Present:	Councillor Calum Watt *(in the Chair)*
Councillors:	Joshua Wells, Debbie Armiger, Matthew Fido, Jackie Kirk, Jane Loffhagen, Hilton Spratt, Rachel Storer, Naomi Tweddle and Emily Wood
Also in Attendance:	Sarah Connery, CEO, Lincolnshire Partnership Foundation Trust (LPFT), Fiona Bone, Suicide Prevention and Self-Injury Reduction Lead, LPFT, Dr Lucy Gavens, Consultant in Public Health, Lincolnshire County Council and Victoria Poulson (Democratic Services Officer)
Apologies for Absence:	Councillor Martin Christopher

20. Confirmation of Minutes - 11 October 2022

RESOLVED that the minutes of the meeting held on 11 October 2022 be confirmed and signed by the Chair as an accurate record.

21. Declarations of Interest

Councillor Debbie Armiger wished it be noted she was employed by Lincolnshire Partnership Foundation Trust (LPFT)

22. Suicide Rates in the City of Lincoln

Councillor Calum Watt, Chair of the Community Leadership Scrutiny Committee, opened the meeting and provided the Committee with a brief introduction to guest speakers and the topic of discussion which was Suicide Rates in Lincoln.

The Committee received a presentation from Dr Lucy Gavens (Consultant in Public Health, Lincolnshire County Council), Sarah Connery (CEO, Lincolnshire Partnership Foundation Trust) and Fiona Bone (Suicide Prevention and Self-Injury Reduction Lead, Lincolnshire Partnership Foundation Trust). During consideration of the presentation, the following points were noted: -

- Suicide was a loss of hope and was not always related to ill mental health. Every suicide was preventable
- 1 in 3 deaths, as a result of suicide were individuals that had never had contact with mental health services
- The National suicide rate was 10.5 per 100,000 population. Lincolnshire's suicide rate was above the national average at 12.6 per 100,000 population.
- As a district, the City of Lincoln had the highest suicide rate across the country of 21.3 per 100,000 population
- Suicide prevention work and an understanding of suicide locally derived from annual releases from the Office for National Statistics, Real Time Surveillance from Lincolnshire Police and Coroner Data
- It was noted that coroner data was delayed. It took approximately 200 days for an inquest to be completed in Lincolnshire

- Collaborative work with Lincolnshire Police provided information on scenes attended where an individual may have taken their life through suicide
- Local intelligence provided information on suspected 'clusters' and additional support would be placed within communities where suspected suicide clusters had been identified
- Upon completion of a coroner's inquest, a 'deep dive' was undertaken to identify services that an individual had been in contact with and potential reasons that may have been an underlying cause of the suicide
- Causes regularly identified from coroners' information included relationship breakdown, financial hardship, and gambling as a national issue
- Lincoln's mortality rate due to suicide in Lincolnshire between 2018-20 and 2019-20 had dropped by 3.4 per 100,000 population. Lincoln was twelfth equal across the country
- 4 in 5 suicides were among men and 1 in 4 were aged 50-59
- 70% of suicides occurred in the individual's own home and 2 in 5 had made at least one previous suicide attempt
- 'Reaching Out and Saving Lives' (2020-2023) was developed and delivered by the multiagency steering group who lead suicide prevention activity in Lincolnshire
- Suicide prevention within Lincolnshire included work in the following areas:

1) **Core Offer**
    a. Suicide Bereavement Support Service and Suspected Suicide Cluster Response Plan
    b. A bespoke Suicide Bereavement Support Service was launched in November 2021. Coroners could refer family and close friends
    c. Targeted communications and training offered to local organisations
    d. Consideration of high-performance areas such as Nottinghamshire and Leicestershire and what we did differently

2) **High Risk Groups**
    a. Funding was available through NHS England for community-based suicide prevention work to support broader wellbeing
    b. Ensuring that funding targeted high-risk groups
    c. Data from coroners formed part of the annual audit work

