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**North
Northamptonshire
Council**

Democratic Services
The Corby Cube,
George Street,
Corby,
Northants,
NN17 1QG

Meeting: Scrutiny Commission
Date: Tuesday 31st January, 2023
Time: 7.00 pm
Venue: Council Chamber, Corby Cube, George Street, Corby, NN17 1QG

Committee Membership:

Councillor Wendy Brackenbury (Chair), Councillor Kevin Watt (Vice-Chair), Councillor Valerie Anslow, Councillor Robin Carter, Councillor John Currall, Councillor Mark Dearing, Councillor Jim Hakewill, Councillor Philip Irwin, Councillor Zoe McGhee, Councillor Andy Mercer, Councillor Gill Mercer, Councillor Geoff Shacklock and Councillor Lee Wilkes

Substitutes: Councillor Ken Harrington, Councillor Ian Jelley, Councillor Tom Partridge-Underwood, Councillor Lyn Buckingham, Councillor Anne Lee and Councillor Sarah Tubbs

Agenda Supplement

The following additional report and appendices have now been published which were not available at the time the agenda was published.

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06.	Development of the North Northamptonshire Public Mental Health Strategy	3 - 64

Adele Wylie, Monitoring Officer
North Northamptonshire Council

A handwritten signature in black ink, appearing to read 'Adele Wylie'.

**Proper Officer
Tuesday 24 January 2023**

This supplementary agenda has been published by Democratic Services.
Contact: democraticservices@northnorthants.gov.uk

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ITEM	NARRATIVE	DEADLINE
Members of the Public Agenda Statements	Requests to address the meeting must be received by 5pm two clear working days before the meeting. Statements must relate to matters detailed on the meeting agenda. You will have a maximum of 3 minutes in which to make your statement and you will make it at the start of the agenda item.	5pm Thursday 26 January 2023
Member Agenda Statements	Requests to address the meeting must be received by 5pm two clear working days before the meeting. Statements must relate to matters detailed on the meeting agenda. You will have a maximum of 3 minutes in which to make your statement and you will make it at the start of the agenda item.	5pm Thursday 26 January 2023

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Where a matter arises at a meeting which **relates to** other Registerable Interests, you must declare the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but must not take part in any vote on the matter unless you have been granted a dispensation.

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Scrutiny Commission 31st January 2023

Report Title	Development of the North Northamptonshire Public Mental Health Strategy
Report Author	Victoria Ononeze, Consultant in Public Health victoria.ononeze@westnorthants.gov.uk John Ashton Interim Director of Public Health North Northamptonshire Council john.ashton@northnorthants.gov.uk

List of Appendices

Appendix A – Northamptonshire Mental Health Prevention Concordat

Appendix B – Northamptonshire Mental Health Concordat Action Plan

Appendix C – Northamptonshire Refreshed Suicide Prevention Strategy

1. Purpose of Report

- 1.1. This paper describes the population health approach to the development of a strategy to improve public mental health in North Northamptonshire.

2. Executive Summary

- 2.1 At any one time at least one person in six is experiencing a mental health problem. This not only costs the individual but is a cost to society and the economy.
- 2.2 Mental wellbeing is associated with a wide range of improved outcomes in health, education and employment, as well as reduced crime and antisocial behaviour.
- 2.3 Mental disorder starts at an early age, with about half of all mental health issues developing before the age of 14 years and can have lifetime consequences. Opportunities to promote and protect good mental health begin at conception and continue throughout the life-course, from childhood to old age.
- 2.4 In November 2022, Integrated Care Northamptonshire became a signatory to the national Office for Health Improvement and Disparities Mental Health Prevention Concordat.

- 2.5 The Mental Health Prevention Concordat will feed into the North Northamptonshire Public Mental Health Strategy and associated Action Plan, and further informed by the recommendations from the Mental Health Joint Strategic Needs Assessment (JSNA).

3. Recommendations

- 3.1 It is recommended that the Scrutiny Commission:
- a) Note the progress in the programme of work to improve public mental health, which will inform the North Northamptonshire Public Mental Health Strategy.

4. Report Background

- 4.1 There is increased public and political recognition of the importance of mental health and wellbeing in recent years, together with a wide acknowledgement of negative psychological and social impacts of the COVID-19 pandemic. This has provided an opportunity to rethink our approach to mental health and to develop solutions as a whole system.

- 4.2 Promoting the mental health and wellbeing of North Northamptonshire people is everyone's responsibility. There is a commitment of all partners across the system to improve the mental health of local people with the aim of:

- Having a common understanding of what it means to improve public mental health
- Maximising the opportunities to promote mental health and prevent mental ill health within North Northamptonshire through:
 - Taking a life course approach to promoting mental health
 - Promoting a more holistic approach to physical and mental health
 - Integrating mental health into all aspects of our work
 - Creating environments which support mental health and tackle the stigmas associated with mental ill health

- 4.3 The Integrated Care Northamptonshire (ICN) Mental Health Prevention Concordat sets out the strategic, preventive, population health approach to mental health and wellbeing in the area. It recognises the social, economic and environmental determinants of both positive wellbeing and mental ill-health.

The Concordat was signed off by the North Northamptonshire Health and Wellbeing Board last Summer 2022.

- 4.4 The Concordat is based on the Five Domain Framework for Local Action:
- Understanding local need and assets
 - Working together /partnership and alignment
 - Taking action on prevention/promotion of mental health, and to reduce mental health inequalities
 - Defining success/measuring outcomes

- Leadership and Direction

4.5 The detailed Concordat Action plan describes key programmes, initiatives and activities under each of the domains including:

- Engaging with partners and local communities to understand available data and information, mapping local services and assets, identifying gaps in local services (**All-age JSNA and Audit of Coroner’s Closed Suicide Cases**)
- Enhanced partnership working and joining up services across partners and local communities at system, place and local area partnerships. Aligning strategies and plans (e.g., ICN and Health and Wellbeing Strategies, Place Development Programmes, Health Inequalities Plan, etc) to ensure **service delivery at community level is responsive to individual needs.**
- Developing approaches to increase awareness of and support for positive mental health and well-being and reducing stigma related to mental illness. Work to improve quality of life in people with mental illness (**e.g., all age mental health awareness and training for all who live and work in Northamptonshire**)
- Supporting the implementation of the Health Inequalities Plan, **contributing to reducing health inequalities in people with severe mental illness and specific community groups (minority groups, homeless, those misusing drugs and alcohols, etc)**
- Agreeing, measuring and reporting on identified outcomes, in line with the ICN Outcomes Framework and based on evidence of what works to improve mental wellbeing (**e.g., school-based approach, frontline practitioners trained, and reducing suicide by 10% across the county by 2025 and self-harm admissions in 15–19-year-olds**)
- Strategic and operational countywide leadership and partnership provided by the **Mental Health and Learning Disabilities and Autism (adults) and Children and Young People Collaboratives**, reporting to the ICN Partnership Board, Health and Wellbeing Boards, Place Development programme boards.

4.6 The Northamptonshire Public Mental Health and Wellbeing Strategy will be developed to bring the above programmes and other initiatives together, once the JSNA is completed.

5. Issues and Choices

5.1 We are developing a population-wide approach to improve mental wellbeing and prevent mental ill-health in North Northamptonshire by:

- Promoting wellbeing and tackling the causes of poor mental health and wellbeing
- Mitigating the impact of poor mental health and wellbeing
- Preventing worsening mental health in those already affected

5.2 Our approach is informed by international and national strategies and policies including:

- Faculty of Public Health & Mental Health Foundation (2016) Better Mental Health for A public health approach to mental health improvement http://www.fph.org.uk/better_mental_health_for_all
- World Health Organisation (2014) Mental health: a state of well-being. Available http://www.who.int/features/factfiles/mental_health/en/
- HMG/DH (2011) No Health without Mental Health. Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
- Public Health England (2016) PHE's approach to improving the public's mental health and wellbeing. Available online at <http://www.nspa.org.uk/wpcontent/uploads/2016/02/PHE.pdf>
- Report, "Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives," [Suicide prevention in England: fifth progress report - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf).

5.3 Work is ongoing through local authorities, Integrated Care Board, voluntary and community sector organisations, primary care networks and hospital trusts to support public mental health and overall wellbeing. The Concordat (and Public Mental Health Strategy when developed) will build on this work and identifies the areas and priorities that the system has agreed to collectively support, through enhancing existing approaches and initiatives and developing new ones.

5.4 We are developing a Mental Health JSNA taking a life-course approach, which will improve our understanding of local needs and services and assets, and with particular focus on priority and vulnerable groups.

The JSNA has 4 chapters:

- Perinatal and infant Mental Health
- Children and Young People
- Working Adults
- Older People

The Children and Young People and Older People chapters are nearly completed.

5.5 Key current and emerging areas of public mental health need include:

- Improved understanding of current prevention and early intervention services and support to:
 - address the wider determinant that support positive mental wellbeing (housing, financial support, environment, social isolation, transport, etc,) and;
 - adequately respond when need arises (including in the voluntary and community sector, Youth Service and self-help groups).

- Multiple providers with single service pathways. Services and support need to be better aligned and integrated across the Council and in the wider system, so that people (in particular, children and young people and their families) do not have to repeat their story to different organisations.
- Key priority outcome areas requiring urgent actions include:
 - Reducing self-harm in 15–19-year-olds and working age adults
 - Reducing waiting times for Children and Adolescent Mental Health Services
 - Improving physical wellbeing of people with severe mental illness
 - Improved access to talking therapies

5.6 Significant progress is being made in implementing the Northamptonshire Refreshed Suicide Prevention Strategy including:

- Real time surveillance of suicides supporting more timely reporting and analysis of suicides and ensure appropriate support for those affected.
- Completed the Coroner’s Audit involving 225 closed suicides cases in the period, September 2018 and March 2022.
- School Support Package has been created to provide guidance for schools in Northamptonshire in the event of a suspected death by suicide in a school community. The package incorporates lessons learnt from the review of a local suicide case in 2022.
- Work programme being developed to reduce the rates of self-harm which is a key indicator of suicide risk

5.7 An All-Age Mental Health Awareness and Training Framework has been developed with the following aims:

- Raising mental health literacy for individuals, organisations and communities living and/or working in Northamptonshire.
- Providing opportunities to improve knowledge and build skills both within the workforce and local population
- Promoting positive mental health and wellbeing, reducing stigma, self-help, mental health awareness, suicide prevention and support for people with mental health problems.
- Improving the individual ability to appropriately signpost and refer people with mental health issues to relevant services and support

6. Implications (including financial implications)

6.1 Resources, Financial and Transformation

- There will be financial implications arising from implementing initiatives to improve mental wellbeing in North Northamptonshire.
- They include recruiting a Public Mental Health Lead and funding for more prevention and early intervention support, for example for mental health awareness and training of local population and workforce.

