Present:	Councillor Karen Lee *(in the Chair)*
Councillors:	Chris Burke, Sue Burke, Bob Bushell, Gill Clayton-Hewson, Thomas Dyer, Paul Gowen, Helena Mair, Edmund Strengiel and Naomi Tweddle
Also in Attendance:	None.
Apologies for Absence:	Councillor Liz Maxwell

24. Welcome and Introductions

The Chair welcomed the external representatives and committee members.

25. Confirmation of Minutes - 30 August 2016

RESOLVED that the minutes of the meeting held on 30 August 2016 be confirmed.

26. Declarations of Interest

Councillor Bob Bushell declared a Personal Interest with regard to the agenda item titled 'Review of Suicide Rates in Lincoln - Support and Care - Statutory Mental Health Services'. Reason: He declared that he was a retired mental health nurse

27. Review of Suicide Rates in Lincoln - Support and Care - Statutory Mental Health Services

(a) Public Health - Written Statement

The Assistant Director (Health and Environment) read the written statement provided by Public Health, the following points were highlighted:

- that the suicide review in Lincoln was dealt with through a multi-agency which met as the Suicide Prevention Steering Group (SPSG).
- this group fed into the Lincolnshire Suicide Prevention Action Plan.
- one of the key functions of Public Health was to produce the Annual Suicide Audit report.
- that Public Health were in the process of obtaining a data sharing agreement with Lincolnshire Coroners regarding completed suicides for the next annual audit. This would hopefully allow a better understanding of risk factors in the county.

(b) Tony Connell

Tony Connell – Health Support Manager, Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company (HLNYCRC) raised the following key points regarding suicide rates within the prison population and those accessing probation services:

- The HLNYCRC had dealt with over 1,400 people at risk from suicide when leaving the prison system in the previous year. Though they were only being funded up to March 2017.

- Drug and Alcohol were large contributory factors within the prison and probation populations towards suicide.

- Provision for Healthcare in jails were usually above standard, the problem comes when people are released and do not seek help.

- At any one time there were 80,000 people in prison and 80,000 in the probation services.

- Within the general population one in six people would suffer from a mental illness in their lifetime.

- Within most suicide cases, especially within the prison system people did not want to die but wanted to escape a situation.

- Self-harm in prisons had increased by 26% from the previous year, there had also been an increase in the number of assaults carried out on prisoners by 34%.

- Overall deaths in the prison service (324) had increased by 21% (from 267), with an increase of self-inflicted deaths of 13%, this equated to 107 suicides up from 95 in the previous year.

The committee asked the following questions and received the relevant responses:

Question Were there any available statistics for assaults from prison staff on prisoners?
Answer There were no publicly available statistics.

Question Had the recent lack of prison officers affected suicide rates?
Answer Not directly in terms of suicide. However, they may have had an inadvertent effect because there was not enough officers to supervise free time and therefore some prisoners may have reduced time out of their cell.

Question Was there a noticeable trend with suicide, and mental health and staff being effected within prison?
Answer There was a lot of pressure on staff due to under staffed prisons and exposure to prisoners with mental health and suicidal behavioural issues meant it had a ripple effect on staff which should not be understated.

Question With such an increase in deaths and suicides in the prison system, could improvements be made to the healthcare system in prisons?
Answer The problem was not with the healthcare system in prison but the lack of support people faced when they were released and were in the probation system.

Question If no further funding was secured for the company who would provide support for people who were released?
Answer There was no other comparative service that would support people in the way the company did. It was important for people released from prison to feel as though they were contributing to society, but there was very little support and guidance out there.

Question Where did Lincoln Prison rank in terms of suicide rates comparative to other prisons in the country?
Answer Lincoln Prison was mid-table in terms of death by suicide nationally.

Question Had the prevalence of legal highs in prisons effected suicide rates?
Answer Whilst it was difficult to quantify the exact impact of legal highs on suicide rates in the prison system there was no doubt that they had an extreme negative effect on prison populations and would no doubt contribute to mental health issues and suicidal behaviour.

