grade
Clinical Psychologists	27		
Primary Care Nurses in designated groups	130	10	ASIST or STORM depending on role
Mental Health Nurses (most already trained)	490	40	STORM
Reception Staff	102	20	SuicideTalk
NHS 24 nurses	17	4	ASIST / STORM
<b>Voluntary Sector and Independent Sector</b>			
<b>Staff designation</b>	<b>Total numbers</b>	<b>No. requiring training 08/09</b>	<b>Type of training</b>
TBC	TBC	TBC	TBC
<b>Partners (including Northern Constabulary, HIFRS)</b>			
<b>Staff designation</b>	<b>Total numbers</b>	<b>No. requiring training 08/09</b>	<b>Type of training</b>
TBC	TBC	TBC	TBC

<sup>2</sup> Total staff numbers in NHS Highland

<sup>3</sup> Estimated number to be trained in Highland Council area only