- It is expected that much of the funding will be provided by the Council (Public Health), NHS (ICB and MHDLA), and Health Inequalities Fund for targeted actions on specific groups and topics.

6.2 Legal and Governance

- The recommendations in this report do not include any specific legal obligations, other than North Northamptonshire Council working with local partners and communities to:
 - promote positive mental wellbeing;
 - reduce risk of mental health problems in at risk populations; and
 - improve the quality of life of people with severe mental illness.

6.3 Relevant Policies and Plans

- The North Northamptonshire Public Mental Health Strategy will be part of the whole system approach to support local people to *'Live their Best Life'*.
- The focus is on what actions can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems. Work with organisations, agencies, and partnership groups in:
 - promoting positive public mental in local communities
 - engaging with people with lived experience of mental ill-health and those providing services and support to them
 - providing support on the wider factors that promote and support good mental health and wellbeing (e.g., poverty, education, housing and leisure)
- The strategy will have explicit links to other local plans including:
 - Integrated Care Northamptonshire Strategy
 - North Northamptonshire Health and Wellbeing Strategy
 - North Northamptonshire Place Development Programme
 - Northamptonshire Integrated Care Children and Young People Emotional and Mental Health Transformation Plan

6.4 Risk

- There are no significant risks arising from the proposed recommendation in this report.

6.5 Consultation

- The North Northamptonshire Public Mental Health Strategy will be co-produced by a wide range of local partnerships and agencies, local people including those with lived experience.

6.6 **Equality Implications**

- The strategy will include an overview of inequalities related to population characteristics such as deprivation, maternity, LGBTQ, ethnic minority groups, age and gender and specific at-risk groups.

6.7 **Climate Impact**

- There are no climate/environmental impact that may arise from the strategy and action plan.

6.8 **Community Impact**

- The strategy will give considerations to community impact and details specific actions to address priority groups and places, including Local Area Partnerships.

6.9 **Crime and Disorder Impact**

- There are no crime and disorder impact that may arise from the strategy and action plan.

7. **Background Papers**

Appendix A – Northamptonshire Mental Health Prevention Concordat

Appendix B – Northamptonshire Mental Health Concordat Action Plan

Appendix C – Northamptonshire Refreshed Suicide Prevention Strategy

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Prevention Concordat for Better Mental Health: Commitment level

Information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the [Prevention Concordat for Better Mental Health Consensus Statement](#). You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

The Prevention Concordat Commitment level registration process

Step 1. Complete a first draft of your Prevention Concordat Commitment action plan using the template below and send it to publicmentalhealth@phe.gov.uk.

(Attach any supporting documents that you may want to share)

Step 2. Your PHE regional lead will contact you to arrange an informal conversation and give feedback on your proposed plan.

Step 3. Make any changes to your action plan based on feedback.

Step 4: Once your application is complete you will need to obtain the signature of your most senior leader or Chief Executive Officer for formal approval of your plan.

Step 5. E-mail your final submission to publicmentalhealth@phe.gov.uk

Step 6. The national Public Mental Health team will review your application and will be in touch with the result within 2-4 weeks of the submission date.

Step 7: Following this, the national team will dispatch a certificate to the lead contact for your organisation.

Step 8: The national team will follow up progress after 12 months. New aspects of the programme to provide support and progression for existing signatories will be developed in 2021.



Section 1 - Registration form

Please note: If you are signing up on behalf of a partnership, e.g. health and wellbeing board, integrated care system, sustainability and transformation partnership or another type of partnership, please provide name, email, telephone number and job title of all the lead officers. Add additional columns as needed.

Lead contact name	Sally Burns and John Ashton
Lead contact details	Email: sally.burns@westnorthants.gov.uk Telephone number: 07881 512046 Email: john.ashton@northnorthants.gov.uk Telephone number: 07964 990433.
Job title of lead officers	Director of Public Health, West Northamptonshire Council Interim Director of Public Health, North Northamptonshire Council
Name of organisation / partnership.	Northamptonshire Integrated Care System
Local authority/region	North Northamptonshire and West Northamptonshire Councils
Post code	North Northamptonshire Council NN16 8TL West Northamptonshire Councils NN1 1ED
Weblink	www.northnorthants.gov.uk www.westnorthants.gov.uk
Twitter handle	@northnorthants @westnorthants
Organisation or Partnership	Northamptonshire Integrated Care System



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<p>Please tell us more about your organisation's work (no more than 150 words)</p>	<p>Northamptonshire Health and Care Partnership is an Integrated Care System (ICS) in the East Midlands covering a population of around 780,000 people across two local authority areas (North and West Northamptonshire), one ICS and 16 Primary Care Networks.</p> <p>The partnership works together to take action at county, council, neighbourhood, community, and individual level to improve health and wellbeing outcomes for people living in Northamptonshire.</p> <p>Work is ongoing on through local authorities, voluntary and community sector organisations, primary care networks and hospital trusts to support public mental health and overall wellbeing. This concordat builds on this work and identifies the areas and priorities we have agreed to collectively support, through enhancing existing approaches and initiatives and developing new ones.</p>
<p>Please list any partners you are working with</p>	<ol style="list-style-type: none">a. Northamptonshire Integrated Care Systemb. North Northamptonshire Councilc. West Northamptonshire Councild. Public Health Northamptonshiree. Northamptonshire Mindf. Northamptonshire Healthcare NHS Foundation Trustg. Kettering General Hospital NHS Foundation Trusth. Northampton General Hospital NHS Trusti. Northamptonshire Sportj. Northamptonshire Policek. Northamptonshire Firel. Northamptonshire Ambulancem. Voluntary Impact Northamptonshiren. Northamptonshire Children Trusto. REACH Collaborativep. Northants Federations (GPA, 360, PML, Lakeside)q. Northants Local Medical Committeer. Northants Primary Care Networkss. Healthwatch Mental Health Northants Collaboration



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Please give a lead contact name and email for each member of the partnership

- a. Toby.Sanders1@nhs.net
- b. David.Watts@northnorthants.gov.uk
- c. Stuart.Lackenby@westnorthants.gov.uk
- d. John.Ashton@northnorthants.gov.uk
- e. Sally.Burns@westnorthants.gov.uk
- f. Sarah.hillier@northamptonshiremind.org.uk
- g. Eileen.Doyle4@nhs.net
- h. Alan Burns KGH <alan.burns1@nhs.net>
- i. Anne.Rackham@nhft.nhs.uk>
- j. Ashley.Tuckley@northants.police.uk
- k. shallam@northantsfire.gov.uk
- l. miranda.wixon@gmail.com
- m. colin.foster@nctrust.co.uk



Section 2 – Action Plan

The Prevention Concordat for Better Mental Health is based on [the five-domain framework for local action](#). Please describe what you are planning to commit to in the **next 12 months** for your organisation/area using the form below. Please take into account the mental health impacts of COVID-19 when completing this action plan.

(See the question prompts to support completion of this section).

Domain	Proposed actions	Lead	Timeframe
<p>2. Understanding local need and assets</p> <p>Prompts</p> <ul style="list-style-type: none"> ▪ <i>Are you undertaking or are you planning a mental health needs assessment that takes prevention of mental-ill health and promotion of wellbeing into account?</i> ▪ <i>How will you collect and analyse quantitative and qualitative data?</i> ▪ <i>How will you engage with local communities to map assets which can protect and promote mental health and wellbeing?</i> ▪ <i>How will (or does) your needs assessment take account of Covid19's disproportionate impact on different groups?</i> 	<p>Mental Health Needs Assessment</p> <p>The Northamptonshire Health and Care Partnership (NHCP) has a role in facilitating a good understanding of the needs of the local population, supporting the sharing of good practice at place, standardising how services are provided or reconfiguring the provision of services on the footprint.</p> <p>We are collating a Mental Health Joint Strategic Needs Assessment (JSNA) for the ICS area, that takes promotion of mental wellbeing and prevention of mental health problems into account and identifies priority groups at place and neighbourhood level.</p>	<p>North and West Northamptonshire Public Health Teams</p>	<p>Planning to complete and sign off JSNA by Dec 2022</p>



	<p>We will use a public mental health approach which focuses on what action can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems. The assessment will cover the life course, take into account the mental health impact of COVID-19, and embed in other prevention and early intervention approaches (e.g. Core20Plus5).</p> <p>We have started scoping the JSNA and it will include the analysis of nationally and locally available data. It will also include an overview of inequalities related to population characteristics such as deprivation, maternity, LGBTQ, ethnic minority groups, age and gender and specific at-risk groups (rough sleepers and carers). The assessment will also include the physical health of people living with mental health conditions.</p> <p>The work done to refresh the Suicide Prevention Strategy is enhancing available data, for example from the Police attending incidents. We have</p>		
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	<p>completed a Suicide Audit on closed Coroner cases over the last three years. We will incorporate the findings of the audit into planning for a partnership wide suicide prevention campaign and training.</p> <p>Real time Surveillance of Suicide Prevention intelligence is in place. Public Health teams in Northamptonshire are working with Northamptonshire Police to provide timely intelligence on deaths by suicide.</p> <p>We are currently engaging with partners and communities to contribute to the JSNA and identify how we can take action to promote positive mental health, prevent mental ill-health and improve the physical health and wellbeing of those living with mental health conditions. We will have a particular focus on organisations, agencies, and partnership groups:</p> <ul style="list-style-type: none">• promoting positive public mental in local communities• engaging with people with lived experience of mental ii-health and those providing services and support to them		
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	<ul style="list-style-type: none">• providing support on the wider factors that promote and support good mental health and wellbeing (e.g., relationships and good work, poverty, education, housing and leisure) <p>Asset Mapping</p> <p>The JSNA, along with other workstreams, will contribute to mapping the assets and services, and make recommendations to improve prevention in the priority groups and the wider population.</p> <p>Detailed local intelligence and insight work is underway to support Place Development Programmes. It includes the development of Local Area Partnerships (LAPs) to represent local areas and give a voice to residents and help in translating strategy into local action. This work will provide strong evidence base and deep local insight from frontline partners, empowering local communities, and leaders to take accountability for local action.</p>		
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Domain	Proposed actions	Lead	Timeframe
<p>2. Working together /Partnership and alignment</p> <p>Prompts</p> <ul style="list-style-type: none"> ▪ <i>Are you collaborating with other organisations (e.g.: local employers, voluntary sector, other public sector - e.g.: NHS/local authorities, emergency services?)</i> ▪ <i>Are you working collaboratively within your organisation (with other departments/directorates or groups)</i> ▪ <i>Are you working with a diverse range of communities (eg: Black Asian and minority ethnic groups, LGBT plus, those with long-term health conditions/disability), including those with lived experience of mental ill-health?</i> 	<p>The NHCP has identified improving the health and wellbeing of those living with mental health, learning disability and autism as a key priority. This is reflected as a key ambition in the partnership strategy.</p> <p>This Prevention Concordat demonstrates shared commitment across the partnership to improve mental health and wellbeing for all. It will help with identifying funding and other resources to support this.</p> <p>The Integrated Care Board (ICB) will lead the Concordat commitments and review these quarterly, ensuring alignment with mainstream ICS, local authorities/Place and other partners plans and strategies.</p> <p>We have a few groups working collaboratively at scale to improve public mental health and wellbeing outcomes for people living with mental health problems:</p>	<p>ICB Mental Health Collaborative and Programmes North and West Northamptonshire Public Health Teams</p>	<p>Continuous</p>