3) **Children & Young People**
    a. There was a countrywide suicide prevention steering group which included work with children and young people
    b. Age sensitive suicide prevention activity

4) **Knowledge and Intelligence**
    a. Real time surveillance
    b. Data sharing with the Coroner's Office (to inform the annual Suicide Audit)
    c. Explore opportunities to identify and collate attempted suicide data

5) **Awareness Raising and Training**
    a. Awareness campaigns such as World Mental Health Day in October and World Suicide Prevention Day in September

b. Development of core training for mental health and wellbeing and suicide prevention
c. Development of a rapid response communications pack

- Suicide prevention work included Mental Health, Learning Disability and Autism (MHLDA) Priorities which included:

  1) Suicide Prevention
  2) Increased access to community-based provision which reduced the need for specialist services
  3) Minimisation of in-patient and residential care placements
  4) Delivery of a sustainable and MHLDA workforce
  5) Development of a MHLDA inclusive society that promoted mental health and wellbeing

- Work with partners such as Lincoln City Football Club (LCFC), the Rural Support Network, Public Health and the NFU was ongoing
- During the previous 14 months, a great deal of internal work had been carried out to strengthen the suicide prevention plan of which was collaborated on with Public Health
- Work with LCFC had been positive and had seen presence on match dates, to promote the importance of talking.
- Successful work was ongoing with the National Farmers Union and the Rural Support Network and Veterans services.
- Lincoln and the surrounding villages had a large military population and work with veterans' services was ongoing
- Suicide prevention work included external and internal communications through initiatives such as 'Checking in with your mate'.
- Work to 'debunk myths' was ongoing and education on the services available
- Nurses were 23% more likely and doctors between 2 and 5 times more likely to die from suicide. Therefore, from a Trust perspective there was a staff wellbeing issue
- The use of real time surveillance data to identify trends was important to ensure individuals had a referral to mental health services if applicable. This also helped to identify resources and meet demand and capacity
- Work to increase understanding of local risk factors and improvement of collaboration across partners was ongoing. Access to training, improving awareness and signposting would continue and there was now access to a 24-hour crisis suicide line for both adults and children
- There was now an Urgent Assessment centre within Lincoln County Hospital to support residents
- The current cost of living crisis could affect the recent decrease in the rate of deaths by suicide within Lincoln, however suicide prevention remained an important local priority
- Access to 'Zero Suicide Alliance Training' was free and was a twenty-minute suicide prevention training course available to all individuals

The Chair thanked guest speakers for their work, informative presentation and welcomed comments and questions from the Committee. As a result of the discussions between Members and speakers, the following points were made: -

Comment: Members were pleased to see suicide rates had decreased however it was still approximately 60% higher than the National average with 1 in 3 suicides from people who had no contact with mental health services.

Question: How much could the service reach out to improve the rate of 60% above National Average?
Response: It was important to identify where people needed a service, but it had been an unmet need. Consideration needed to be given to wider mental health services. Individuals had a variety of needs, and this included but was not limited to, a warm house, meaningful employment and meaningful relationships. As a secondary health care provider, it was important to ensure the services were there for those who needed to access the service.

Question: With lengthy waiting lists and demands for NHS services high, what support was there for university students?
Response: There was a mental health helpline available 24 hours a day, 7 days a week, accessible using a freephone telephone number. Recognition was given to individuals that would prefer to access support through a text messaging service and in that instance, the text messaging service SHOUT could be accessed for nonverbal forms of communications. There was also an Urgent Assessment Centre within Lincoln County Hospital. This could be accessed without going through A&E whereby it could be busy and overwhelming. Work on urgent 24/7 solutions was ongoing.

Comment: Work was ongoing by the University of Lincoln for development of an app called ‘Ripple’. The app would be installed on all university computers and if an individual inputted an ‘unsafe’ word into a search engine, signposted help would be displayed, giving information on local chatlines such as SHOUT.

