

Essex Suicide Prevention Steering Board

Terms of Reference

Introduction

The establishment of the Essex Suicide Prevention Steering Board ('the Board') supports the national strategy which makes clear that no one organisation can directly influence all of those factors which may contribute to a person taking their own life and as such requires commitment and action across all sectors.

The establishment of the Board is intended to ensure closer partnership working between Essex, Southend-on-Sea, and Thurrock Councils, as well as our neighbouring counties Suffolk and Hertfordshire in line with the establishment of the STPs who are tasked with delivering the ambitions of the NHS as set out in the Five Year Forward View.

The Government's latest report, *Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives* reiterates the ambition set out in the Five Year Forward View for Mental Health (FYFVMH) 2016 to reduce suicides by 10 per cent by 2020/21.

Implementing the vision set out in the Five Year Forward View for Mental Health the first Minister for Suicide Prevention in the UK will work across Government to lead the delivery of the National Suicide Prevention Strategy priorities which include:

- Delivery of ambition for zero suicide in mental health inpatients;
- Addressing the highest risk groups including middle-aged men and other vulnerable groups;
- Tackling the societal drivers of suicide such as indebtedness, gambling addiction and substance misuse and the impact of harmful suicide and self-harm content online;
- Addressing increasing suicides and self-harming in young people;
- Improving support for those bereaved by suicide.

Purpose

The purpose of the Board will be to provide leadership and expertise. The Board will provide direction and hold high level oversight of the various forums which plan and coordinate activities addressing the risk factors underpinning suicide.

The Board will identify priorities and make recommendations for action (taking into account national guidance and priorities for action). Key areas will include

- Development and monitoring of the SET Suicide Prevention Strategy and associated multi agency suicide prevention action plans
- Data collection and audit

The Board will focus on the six key areas for action as identified in the national strategy plus self harm:

1. Reducing the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour [query do we include as difficult to influence at local level]
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

Key measurements

1. Reduce the rate of suicides by 10 per cent by 2020/2.
2. To develop a central resource that will help to direct people bereaved or affected by suicide to appropriate support by April 2020.
3. Other measures to be determined and approved by the Board.

Key measurements for 2019/2020:

4. Southend, Essex and Thurrock Suicide Prevention Strategy 2019 update to be provided to and approved by the three Health and Wellbeing Boards by Autumn 2019.
5. Suicide prevention/awareness training to be prioritised and rolled out in accordance with the direction given by the three Health and Wellbeing Boards.
6. Review of suicide prevention/awareness training to have been completed by October 2019.

Authority /accountability

The Board will be accountable to the three SET Health and Wellbeing Boards and the three STPs which cover wider Essex. The Board will provide updates on performance and outcomes as they may require.

The Board will identify priorities which will feed into an action plan, which in turn will be allocated to a named person/persons. They will be responsible for delivering outcomes against the actions/priorities. The actions agreed by the Board will be fed back and delegated to the other forums as may be appropriate, and similarly issues arising within those forums can feed into discussions and potential activity for the Board. Similarly therefore, those other forums and stakeholders which are tasked with actions will be accountable to the Suicide Prevention Board.

Membership and attendance at meetings

The membership of the Board reflects the lead role given to local authorities and the evolving responsibility of the STPs; between local authority and NHS representation at senior level there will be robust links back to the forums that represent the full range of stakeholders on this agenda.

The core membership of the Board is detailed below and will meet twice yearly, or more frequently as the Board may deem appropriate. The meetings will be chaired by one of the Directors for Public Health in rotation.

Other stakeholders will be invited to attend from time to time, for example, from the police, prisons, mental health trusts, voluntary sector etc.

Name	Organisation	Role/responsibility
Mike Gogarty	ECC	Director Wellbeing, Public Health and Communities
Chris Martin	ECC	Director Strategic Commissioning & Policy (Children & Families)
Ian Diley	Southend	Deputy Director Public Health & Chair of Southend Suicide Prevention Board
Ian Wake [or Mark Tebbs]	Thurrock	Director Public Health
Mark Tebbs	Mid and South Essex STP	Senior Responsible Officer Mental Health
Carolyn Fowler	Hertfordshire and West Essex STP	Deputy Director Safer Care and Standards
Andy Brogan	Suffolk and North Essex [and EPUT]	Senior Responsible Officer Mental Health
Gill Burns or Tina Russell	NELFT NHS Foundation Trust	Director of Children's Services NELFT Head of Children's Services EWMHS
Caroline Dollery	Mid Essex CCG	Chair of urgent MH forum
Essex Police		
Representative from the		

National Suicide Alliance		
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Where the core Board members as listed below are not able to attend, they are responsible for ensuring that anyone nominated to deputise on their behalf has sufficient authority to represent and make decisions on behalf of their organisation.

The Board is keen to hear from the lived experience and will invite someone with lived experience to attend each meeting to share their story.