	<ul style="list-style-type: none">• Population Health Management Board developing population health management skills, insights, and expertise across NHCP to impact positively on local determinants of health, and subsequently the physical and mental health and wellbeing of the local population• Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative with prevention in adults and older people, developing/aligning pathways to improve outcomes, providing responsive acute and crisis care and improving care for people with learning disabilities and autism as priorities. Membership is from organisations across the system and include public health, local authorities, mental health trusts, ICS commissioners and voluntary and community sector. Public Health is providing programme management support for the work programme on mental health promotion and prevention, and the wider prevention agenda.		
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	<ul style="list-style-type: none">• Healthy Minds Healthy Brains Pillar (HMHB) is one of the four pillars of the Children and Young People Transformation Programme. The pillar provides the infrastructure for a population health approach to ensure high quality care for emotional and mental wellbeing and resilience in children, young people, and families (CYPF) at place. Membership includes local authorities, public health, ICS, NHS Trusts, Children's Trust and Voluntary and Community Sector.• CAMHS Transformation Group reviewing waiting lists and capacity in the system, and developing more joined up pathways and better coordinated services and support for CYPF.• Personalisation Care Board leading work which enables individuals to live independently, and to have some choice and control of the services they used in daily life. The board aims to work across the system to		
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	<p>support individuals with physical and mental health issues to improve their health and wellbeing. This includes social prescribing, health coaching and community support.</p> <ul style="list-style-type: none">• North and West Northamptonshire Health and Wellbeing Boards and Locality Forums ensuring programmes and initiatives to promote positive health and wellbeing are joined up at strategic and operational level, to ensure they are responsive to the needs of local population• We are in the process of establishing a NHCP Population Health, Prevention and Inequalities Board, which will provide strategic and overarching leadership on prevention across the system. Membership will include public health, ICS, NHS Trusts, local authorities, Police, Fire Service, Ambulance Service, Voluntary and Community Sector, Primary		
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	<p>Care (Federations, LMC, PCNs), Faith organisations and Healthwatch.</p> <p>Achieving good mental health and wellbeing for all will build on these existing partnership work programmes, and we will further develop joint working focusing on:</p> <ul style="list-style-type: none"> • People, places (councils, neighbourhoods, communities) and partnerships to support wellbeing, self-help, and self-care • Better integration to provide joined-up community-based services that are responsive to individual needs • Collaboration to sustain high quality specialist services and ensure good access to and outcomes from these for everyone 		
Domain	Proposed actions	Lead	Timeframe
3 (a). Taking action on prevention/promotion of mental health		MDHLA	Continuous



<p>Prompts</p> <ul style="list-style-type: none"> ▪ <i>Are you planning on delivering both universal interventions (i.e. population wide) and targeted interventions (i.e. to those at greater risk/vulnerable groups as well as those with existing mental health problems)?</i> ▪ <i>Are you taking action across the life-course (i.e. children and young people, working age adults, older people)</i> ▪ <i>Are you taking action on the social determinants of mental health (employment, education, housing/homelessness, poverty, debt, etc)</i> ▪ <i>How will you promote and protect good mental wellbeing in settings such as schools and workplaces, including your own staff's wellbeing?</i> 	<p>The Mental Health, Learning Disability & Autism (Adults) and Healthy Minds Healthy Brains (CYPF) Collaboratives will lead work on mental health and wellbeing across the life course.</p> <p>There are many examples of existing services and interventions already in place that promote mental health for all. We will be developing a Public Mental Health and Wellbeing Strategy and Action Plan to try and bring these together, informed by the JSNA when completed. The strategy will look at approaches to improving public mental health and wellbeing which:</p> <ul style="list-style-type: none"> • Take a life course approach to promoting mental health and wellbeing • Promote a more holistic approach to physical and mental health and wellbeing • Integrate mental health and wellbeing into all aspects of our work • Develop environments that support good mental health and wellbeing and tackle stigma • Implement actions at three intervention levels – Primary, Secondary and Tertiary Prevention, 	<p>HMHB</p>	
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	<p>We already have examples of partners working together to promote mental health and wellbeing and prevent mental illness in the population, and supporting people with mental illness to improve their quality of life, for example</p> <ul style="list-style-type: none">• Healthy Schools Programme - whole school approach to promoting mental health and wellbeing• Action for Happiness Hubs and Cafes• Thriving Communities initiatives• Refreshed Suicide Prevention Strategy outline priority areas for action• CORE20PLUS5 initiatives addressing physical health check in people with severe mental illness• Alternatives to admissions – community cafes• Wellbeing Workplace programme• SPRING social impact bond• Four Primary Care Networks are involved in population health management addressing physical and mental health and wellbeing		
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	<ul style="list-style-type: none"> Physical activity initiatives Anti-poverty work focused on supporting people who are currently in poverty, preventing people from falling into poverty in the first place and influencing the Government and other national organisations to get a better deal for local communities. 		
Domain	Proposed actions	Lead	Timeframe
<p>3 (b). Taking action to reduce mental health inequalities</p> <p>Prompts</p> <ul style="list-style-type: none"> What steps are you taking to address the social and economic disadvantages that underlie mental health inequalities? What steps are you taking to address discrimination, racism and exclusion faced by particular local communities? How are you addressing mental health stigma? 	<p>We will align actions to reduce mental health inequalities with the overarching ICS Health Inequalities Strategy and Plan.</p> <p>Health inequalities are the result of a complex range of interrelated causes, and the causes of those causes. Tackling them require close collaboration between several organisations across the system and actions at different levels. So, we need to intervene at three interconnected levels.</p> <ul style="list-style-type: none"> Structural - initiatives to reduce discrimination and inequalities, and promote access to education, meaningful employment, affordable 	<p>MHLDA HMHB</p>	



	<p>housing, health, social and other services for the entire population and targeted support for those who are vulnerable.</p> <ul style="list-style-type: none"> • Community - place based approach to increases in social support, social inclusion, and participation, improving neighbourhood environments and anti-bullying strategies at school, workplace health, community safety, childcare, and self-help networks. Targeted actions in the 20% lowest deprivation centile areas • Individual - increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills (e.g., communication, negotiating, relationship and parenting skills). <p>Priority groups for action include:</p> <ul style="list-style-type: none"> • Ethnic minority communities, gypsies/ travellers/Roman, refugees, asylum seekers, criminal justice, LGBT 		
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	<ul style="list-style-type: none"> • Ensuring annual health checks for 60% of people living with severe mental illness • Reducing mental health issues in people with multiple and long-term physical health conditions, (especially respiratory, diabetes and cardiovascular disease) who also experience mental health problems. We are committing to taking a biopsychosocial approach to the delivery of physical and mental health interventions. • Reducing the level of suicides in high-risk groups. 		
Domain	Proposed actions	Lead	Timeframe
4. Defining success/measuring outcomes Prompts <ul style="list-style-type: none"> ▪ <i>What is the impact you are looking to measure?</i> ▪ <i>What are your agreed outcomes?</i> ▪ <i>How will you measure and monitor them?</i> 	Our Public Mental Health Action Plan will include specific outputs and outcomes (and proxy ones) that are achievable in the short, medium, and longer-term across the system. We will continue to embed outcomes measures and robust evaluation of effectiveness in planning and commissioning processes.	MHLDA HMHB	Continuous



Protecting and improving the nation's health

<ul style="list-style-type: none"> ▪ <i>Do you have effective monitoring plans in place with regular reporting?</i> 	<p>Some of the outcomes we want to achieve include:</p> <ul style="list-style-type: none"> • Increase in people receiving a living wage • Increased affordable housing • Improved quality of life and individual flourishing • Increased physical and mental health and wellbeing in children and young people • Increased educational attainment • Safer communities with less crime • Reduced social isolation and loneliness • Reduced health inequalities – both physical and mental health • Reduced health and social care utilisation • Improved productivity and employment retention • Reduced sickness absence from work • Reduced level of suicides • Reduced levels of mental illness and distress 		
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	<p>We will use nationally and locally available outcome framework and tools (PHOF, Health Inequalities Toolkit ONS, NOMIS, WEMWBS, Patient Activation Measures, Wellbeing STAR, etc). For example, explore how to measure autonomy, control, choice etc, alongside reduction in physical symptoms/mental ill health.</p> <p>For some of the success measures, we have agreed specific targets and improvement trajectories in the NHCP Outcomes Framework, for example:</p> <ul style="list-style-type: none">• Reduce suicide by 10% across Northamptonshire by 2025.• Reductions in self-harm admissions (15–19-year-olds)• Increase the proportion of people with severe mental illness who receive Annual Health Checks to more than 60% and proportion referred to healthy lifestyle services (in particular smoking cessation)• Reduce the gap in life expectancy between people living with mental health, learning		
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	<p>disabilities and autism and the general population.</p> <ul style="list-style-type: none"> • Schools taking up whole school programme • Proportion of frontline practitioners including GPs trained in suicide mitigation 		
Domain	Proposed actions	Lead	Timeframe
<p>5. Leadership and Direction</p> <p>Prompts</p> <ul style="list-style-type: none"> ▪ <i>Do you have a Mental Health Champion?</i> ▪ <i>Is there a stated commitment and support from 'the top level' of the organisation?</i> ▪ <i>How will you ensure clear leadership and vision for prevention and promotion of better mental health across the organisation or partnership?</i> 	<p>There are named Senior Mental Health Champions within the system ICS and Councils, and elected members, identified as leads for promoting positive mental health and prevention of mental ill-health.</p> <p>This work is coordinated and led through the Mental Health Learning Disability and Autism Collaborative and Healthy Minds and Healthy Brains Collaboratives but ensures joined up working with other partnerships across the system.</p>	<p>Sally Burns, Director of Public Health West Northamptonshire Council</p> <p>John Ashton, Interim Director of Public Health Northamptonshire Council</p> <p>Anne Rackham, Director of Mental Health / SRO</p>	<p>Continuous</p>