Question: There had been issues with access to specialist counselling for children who had suffered abuse and specialist referrals were very difficult to obtain. Previously, it would have been dealt with at a child guidance clinic however, a cut to resource meant it was not possible now. Was there a service for anyone who had experienced abuse, and could it be done quickly? If relationship breakdown and bereavement was a known factor, was there targeting? Were figures from the Divorce Courts used to approach and target those people?
Response: There were services specifically for the use of children and young people. There was a gap in funding between services required and demand on those services. As we emerged from Covid-19, the demand on supply increased significantly, especially support required for eating disorders. Additional resource had been ringfenced for children and young people.

Recruitment issues within Lincolnshire were ongoing. Ongoing work to recruit would continue and peer support workers were used to ensure demand for service could be met. Work between the NHS and Lincolnshire County Council (LCC) on a children’s and young people’s transformational project would see engagement events held to establish what was needed within the City. The work would carry on throughout the winter and into next year.

The long-established Rape and Abuse, Sexual Assault Referral Centre, was available in partnership with the Police. There was a waiting list in terms of

proceeding through the courts however, access to the service was available 24/7. The service could also be accessed for circumstances that did not fall within the Police service.

Comment: Work was ongoing to identify ways to work collaboratively with new individuals and organisations to raise awareness of suicide prevention. In the circumstance of relationship breakdown, the service could look at how to best support divorce lawyers. It was important to raise awareness with GP's. Training had taken place with third year student doctors in Boston, in the early stages of their careers, to establish the signs and symptoms of suicide to be aware of. In addition, work with hairdressers and barbers to identify and recognise the signs and symptoms could prevent future suicides. Engagement work had been carried out earlier in the year with taxi and bus drivers to ensure they were able to identify individuals at risk of death by suicide. Evidence suggested that the best methods of support was to discuss suicide openly.

Comment: There had been a great deal of work carried out GP's across Lincolnshire with East Lindsay as the initial approach. The key strategy was to be aware of numbers and organisations that could help. In some circumstances, it could be a support network that was needed and not specifically intervention from LPFT. For financial struggles, the Citizen's Advice Bureau (CAB) could be the best form of intervention.

Comment: It was shocking that 4 out of 5 suicides were male. Based at Lincoln City Football Club (LCFC) grounds, peer to peer support was offered to men through 'Andy's Man Club'. This was a peer to peer support group, some of which were previous service uses that tried to help and support other men. Collaborative work with third party stakeholders was important and signposting where help was available was essential.
Response: Close collaborative work between LFPT and Paul Hughes at LCFC would remain ongoing.

Comment: It was important to ensure that available services were made known. Work was underway on the development of a new website entitled 'How Are You Lincolnshire?' In addition, signposting had been focussed in the East coast. Support services included Night Life Café and the Bridge Community Venue in Lincoln. It was important to ensure the information was accessible for all individuals which included those with limited or no access to digital services to ensure barriers were not created. Often, people just needed to talk to somebody and that would often be out of hours.

Question: Could further information be provided to members on the process when an individual presents and how long they would wait to see a professional?
Response: The target was for a professional to refer an individual to Crisis Services with a turn-around time of 4 hours.

Question: Some individuals could wait months to speak to somebody. What has been done to address some of those waiting times?
Response: In terms of crisis, LFPT had opened a mental health emergency assessment centre and it was hoped that future funding would be secured to create the same for the East Coast.

The wait time for a community outpatient appointment was 18 weeks however it was different for children and young people. The 'Waiting Well Initiative' was a method to ensure individuals had easy access if they felt their feelings of crisis worsen. Recruitment remained the biggest challenge to service demand. Consideration had been given to international recruitment in bringing individuals overseas in an ethical way to work to increase capacity to meet demand. In a lot of cases, individuals did not come forward and often family and friends were unaware of their struggles. Suicide prevention work had also increased across communities to enable the confidence to talk.