	<p>We intend to establish a Prevention Board in the next three months to ensure prevention and early intervention programmes are embedded and integrated across all areas of the health and care system. This will have broad membership across the system, statutory and VCSE agencies, patients, and carers.</p> <p>The Prevention Board areas of focus will reflect the priorities of the NHCP and will include:</p> <ul style="list-style-type: none">• Agreeing strategic prevention priorities and investment• Delivering prevention at scale and making prevention everyone's business• Promoting positive mental health using the 10 Keys to Happier Living• Understanding and addressing health inequalities• Delivering population health management and CORE20Plus5, providing a system approach to prevention and care	<p>MHLDA Collaborative David Maher, Deputy Chief Executive, Northamptonshire NHS Foundation Trust</p>	
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	<ul style="list-style-type: none">• Contribute to the further development of the partnership outcomes framework to help demonstrate impact on health and wellbeing.• Embedding a public health approach to commissioning and provision of services <p>The submission of this concordat is supported by senior leadership teams of health and care organisations and partnerships in Northamptonshire. All are supporting the development of this joint approach to promoting positive mental health and wellbeing in the area.</p> <p>We have highlighted above our approaches to prevention. This includes a commitment to reassess how we commission and deliver local services to help maximise opportunities for good mental health and wellbeing for all. Not just improving services but also addressing the wider factors that determine mental health and overall wellbeing.</p> <p>We will stimulate and support the forming of 'alliance' arrangements that bring providers (local</p>		
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	<p>authorities, NHS, VCS, private organisations, and people with lived experience of mental health) to make effective strategic decisions about service priorities and the use of funding for mental health and wellbeing, including use of personal health budgets.</p> <p>Our Partnership Strategy includes a commitment to addressing health inequalities - ensuring our planning, service delivery and resource allocation proactively addresses disparities in outcomes for different populations. One of the ten objectives for the partnership is to reduce the gap in life expectancy between people living with mental health, learning disabilities and autism and the general population. This reflects the importance the partnership places on secondary and tertiary prevention for those living with mental ill health.</p> <p>We are setting a percentage of Mental Health Improvement Grant towards prevention, with the expectation that this will progressively grow year on year.</p>		
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Section 3 - Senior leadership/CEO sign off

Please let us know if you would like to be contacted to provide short statements on your progress to use in communication pieces, such as bulletins, social media, etc.

<p>Is your organisation/ partnership happy to provide key impact headlines or quotes when contacted related to your Prevention Concordat Commitment?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>The purpose of this information is from promotion purposes, to support us to inspire others and share good practice.</i></p>	
<p>Upload Senior leader/CEO signature and organisation logo.</p> <p><i>If you are signing up on behalf of a partnership, please include signatures and logos from all the organisations</i></p>	 <p>Toby Sanders Chief Executive NHS Northamptonshire Integrated Care Board</p>







Please attach any additional documents that you may want to share to support your commitments, e.g., strategies, plans project outlines. For example, your health and wellbeing strategy.

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Northamptonshire Mental Health Prevention Concordat: Action Plan

Last Updated: 08.11.22

BRAG Key

	Commenced - Off Track. Barriers to Effective Recovery
	Commenced - Off Track. Recovery plan in place
	Commenced - On Track for completion within Timescale
	Completed/ Embedded
	Status not known
	Not Commenced

Domain 1: Understanding local needs and assets					
Objective	Action	Timescale	Output	Owner	BRAG
Undertake Mental Health JSNA taking a life-course approach, with additional particular focus on priority and vulnerable groups at system, place and neighbourhood level	1.1 Engage with partners to understand available data and sources of information	August 2022 - January 2023	JSNA	Victoria Ononeze	
	1.2 Collate and analyse national and local sources of quantitative and qualitative data and evidence, including from local services and those with lived experience	July 2022 - February 2023	JSNA	Jason Kent	
	1.3 Engage with colleagues and partners to map local assets to support positive mental wellbeing	December 2022 - February 2023	JSNA	Louise Harrington	
	1.4 Develop system, place and neighbourhood level understanding of mental health and wellbeing, gaps, risk and vulnerable groups to inform development of mental health and wellbeing strategy and action plan and local area profiles	July 2022 - February 2023	JSNA	Victoria Ononeze	
	1.5 Sign off All-age mental health JSNA	Jun-23	Published JSNA	Anne Rackham	
	1.6 Implement actions from the suicide prevention strategy action plan	October 2022 - Summer 2025	Suicide Prevention Action Plan	Henna Parmar	
	1.7 Support the implementation of the health inequalities plan working closely with LAPs, Prevention workstreams and Equalities Enabler Leads	October 2022 - March 2023	ICS Health Inequalities Plan	Rhosyn Harris?	
Domain 2: Partnerships and alignment					
Objective 1	Action	Timescale	Output	Owner	BRAG
Enhance partnership working and join up across partners at system, place and neighbourhood levels	2.1 Development of a mental health and wellbeing prevention and promotion action plan	August - September 2022	MH Prevention Concordat Action Plan	Victoria Ononeze	
	2.2 Support the establishment of a Northamptonshire Integrated Care System Population Health and Prevention Board to provide strategic and overarching leadership on prevention across the system	September 2022 - January 2023	ICS Population Health and Prevention Board	Victoria Ononeze	
	2.3 Ensure linkage into the Personalisation Care Board, and the Population Health Management Strategy, and the Health and Wellbeing Boards	September 2022 - January 2023	Mental Health Prevention Concordat Action Plan	Morgan Price	
	2.4 Review ToR and membership of MHLDA Population Health and Prevention Pillar to strengthen alignment to wider prevention priorities	September - November 2022	Updated ToR and membership	Dion Hunt	
	2.5 Review and strengthen linkages across MHLDA Population Health and Prevention Pillar and Healthy Minds, Healthy Brains Pillar to ensure joined up approach to mental health and wellbeing cross the life-course	September - November 2022		Dion Hunt & Cazz Broxton	
	2.6 Ensure that addressing identified mental health risks and needs are core to the work of the MHLDA Equalities Enabler health inequalities plan and the wider ICS Health Inequalities plan		ICS Health Inequalities Plan MHLDA Equalities Enabler Health Inequalities Plan	Lenea Nyamapfeka	
Objective 2	Action	Timescale	Output	Owner	BRAG
Ensure close working with mental health experts by experience, inclusion health groups and those from communities at risk of experiencing poor mental health	Work closely with experts by experience, LAPs, Well Northants, Community Wellbeing Forums community development workers, VCSE partners and those they represent from areas with high levels of multiple deprivation, from inclusion health groups, and communities at risk of experiencing poor mental health to:				
	2.6 Identify gaps and overlaps in provision and ineffective ways of working	January - March 2023	Mental Health Prevention Concordat Action Plan	Victoria Ononeze	
	2.7 Co-produce evidence-based proposals for funding via Population Mental Health Strategy budget	December 2022 - March 2023	Mental Health Prevention Concordat Action Plan	Dion Hunt	
	2.8 Quarterly review of Prevention Concordat commitments ensuring alignment with mainstream ICS and local authority plans and priorities	Ongoing	Mental Health Prevention Concordat Action Plan	Dion Hunt	
Domain 3 (a): Taking action on prevention and promotion of mental health					
Objective	Action	Timescale	Output	Owner	BRAG
Develop approaches to increase awareness of and support for positive mental health and wellbeing and reduce stigma related to mental illness	3a.1 Develop suite of evidence-based proposals using Population Mental Health Strategy funding (2022-23)	September 2022 - March 2023	Evidence-based proposals	Dion Hunt	
	3a.2 Develop a Mental Health Campaign Plan to increase community discussion around MH and minimise stigma		Aligned Mental Health Comms Plan	Victoria Ononeze	
	3a.3 Commission Stay Alive app to promote local mental health resources and support pathways	01/07/2022	App commissioned	Henna Parmar	
	3a.4 Design and implement a package of MH Awareness and training for NHCP System workforce	August 2022 - March 2025	All-age MH awareness & suicide prevention training framework	Sue Bennett	
	3a.5 Undertake mapping of local and national resources available to support positive mental health and wellbeing	February - April 2023	Map of local & national resources	Louise Harrington	
	3a.6 Implementation of Healthy Schools Programme taking a whole-school approach to mental health and wellbeing			Sara Petty?	
	3a.7 Develop Public Mental Health and Wellbeing Strategy and associated Action Plan based on recommendations from JSNA	January - March 2023	Public MH & wellbeing Strategy & action plan	Victoria Ononeze	

	3a.8 Explore external funding streams for Early Intervention/ Preventative initiatives aimed at Place and Neighbourhood levels		Funding applications	Dion Hunt	●
	3a.9 Further roll-out of MHSTs in 'X' more schools across the county		X' more schools with MHSTs		
	3a.10 Support the development and commissioning of parent-infant relationship service for the County to support positive and nurturing early relationships	July 2022 - April 2023	Commssioned County-wide parent-infant relationship service	Abdu Mohiddin?	●
	3a.11 Deliver psychoeducation and respite for mental health carers			Sarah Hillier	
Domain 3 (b): Taking action to reduce mental health inequalities					
Objective	Action	Timescale	Output	Owner	BRAG
The ICS will reduce mental health inequalities starting with the Core20Plus5	3b.1 'Core20' - Small grants community development programme addressing most deprived areas and inclusion health groups	January - June 2023?	Small grants awarded	Lenea Nyamapfeka	
	3b.2 'Plus' - focus on priority groups within the ICS Health Inequalities Plan and as identified by the MH JSNA	November 2022 - November 2023	Equalities action plan	Rhosyn Harris	
	3b.3 '5' - 5 key clinical areas. Implement Primary Care Incentive Scheme to support achievement of Annual Health Checks to >60% of SMI Register	November 2022 - Nov 2023	>60% annual health checks of SMI register	Morgan Price	
	3b.4 Support the development of social prescribing initiatives including mental wellbeing support for those with multiple long-term conditions	November 2022 - November 2024		David Smart?	
	3b.5 Work closely with 4 PCNs to address physical and mental health and wellbeing to help inform future work/wider roll-out	Continuous		Tim Lloyd?	
Domain 4: Defining success/measuring outcomes					
Objective 1	Action	Timescale	Output	Owner	BRAG
Agree, measure and report on identified outcomes	4.1 Alignment of outcomes with ICS Outcomes Framework	February - April 2023	MHLDA Population Health & Prevention Pillar outcomes identified	Victoria Ononeze	
	4.2 Place and neighbourhood-level outcomes, indicators, measures and reporting mechanisms to be developed	July 2022 - December 2022	Place and Neighbourhood level outcomes & indicators identified	Rhosyn Harris	
	4.3 Mental Health Action Plan to include the identification of short, medium and long-term outcomes, indicators, sources of data and measurement approaches, aligning with national frameworks and requirements	April - June 2023	MHLDA Population Health & Prevention Pillar indicators and measure identified	Victoria Ononeze	
	4.4 Embed outcome measures and robust evaluation of effectiveness into planning and commissioning processes	Continuous	Evaluation Framework	Morgan Price	
	4.5 Identify a MH champion from ICB and MH champions from relevant departments and organisations across the system, including amongst elected members	?	MH Champions identified and engaged	Anne Rackham	
Objective 2	Action	Timescale	Output	Owner	BRAG
Existing agreed outcomes/ indicators	4.6 Reduce suicide by 10% across Northamptonshire by 2025	September 2022 - September 2025	Action Plan implemented	Henna Parmar	
	4.7 Reduce self-harm admissions (15-19-year-olds)	September 2022 - September 2024	Deep dive	Cazz Broston	
	4.8 Increase the proportion of people with severe mental illness who receive Annual Health Checks to in excess of 60% and proportion referred to healthy lifestyle services (in particular smoking cessation)	November 2022 -March 2024	Enhanced pathway in primary care	Morgan Price	
	4.9 Reduce the gap in life expectancy between people living with mental illness and the general population	Continuous	I		
	4.10 Schools take up whole school programme	November 2022 - March 2024	Increased number of schools adopting approach	Sara Petty	
	4.11 Proportion of frontline practitioners including GPs trained in suicide mitigation	March 2023 - March 2026		Sue Bennett	
Domain 5: Leadership and direction					
Objective	Action	Timescale	Output	Owner	BRAG
Ensure partnership-wide leadership and vision for promotion of mental health and wellbeing and prevention of poor mental health	5.1 Establish a Northamptonshire Health and Care Partnership Integrated Prevention Board	November 2022 - March 2023	MHLDA Population Health & Prevention Board	Anne Rackham	●
	5.2 Develop 'alliance' arrangements that bring providers and people with lived experience of mental health together to make strategic decisions about service priorities and the use of funding for mental health and wellbeing	Continuous	Alliance arrangements developed	Anne Rackham	
	5.3 Reassess how we commission and deliver local services to maximise opportunities for good mental health and wellbeing for all	Continuous	Services more responsive to needs	Morgan Price	
	5.4 Set a percentage of Mental Health Improvement Grant towards prevention, to grow year on year	Continuous	Increased early intervention and prevention services	Dion Hunt	



Northamptonshire Suicide Prevention
Strategy
2022-2025

Northamptonshire Suicide Prevention Steering Group
September 2022

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Foreword

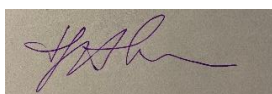
We are pleased to announce the refreshed Suicide Prevention Strategy for Northamptonshire. The strategy outlines our priorities and actions to reduce the number of local lives lost to suicide.

In Northamptonshire, we know that around 60 people lose their life each year to suicide. The effects of suicide can be devastating and have long-lasting impacts on those affected by it. This strategy will look at our local picture to better understand the circumstances around suicide enabling us to develop well-informed services and support for those at an increased risk of suicide as well as those affected by suicide.

As a partnership, we believe suicide prevention should be a priority for all as every death by suicide is one too many. There is a collective desire across our partner agencies to reduce the number of suicides, and lives affected by suicide, in Northamptonshire. The strategy and action plan aims to do this through a whole-county, all-age approach, aligning to the national suicide prevention strategy's seven priorities.

The strategy has been consulted with a wide range of boards and pillars across Northamptonshire. The Northamptonshire Mental Health Learning Disability Autism Population Health and Prevention Pillar and Healthy Minds Healthy Brains Pillar will maintain strategic oversight of the implementation of the strategy. Progress and outcomes will be reported through both the North Northamptonshire Health and Wellbeing Board and West Northamptonshire Health and Wellbeing Board.

We invite you to share our vision of reducing suicides in Northamptonshire, by improving understanding and awareness of suicide risk, as well as promoting and improving our local services and support.



Councillor Helen Harrison
North Northamptonshire Council



Councillor Matt Golby
West Northamptonshire Council



Naomi Eisenstadt, CB
NHS Northamptonshire Integrated Care Board

Executive Summary

Suicide is defined as the deliberate act to intentionally end one's life. The impact of a suicide can be devastating and impact many. Every death by suicide is one too many. The strategy and action plan aim to reduce suicide and self-harm in Northamptonshire, through a whole-county, all-age approach.

The strategy is aligned to the England's suicide prevention strategy priorities, which are:

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
7. Reduce the rates of self-harm as a key indicator of suicide risk.

The partner agencies on the Northamptonshire Suicide Prevention Steering Group have been instrumental in developing the strategy and are committed to working together to deliver it. The Steering Group will also review the strategy outcomes, monitoring the progress of the action plan. Progress and outcomes will be reported through both the North Northamptonshire Health and Wellbeing Board and West Northamptonshire Health and Wellbeing Board. An annual report will be produced reviewing progress against the strategy and summarising changes in intelligence and policy, which may require adaptation to our local approach.

Introduction

Suicide is defined as the deliberate act to intentionally end one's life (1). The effects of a suicide can be devastating and the impact felt by many – including family, friends, neighbours, employers, colleagues, professionals, and the wider community. It is estimated each loss of life to suicide costs the economy around £1.67million (2), the majority of this attributed to the support and reduction in quality of life to those affected. People bereaved by suicide are also more likely to experience poor mental health and have an increased risk of suicide themselves.

In Northamptonshire, around 60 people take their own life each year. As a partnership, we believe that every death by suicide is one too many. Each of these deaths can potentially be prevented therefore suicide prevention is a priority for everyone. This strategy and action plan aims to reduce suicide and self-harm in Northamptonshire, through a whole-county, all-age approach.

Our Vision:

We aim to achieve a 10% reduction in annual deaths by suicide in Northamptonshire from 2022 to 2025. We will aim to do this by improving our understanding and awareness of suicide risk, and by promoting and improving our local services and support.

Our Approach

In line with the *Preventing suicide in England: fifth progress* report, the partnership is taking a cross-system collective approach to suicide prevention [6]. The suicide prevention strategy for England identifies seven priorities to contribute to reducing suicide and self-harm. This strategy is aligned to these priorities, which are:

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
7. Reduce the rates of self-harm as a key indicator of suicide risk.

This will help ensure local resources can be used to greater effect.

This strategy and the accompanying action plan have been developed after reviewing national, regional, and local intelligence, as well as holding task and finish groups and engaging with partners and service users.

Who will deliver this strategy?

Partner agencies on the Northamptonshire Suicide Prevention Steering Group have been instrumental in developing this strategy. These agencies are committed to working together to deliver this strategy.

The partners represented on the Steering Group include:

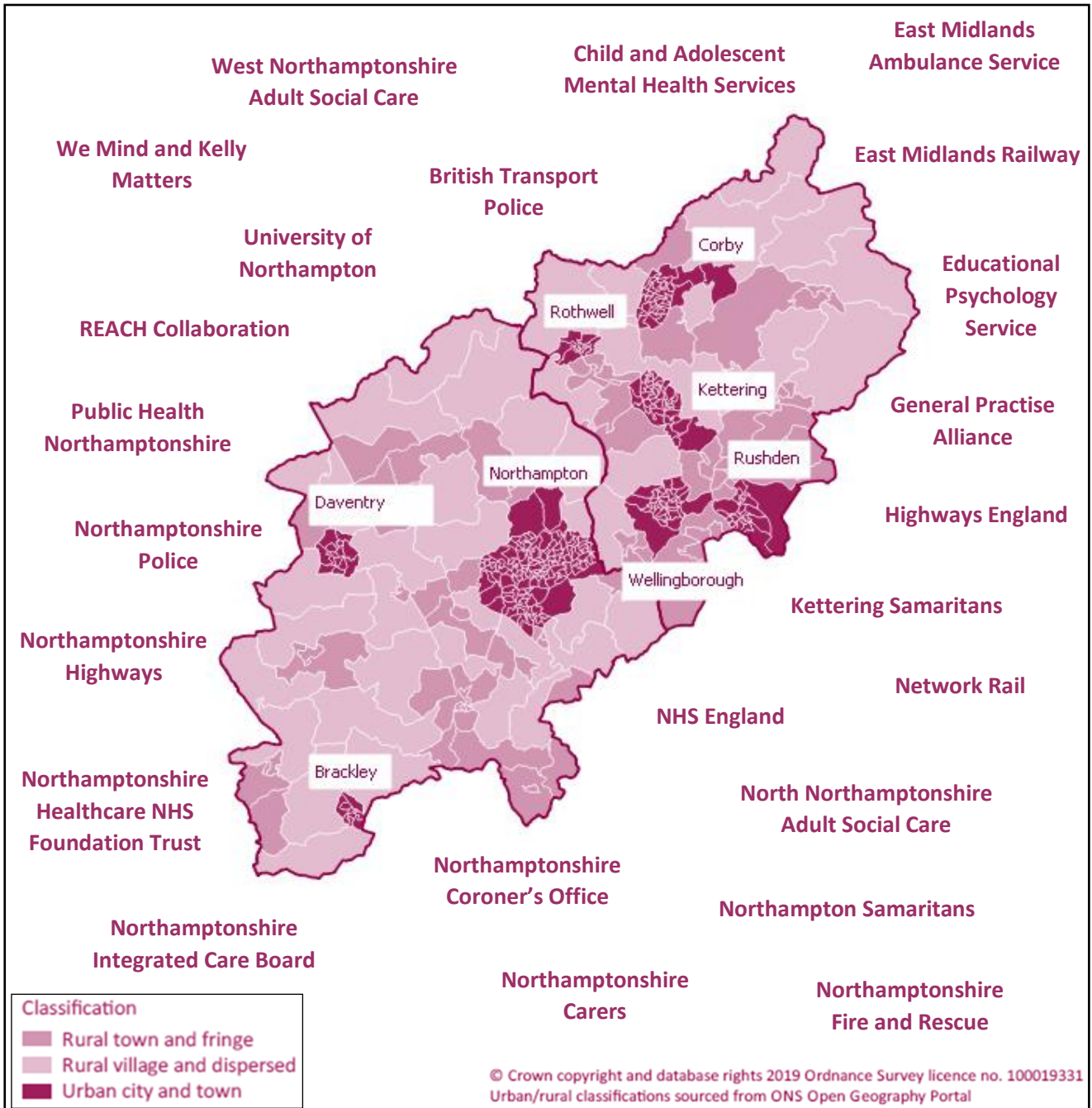


Figure 1: Summary of partner agencies on the Northamptonshire Suicide Prevention Steering Group.

Further details about the function and the governance of the Steering Group can be found online [Suicide prevention - Health and wellbeing \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/suicide-prevention-health-and-wellbeing).

Suicide prevention is part of the wider mental health promotion and prevention agenda and a key priority in the Northamptonshire Mental Health Prevention Concordat to be finalised by Summer 2022. The Concordat will demonstrate local ambition to promote positive mental health and prevention, to improve mental health and wellbeing for all, and address health inequalities. The three key features are:

- ⇒ Shared commitment to improve mental health and wellbeing
- ⇒ Partnership working and co-production at all levels
- ⇒ Evidence based planning and commissioning.

The Northamptonshire Mental Health Learning Disability Autism Population Health and Prevention Pillar (adults) and Healthy Minds Health Brains Pillar (children and young people) will maintain strategic oversight of the implementation of this strategy.