Comment: Cultural lessons could be learnt with a whole system, whole society approach to suicide prevention.

Question: When staff left, were they given an exit interview? Did retention of staff impact on waiting lists?
Response: Exit interviews were offered. Key themes identified in exit interviews were pay and burnout, particularly following the demands of working through Covid-19. Demand had continued to increase however resource was short.

Question: 2 out of 3 cases of suicide were from individuals with no reports within the system. Did that include GP reports?
Response: It was within the lifetime of medical documents. There could have been previous support from LPFT. Alternatively, they could have been a previous diagnosis from a primary care setting of anxiety/depression. 1 out of 3 were in contact with specialist mental health services.

Question: How many people were on the telephones for the crisis service and what was the wait time on the phone?
Response: Call waiting times depended on the number of staff as it could vary on a shift. Services across the Trust and County worked with each other. For example: if an individual waited for a call in Louth, because it was small with lower staffing numbers than other parts of the county, if unavailable, calls would be transferred through to Boston. The length of the list would be dependent on the day and the number of GP referrals. All referrals would be called by way of telephone assessment, within 4 hours.

Question: Did suicide following bereavement take place more in younger people or older people?
Response: Locally, there was a slightly higher rate in the 50-59 age bracket. Each year in Lincolnshire, there were around 70-75 completed suicides Specialist services focussed on adults but there was a separate bereavement service for supporting young people. When national data was considered, a common theme from suicides in young people came from online harms. Work surrounded this issue nationally with the Department of Health and an Online Safety Bill received Government consideration to include inciting someone to harm themselves, as an offence. Target monitoring would continue to ensure demand was met.

Question: Did the number of deaths by suicide change seasonally?
Response: There was an increase in the number of deaths as a result of suicide post winter. An increase in demand was identified prior to Spring but there was no

explanation for the cause. It was noted that during the month of September, there was an increase in activity for children and young people.

Comment: February could be a difficult month further to Christmas spending and publication of Valentine's Day which would be difficult for those struggling with relationship breakdown. In addition, there could be a link between suicide and SAD Syndrome. The weather was still cold and dark at that time of year.

Comment: Consideration could be given to further work during those months where difficulties had been identified. Suicide prevention was a process of learning to identify trends.

Comment: There was an ongoing National research programme in Manchester which surrounded veterans and the risk of suicide ex-service men/woman faced post service in Afghanistan and Iraq. Collaborative work with specialists enabled a bespoke support service to be put into place. The emergence of risk factors would be worked on when identified. Support would be offered for broader mental health.

Question: What were the effects of the pandemic on the services and the people?
Response: Demand on service was still very high with an additional 10 million extra individuals coming forward for mental health services. The current cost of living crisis would impact on people's mental wellbeing and therefore, increase demand on service. There was a link between physical and mental health. The difficulty with funding was the ability to spend it by being able to recruit. The gap between funding and demand differed significantly.

Comment: A significant amount of suicide prevention work was health promotion across all different areas of health and wellbeing which included things that were good for your mind, were good for your body. Walking was identified as an activity of benefit for both mental health and cardiovascular health.

Comment: LPFT's wider in patient care altered recently when Ash Villa closed.
Response: Ash Villa was a tier 4, 15 bed, children and young people inpatient unit that serviced complex needs that required inpatient care. There were difficulties in the recruitment of sufficient medical expertise. Work had been undertaken with NHS Commissioners at NHS England to pilot enhanced community services. It was hoped that inpatient necessity would be reduced. It was noted that wrap around support for young people, at home with their family, was important. It was confirmed that a maximum number of two patients would go out of area at any one time. For some services to provide safe, resilient, high quality care, it has to go out of area. Neighbouring counties had followed the results of work and these included Leicestershire, Nottinghamshire and Derbyshire. Work further to the closure of Ash Villa included engagement with families, children and young people to consider the future model. Post closure, the unit was being used as an acute female unit. This was a result of an imbalance between the number of men and women who accessed care in County. If demand were to increase in the future, a business case would be considered.