Progress and outcomes will be reported through the Mental Health, Learning Disabilities and Autism Collaborative and to the North Northamptonshire and West Northamptonshire Health and Wellbeing Boards.

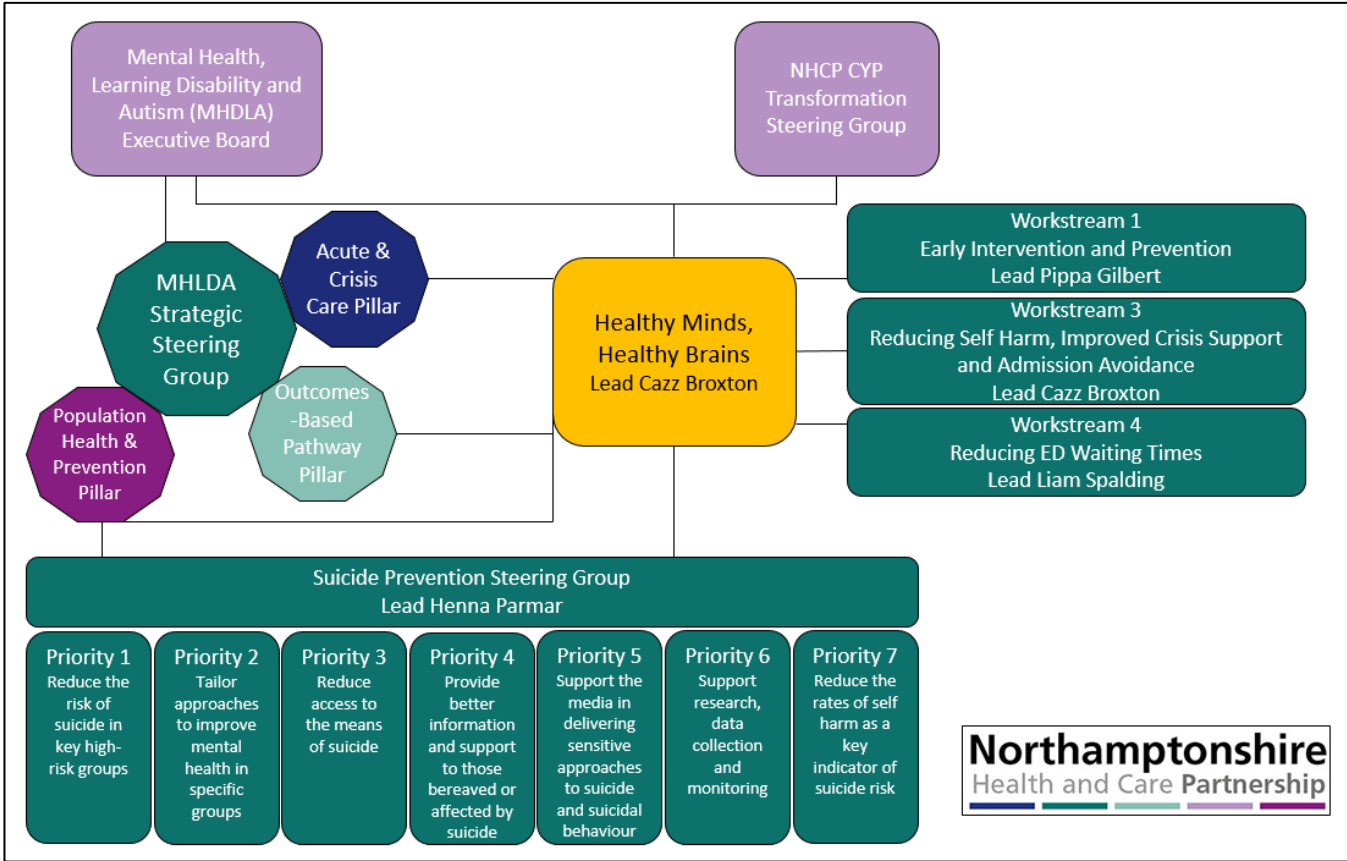


Figure 2: Summary of the governance of the Northamptonshire Suicide Prevention Strategy.

National Context

Suicide continues to be recognised as a nationally growing concern. The “*Preventing suicide in England: A cross-government outcomes strategy to save lives*” (3) report sets the following overall objectives: a reduction in the rate of suicide in England’s general population; and better support for those affected or bereaved by suicide.

The national strategy is committed to tackling suicide and presents seven key areas of action, detailed in the previous section.

It is a key recommendation in the *Mental Health Taskforce’s report* (4) to UKHSA (United Kingdom Health Security Agency, formerly Public Health England), which corresponds to the key areas of action. The Office for Health Improvement and Disparities (OHID) has published a practice resource (5) to support local authorities and partners to implement local suicide prevention plans. The National Institute for Health and Care Excellence (NICE) has developed suicide prevention recommendations (6), which can be used alongside NHS England and OHID’s guidance.

There have been national progress reports published since 2012, the latest of which is a *fifth progress report* (7). This report sets out: data and evidence on suicide and self-harm; progress made against existing commitments designed to prevent suicides and self-harm; and further actions for government and its agencies, particularly in the context of COVID-19. It also sets out a refreshed cross-government suicide prevention work plan, which updates the commitments outlined in the previous work plan.

The report identifies four groups vulnerable to suicide: middle aged men; people who self-harm; children and young people; and people with a mental illness. Concern that exacerbation of risk factors during the pandemic for these vulnerable groups would lead to an increase in suicides has not been borne out by the present data.

The National Picture

The Office for National Statistics (ONS) released the most recent figures for suicide in England and Wales in September 2021 (8). Statistics on suicide are based on the year of death registration – due to registration delays in 2021 because of the COVID-19 pandemic, approximately half of these deaths will have occurred in the previous year.

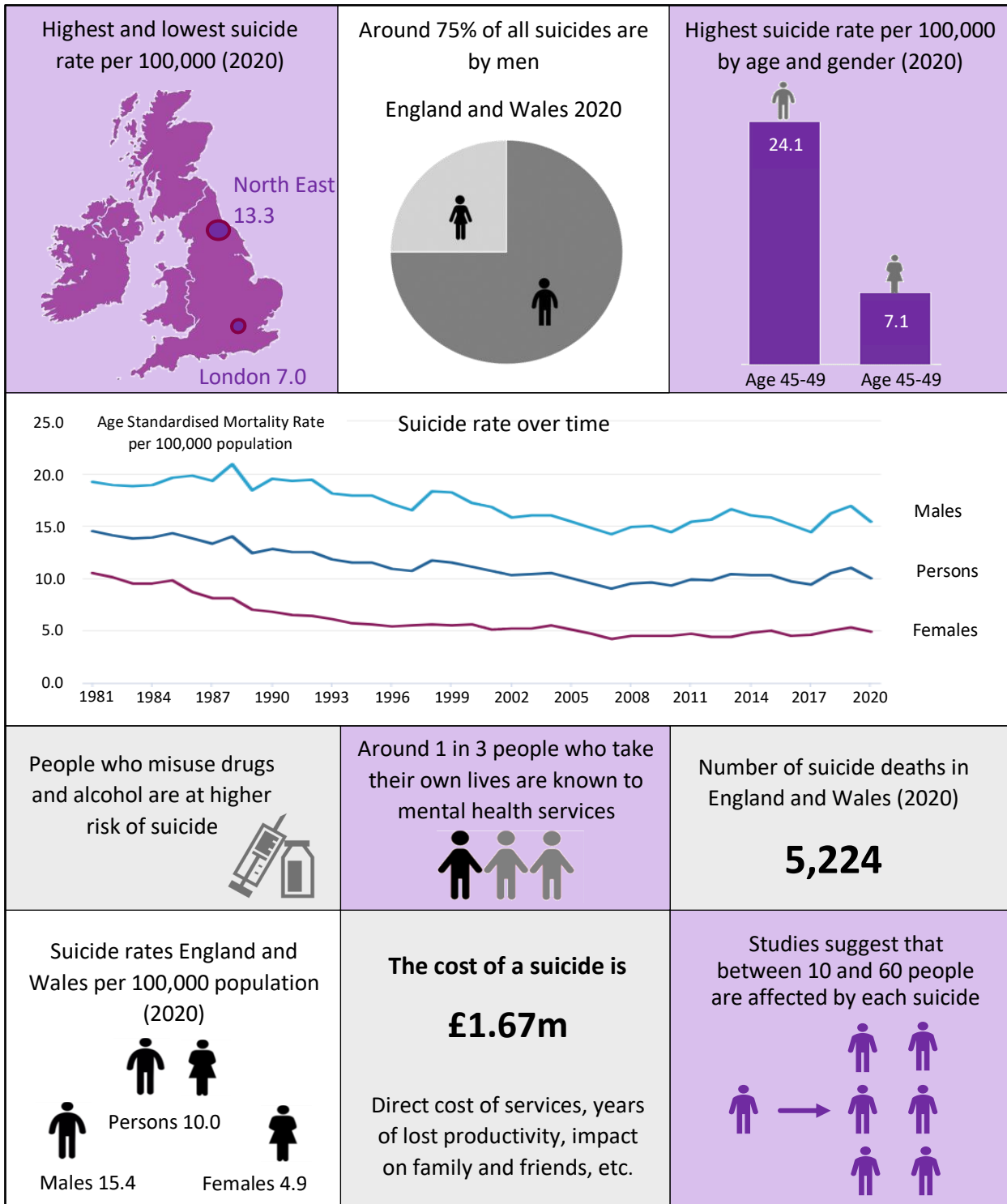


Figure 3: Summary of the national picture for suicide. (8) (9) (10)

Key Findings

Figure 3 is a summary of the national picture for suicide in 2020. The age-standardised mortality rate is statistically significantly lower than the 2019 rate. The decrease is likely to be driven by two factors: a decrease in male suicides at the start of the COVID-19 pandemic; and delays in death registrations because of the pandemic. The male suicide rate is statistically significantly lower than 2019, but consistent with rates in earlier years. The female suicide rate is consistent with the past decade. The most common method of suicide for both males and females continued to be hanging, strangulation and suffocation. The second most common method continued to be poisoning.

Impact of COVID-19 on Suicide

The national strategy played a pivotal role in shaping the response to the pandemic. It highlights that there appears to be no current increase in suicides which occurred during COVID-19, but there has been an increase in people having thoughts about self-harm and suicide and more people looking for support from services.

A *Mental Health Foundation study* (11) reported on the proportion of UK adults who were regularly questioned about having had suicidal thoughts and feeling within the previous two weeks, because of the COVID-19 pandemic. The report found an increase from 8% of those surveyed in April 2020 to 13% in November 2020. Self-reported suicidal ideation, feelings of hopelessness and self-harm appear to be reflected in rises in demand as seen across the voluntary sector, indicating the need for proactive measures to address suicide risk. The report highlights that it is important to identify the more vulnerable and the more resilient groups, and their associated factors.

New actions in the context of COVID-19 have been added to the national strategy with a focus on those which could address the vulnerabilities of several groups of people who may be disproportionately affected by the pandemic:

- ⇒ People who are economically vulnerable
- ⇒ People in contact with mental health services
- ⇒ People who have been disproportionately impacted by lockdown
- ⇒ Children and young people
- ⇒ NHS and social care staff
- ⇒ People in contact with criminal justice system
- ⇒ Financial support for suicide prevention Voluntary, Community and Social Enterprise (VCSE) sector to manage COVID-19 pressures.

Local analysis of suspected suicides to November 2020 suggested that rates of suspected suicide had not statistically significantly changed in recent months after the COVID-19 pandemic arrived in the UK. Suspected suicides were used because at time of analysis there was a backlog of inquests due to the COVID-19 pandemic affecting service activity. Suspected suicide counts from both Police and Coroner data followed a similar pattern across the months examined.

Local Context

Northamptonshire's prevalence of suicide is statistically similar to both England and East Midlands Region's averages. North Northamptonshire's prevalence of suicide resembles the England and East Midlands averages, and West Northamptonshire's prevalence of suicide is statistically lower than the England average, and similar to the East Midlands average. There is some variation in the prevalence of suicide across the county.

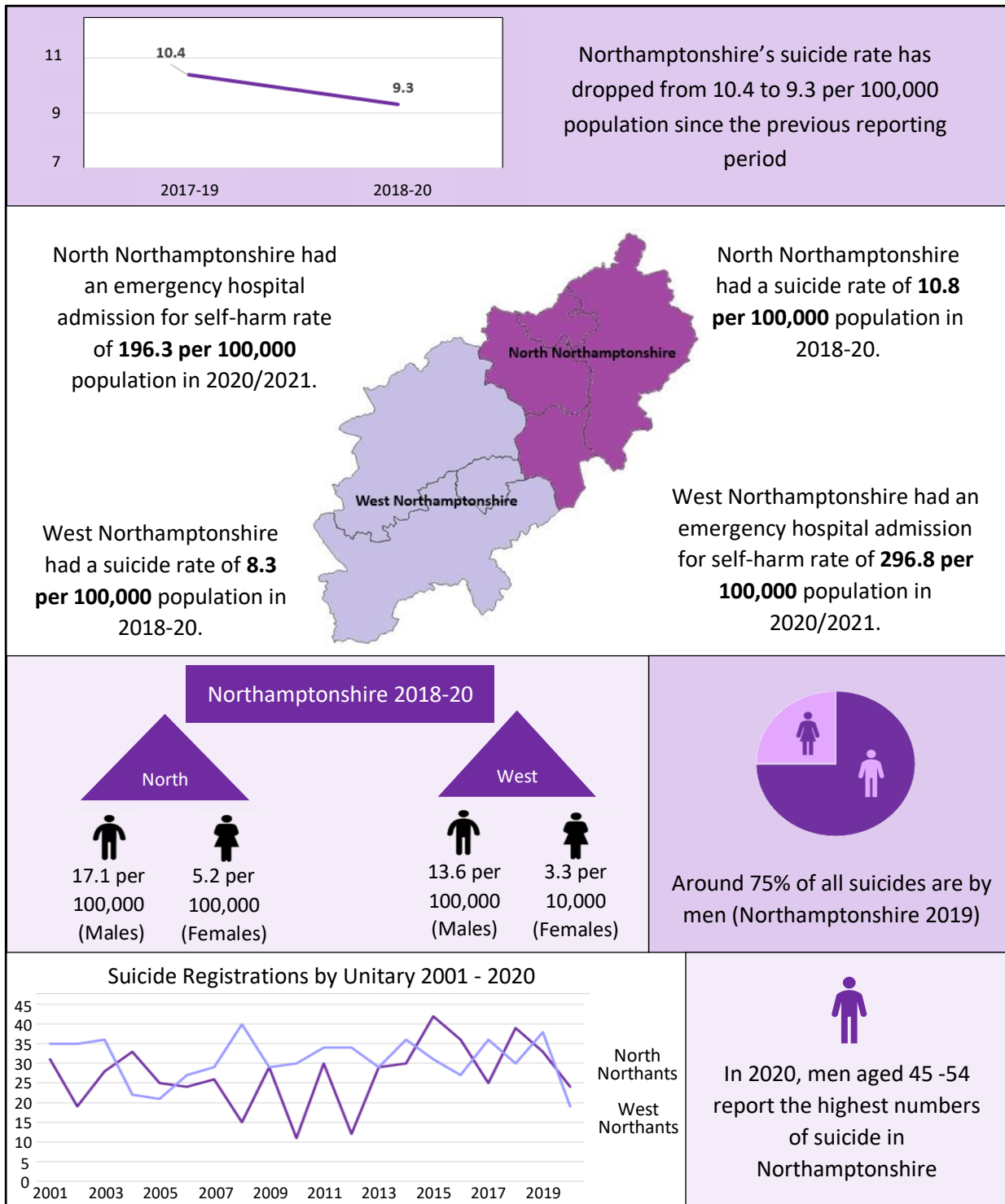


Figure 4: Summary of the local context for suicide. (8) (9) (12) (13)

Key Findings

Local context of suicide in Northamptonshire, 2020

Figure 4 is a summary of the local context for suicide in Northamptonshire, in 2020. The suicide rate for North Northamptonshire is statistically similar to the East Midlands and England averages in 2018-2020. The suicide rate for West Northamptonshire is statistically lower than the England averages in 2018-2020, and statistically similar to the East Midlands averages in 2018-2020. The rates for both North and West Northamptonshire are statistically similar to each other and the all-Northamptonshire figure for 2017-19. The rate for all-Northamptonshire has dropped between 2017-2019 and 2018-2020. This is not a statistically significant change, and although it sits below the national and regional average, it is statistically similar to both. The rate for males is significantly higher than the rate for females in both North and West Northamptonshire in 2018-2020, both of these are statistically similar to the male and female rates for England and East Midlands. The emergency hospital admission for self-harm rate for North Northamptonshire is higher than the emergency hospital admission for self-harm rate for West Northamptonshire for 2020-2021.

Local Inequalities in Suicide

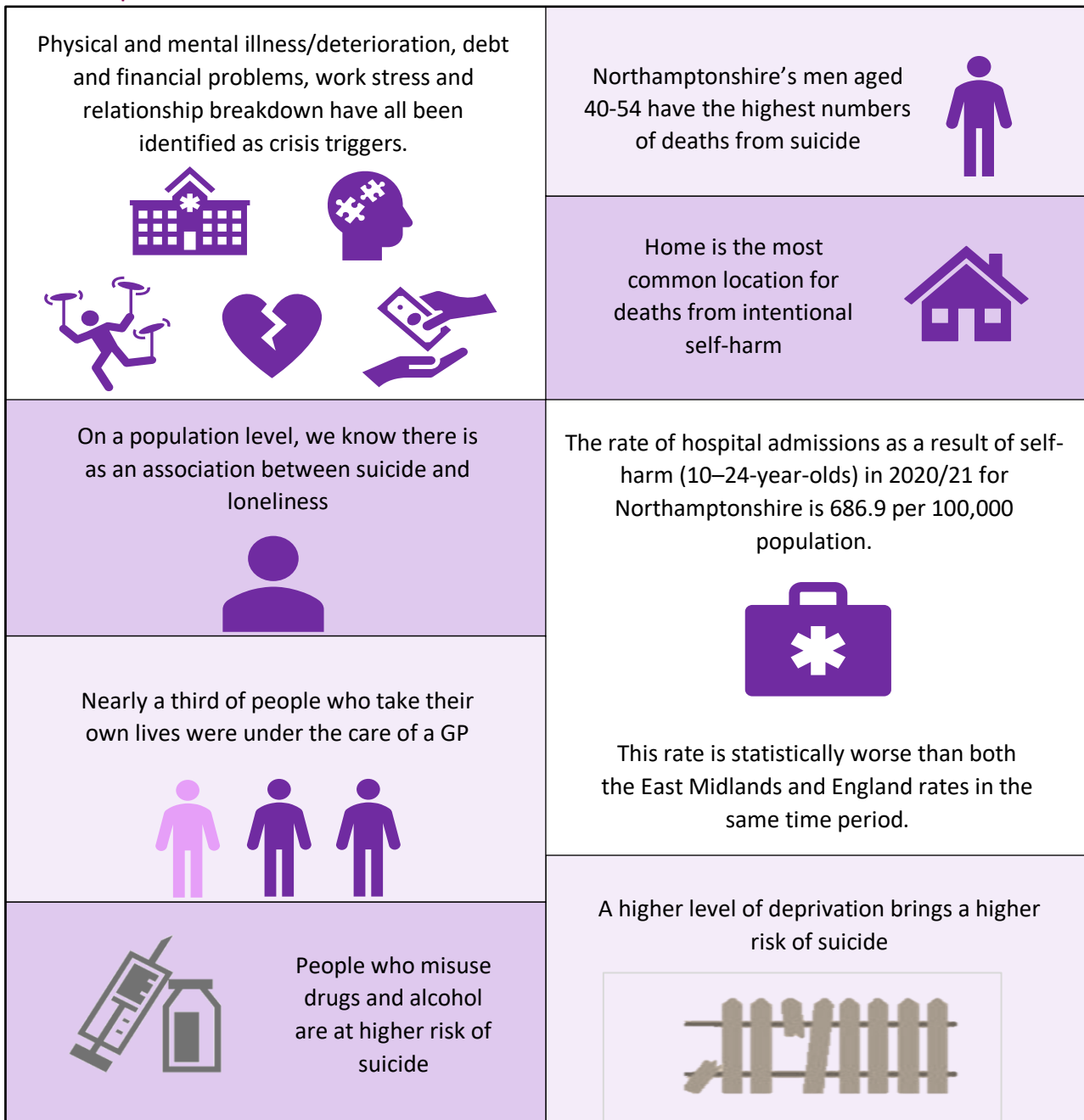


Figure 5: Summary of the local inequalities in suicide. (8) (9) (12) (13) (14)

Review of Previous Strategy

The agencies who make up the Northamptonshire Suicide Prevention Steering Group (SPSG) have worked in partnership towards the priorities identified in the previous strategy ¹. Below is a summary of our headline achievements since 2017:

Working in partnership

We have liaised with regional colleagues to keep the SPSG informed about regional and national networks and events, to help improve our local understanding and awareness of good practice.

Northamptonshire SPSG have participated in national, regional, and local events, and have applied this learning to inform our local activities.

We have improved information sharing with partners, so they are better informed.

We have improved the online information to support partners and service users in locating local mental health services and support available.

Improving our understanding of the cases and effects of suicide

We have established a real-time surveillance system which provides us with a better understanding of each case of suspected suicide in the county.

We undertook an audit of suicide cases and presented this to the Northamptonshire Health and Wellbeing Board.