Comment: Social media had a significant impact on children and young people's mental health which included the encouragement of self-harm. Work to identify clusters would remain ongoing and this included non-geographical clusters. Work

with Lincoln College had taken place to establish commonalities. Further investigation would then identify if individuals had been connected online through a social network or if they had worked or studied in a particular place. In addition, consideration was given to substance misuse across Lincolnshire and work surrounded identification of to drug related deaths. It was noted that there was a fine line between drug related death and suicide, and it was essential to consider common risk factors and dual diagnosis.

Another area of ongoing work surrounded homelessness with recent investment in the field secured. Holistic healthcare for the homeless was ongoing and was based in the YMCA.

Ongoing signposting was essential and would continue with social media awareness, mental health support and teams based within schools and specific podcasts on safe social media with a consistent approach to prevention. Future ideas for prevention work, subject to recruitment, included a specialist councillor in every GP Surgery, as part of community transformation. In addition, the introduction of a crisis response vehicle and efforts to maintain a crisis response professional within the waiting room.

Question: Were there plans to reopen Hartsholme?
Response: An engagement process surrounded the closure of the male temporary psychiatric care centre. The ambition was to keep care in-county and to provide a service for females. However, safe staffing would need to be established. The closure was temporary.

Question: Were working hours and pay a problem for recruitment?
Response: Further to a retention programme entitled, 'Walking in your Shoes', pay and hour were a recurrent theme from exit interviews. Consideration was given to the benefits that tempted staff to move to alternative employment opportunities.

NOTE: - Councillor Hilton Spratt left proceedings at this stage.

Comment: It was noted that if an individual is determined to end their life through suicide, it was not always preventable. However, prevention work as a system could include raised barriers on bridges and a limit on the number of analgesics permitted in one purchase. Hindsight provided learning opportunities for future prevention work.

Question: What positive benefit/s would the teaching hospital bring the mental health services?
Response: Having a medical school was fantastic. A large number of people stayed where they trained and that would become a positive factor for future recruitment. Work would include conversations with colleges and universities to ensure we had a regular intake of professionals coming through to develop and grow our own.

Comment: For international recruits, suicide prevention was part of their training, language and culture.

Members expressed gratitude to guest speakers for the information provided within discussions and for their work for suicide prevention.

The Chair echoed comments from members and thanked both members and guest speakers for their attendance and contributions to discussions.

23. Work Programme 2022/23

Consideration was given to the Committee's work programme. The Democratic Services Officer confirmed amendments to the work programme further to scoping discussions. The focus of the Committee's work programme for the remainder of the municipal year would include an update on the Cost-of-Living Crisis, an update on the Cultural Consortium and consideration of Assets of Community Value.

The Chair confirmed that the Committee's work would include a further focus on Suicide Rates within Lincoln. It was agreed that this item would be brought before the Committee in January 2023. The Democratic Services Officer added that attendance would be sought from Kerry Stocks, Operations Manager, Shine Lincolnshire. The Chair requested that officers work with the communications team to arrange a press release for the meeting.

The Chair confirmed that the Committee's work would include an update on the Cost of Living Crisis. It was agreed that this item would be brought before the Committee in January 2023.

Discussion took place regarding an update on the Cultural Consortium and it was agreed that the update would be brought before the Committee in March 2023.

Further to scoping discussions, the Chair confirmed that the Committees work would focus on Assets of Community Value and it was agreed that the item would be brought before the Committee in March 2023. The Democratic Services Officer confirmed that attendance would be sought from Councillor Neil Murray, Portfolio Holder for Economic Growth.

Further to a request received from Charlotte Brooks, Director, LocalMotion, it was agreed that an update on the Poverty Truth Commission would be brought before the Committee in June 2023 after the Commissions launch in March 2023.

Date of Next Meeting: Tuesday 24 January 2023.