Reducing the risk of suicide in key high-risk groups

An ongoing programme of STORM™ training has been delivered to frontline staff working in secondary care.

A Specialist Perinatal Service has been developed and is being delivered by Northamptonshire Healthcare NHS Foundation Trust (NHFT). It involves a range of psychological therapies, including a Maternity Mental Health service for mild and moderate presentations. The period of care available has been extended from 12 to 24 months where clinically indicated.

We have received and deployed regional Wave 3 programme funding which has supported a number of prevention workstreams focussing on suicide in high-risk groups including middle aged men, families bereaved by suicide, inpatient and secondary care services.

¹ The original Northamptonshire Strategy was published for the period 2017-2020, however due to the Covid pandemic the end date was extended to 2022.

Improve positive emotional health and wellbeing and resilience among high-risk groups, including young people

A collaborative of Voluntary, Community and Social Enterprise (VCSE) counselling providers has been funded to deliver support and care for mild-moderate mental health issues across Northamptonshire. An additional Child and Adolescent Mental Health Service (CAMHS) has also been commissioned for more severe presentations.

A Transitions Workstream has started, to manage the challenges of transferring from child/adolescent to adult mental health and social care services. This includes a new Enhanced Support Service for 16–25-year-olds who are making the transition to adulthood.

A Health and Justice Intervention Programme supporting physical and mental health has recently started.

The School Nursing Service has developed pathways for children and young people at risk of self-harm.

Individual Placement and Support (IPS) employment support has been expanded to provide mental health patients support with getting into and maintaining employment. The team is embedded within the Place-Based Community Mental Health Teams to contribute to personalised and needs-led care planning. The team is due to be expanded further in 2022.

Mental Health Northants Collaboration is increasing awareness of the Mental Health Prevention Initiative. Additional funding has been secured to develop a series of preventative initiatives based on national and local data. This will be implemented in 2022-23 with system-wide collaboration.

The psychology workforce capacity has been enhanced and will be embedded within mental health inpatient services. The 'Red to Green' bed management system is being applied to ensure patients are discharged in the earliest and safest way.

An extensive adult mental health crisis pathway has been developed, which has been identified as an example of best practice. This has included alternatives to admission for those in mental health crisis, including expansion of the Crisis Cafes, Hospital at Home packages, Crisis Houses, 24/7 Integrated Response Hub, as well as Liaison Teams based in acute settings.

Priorities for Northamptonshire

Priority 1: Reduce the risk of suicide in key high-risk groups

There can be a wide range of contributing factors to someone's death by suicide. These factors can help to highlight those at an increased risk. National data has identified high-risk groups, including men (18-19 years), middle-aged men, those in the care of mental health services, those in contact with the criminal justice system, specific occupational groups, those with a history of self-harm, misuse of alcohol and/or drugs, socioeconomic disadvantage, physical health conditions, social isolation, problems with gambling and presence of adverse circumstances (5) (15). In general, Northamptonshire's high-risk groups broadly follow the national profile, demographic, and social factors.

This priority will contribute to the objectives of this strategy by directly supporting those groups at higher risk of suicide, providing a better understanding of the local population and its risk groups, ensuring all future suicide prevention approaches are tailored to meet the needs of those at high risk. This includes enhancing protective behaviours, which are characteristics or attributes that reduce the likelihood of someone taking their life.

We plan to:

- Co-ordinate a countywide prevention campaign aimed at groups identified at high-risk of suicide
- Deliver a suicide prevention training programme to upskill primary care and frontline staff in early identification of risk factors
- Continue to monitor suicide data and intelligence to maintain our understanding of high-risk groups and inform trends and emerging issues
- Explore opportunities to enhance intelligence on local suicide across the suicide prevention partnership
- Explore solutions that enhance the development of protective behaviours and suicide prevention

Priority 2: Tailor approaches to improve mental health in specific groups

Certain groups have been identified at higher risk of taking their life or attempting to take their life. This priority considers the specific measures that can be implemented which may improve outcomes for those specific groups. National data has identified these specific groups, including: children and young people, users of drugs and alcohol services, perinatal mental health, people in receipt of employment benefits, people who are lesbian, gay, bisexual or gender reassigned, Black and Minority Ethnic groups, people with long-term physical health conditions, people with untreated depression, survivors of abuse or violence, veterans, people who are especially vulnerable due to social and economic circumstances, people who live alone, people who are anxious, isolated, or lonely, particularly as a result of the COVID-19 pandemic, and patients who receive care under community services and acute settings (16). In general, Northamptonshire follows the national profile for specific groups with a higher risk.

This priority will contribute to the strategy by improving awareness across our health and care workforce of those at risk of suicide and self-harm. It will also support and develop our understanding of local services, informing where improvements can be made to the delivery of mental health provision across Northamptonshire.

We plan to:

- Improve partner and public awareness of local mental health services targeted to identified priority groups
- Analyse intelligence to improve understanding of local mental health services and service users
- Monitor trends in data and intelligence to inform priorities
- Sign up to the Prevention Concordat
- Maintain delivery of the Wave 3 Transformation Programme
- Strengthen and enhance response to people with suicidal ideation/ self-harm across Place-Based Community Mental Health Teams
- Strengthen and enhance response to people with suicidal ideation/ self-harm making transition from Child and Young People to Adult pathways

Priority 3: Reduce access to the means of suicide

The *fourth national progress report* (15) highlights the reduction in deaths by suicide where actions to reduce access to means of suicide have applied.

Systematic reviews (17) have found reducing access to the means of suicide to be one of the public health approaches with the best evidence for reducing suicide. This focus on access is also found in several national and international guidelines (18).

This priority will contribute to the work of this strategy by providing an improved understanding of locations and methods in Northamptonshire, which will support the development of suitable prevention interventions.

We plan to:

- Work with partners to prevent public places being used for suicide
- Engage with partners and retailers to influence policy change to reduce access to certain means of suicide
- Continue to monitor existing suicide data and intelligence sources to inform emerging methods and local trends

Priority 4: Provide better information and support to those bereaved or affected by suicide

The death of a family member or friend is a traumatic time, with implications on the mental health of these individuals. It is known that the suicide of a family member or friend is a risk factor for suicide. The “*Preventing suicide in England*” (3) report highlights this key area for action and outlines the following key aspects: providing support that is effective and timely; providing effective local responses to the aftermath of suicide; providing information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide.

This priority will contribute to the work of this strategy by developing partnerships with agencies working with people and communities affected by suicide. It will also aim to improve awareness of local suicide bereavement services promoting these to those who require support.

We plan to:

- Coordinate a campaign to improve partner and public awareness of suicide bereavement services available in Northamptonshire
- Work with emergency service partners to explore opportunities to better support staff involved with suicide intervention
- Coordinate a countywide suicide prevention package to support educational establishments
- Work with commercial organisations to shape postvention support and policy
- Explore opportunities to develop intelligence and data on bereavement services and those bereaved by suicide from across the suicide prevention partnership
- Embed the local Bereavement Real-Time Referral Pathway

Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

The *fourth national progress report* (15) emphasises the importance of the media continuing to cover the subject of suicide. This approach can aid a reduction of stigma and an increased awareness of suicidal behaviour and suicide prevention. The “*Preventing suicide in England*” (3) report highlights the significant influence the media can have on attitudes and behaviour. There is evidence to suggest that media reporting can lead to copycat behaviour, particularly amongst those at risk and younger people (19). Concern around the misuse of the internet to promote suicide and suicidal methods continues to grow (20). However, by developing the positive use of local and regional media as well as social media and the internet to support vulnerable people and reduce online harms, there are opportunities to reach those at risk and less willing to access support.

This priority will contribute to the work of this strategy by supporting the effective reporting of suicide in Northamptonshire, enabling improved collaboration with local media agencies, and providing improved signposting to local support and services.

We plan to:

- Develop a local Media Framework to support responsible reporting of suicide
- Establish a local media monitoring system

Priority 6: Support research, data collection and monitoring

The “*Preventing suicide in England*” (3) report highlights the importance of research, data collection and monitoring for suicide prevention.

This priority can enhance our understanding of statistical data and display trends and changes in patterns. It will inform interventions and strategies and enhance understanding of high-risk groups.

It supports the evaluation and development of interventions and contributes to the suicide prevention evidence base approach of what works to reduce risk.

This priority will contribute to the work of this strategy by providing a better understanding of suicide at a local level, supporting the development of improved suicide prevention approaches tailored to those at high-risk.

We plan to:

- Undertake an audit of coroner’s cases to enhance our understanding of the local situation audit since last audit
- Continue to work with partners to maintain the Northamptonshire Suicide Real Time Surveillance System (RTSS)
- Develop an escalation protocol for suspected suicide cases
- Support the development of the Mental Health Joint Strategic Needs Assessment (JSNA) to inform future actions
- Explore opportunities to develop intelligence and data sources from across the suicide prevention partnership

Priority 7: Reduce the rates of self-harm as a key indicator of suicide risk

The *fifth progress report* (7) highlights the previously agreed prioritisation of four groups to reduce deaths by suicide in: middle-aged men; people who self-harm; children and young people; and people with a mental illness.

People who self-harm are one of the prioritised groups and the reasons highlighted include evidence suggesting around 50% of people who have died by suicide were previously self-harming – there are an estimated 200,000 attendances at hospital for self-harm each year across England. The report continues with emphasising the heightened risk of suicide particularly in the first year after self-harm.

This priority will contribute to the work of this strategy by providing a better understanding of self-harm at the local level, and current support services which will inform the development of future self-harm initiatives.

We plan to:

- Improve awareness and understanding of services offering support for self-harm in Northamptonshire
- Develop a pilot Self-Harm Real Time Surveillance System (SHRTSS) which will provide an insight into those who self-harm but do not present to primary or secondary care services

Review

We will review the outcomes of this Strategy by monitoring the progress of the action plan through the Suicide Prevention Steering Group. The outcomes of the review will be reported through the Mental Health Pillar structure and to the North Northamptonshire and West Northamptonshire's Health and Wellbeing Boards.

An Annual Report will be produced reviewing progress against the Strategy and summarising changes in intelligence and policy which may require adaptation to our local approach. The annual review will be publicly available online.

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Support

This document discusses sensitive information. If you, or someone you know, has been affected by suicide or self-harm in any way, the following agencies may be able to help.

Service	Contact	Details
Mental Health Number	0800 448 0828	Open 24/7 for everyone - Offering support for your mental health needs
Samaritan Helpline	116 123	Open 24/7 for everyone - If you need someone to talk to
Childline	0800 1111	Open 24/7 for young people aged 18 and under - Offering emotional support
CYPMHS Crisis Team	0800 170 7055	Open 24/7 for young people aged 18 and under - If you are in crisis, at risk of self-harm or suicide

Contact Information

For further details about the contents of this Strategy, please email Northamptonshire Public Health: publichealth.ncc@northnorthants.gov.uk.

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