Question How could the upward trend of suicide rates in Lincoln be reversed?
Answer The solution needs to come from government, economically and culturally. Unfortunately mental health was often not seen in a brilliant light and that attitude needed to change before any real change could be made.

(c) Dr Sue Elcock and Colin Warren

Dr Sue Elcock – Medical Director, Lincolnshire Partnership Foundation Trust (LPFT) and Colin Warren – Head of Commissioning Mental Health, NHS Southwest Clinical Commissioning Group (CCG) made the following key points regarding suicide rates nationally and in Lincoln:

- That suicide prevention in Lincoln was not black and white, there were many organisations that were responsible for mental health provision and suicide prevention.
- LPFT worked with the wider groups to try and remedy suicidal behaviour, Lincoln were in the bottom 25% for mental health referral, based on patients being referred from doctors to mental health trusts.
- There had been some delays getting services to Lincolnshire which could explain the increase in suicide rates.
- The Crisis Team service was based out in the east coast, and Lincoln. It was quite a skeletal system in the current format but a business case had gone in to improve services.
- The Southwest Lincolnshire CCG commissioned groups to fill gaps in provision for mental health services, including dealing with suicidal behaviour and prevention for the entire county.
- They were directly funded from central government however funding was limited.
- Every organisation the CCG worked with was asked what they could do to prevent suicides and new ways of working towards reducing the rate.

The committee asked the following questions and received the relevant response:

Question In the context of this review was the decision to take your own life valid?
Answer The LPFT or CCG did not deal with euthanasia, it was also explained that self-harm was often linked to suicide although these were also not inextricably linked, sometimes self-harm was used to manage pain.

Keith Waters added that suicide was often seen as unusual behaviour, however, suicidal thinking was a normal behaviour in humans but the actual act of carrying it out was the unusual part. He explained that depression and suicide were often wrongly closely linked, very few people with depression went on to die by suicide. It was difficult to link mental health and suicide.

Question Were some groups more vulnerable to suicide than other groups comparatively?
Answer The LGBT community was at higher risk. In Lincoln young males were three times more likely to commit suicide. People at high risk of suicide were people with no social security, physical illness, mental illness or if they were lonely or without a job.

Question What were considered the greatest contributory factors toward people considering death by suicide?
Answer The problem with taking a 'factor' approach to suicide prevention was the actual cause for people feeling suicidal were usually very personal and specific to the person and their story.

Question Were patients referred to voluntary services from statutory services in Lincoln or were patients encouraged to make their own appointments?
Answer Staff supported patients making the first appointment at the end of a course of mental health treatment and offered them guidance on what non-statutory services were available to help them.

Colin Warren advised that often when people were ending their treatment they just needed to talk to someone but often did not feel comfortable taking that first step to organising further help with a non-statutory voluntary service.

Question What training had been offered to staff at the statutory service level to deal with people with suicidal behaviour?
Answer Training had been offered to everyone in Lincolnshire through the Suicide Safe scheme, staff within the services had also been given more specialist training. Problems arose when the training was not used often enough and therefore when a situation arose people did not feel comfortable discussing suicide and talking through others mental health, a cultural shift was needed before this would change.

Question Did the statutory and non-statutory services work well together?
Answer Generally the services worked well with one another, both the LPFT and CCG had good relationships with many of the non-statutory services offered in Lincoln. The challenge often came from the resources that were available and the geographical nature of Lincolnshire, this was especially true of crisis teams in an emergency situation.

Question The committee inquired what were the gaps in statutory service provision and what could be done about them?
Answer Due to funding a lot of resources were geared towards treatment and reactionary services, there would ideally be more preventative measures put in place. Strategies like ensuring help and support was provided earlier on, accessing schools and remote areas to provide support, training and preventative services set up. Colin advised further that they would like all medical staff whether GPs, physical nurse etc. to be trained to a high level of suicide awareness but funding was the issue. A multi-agency response between East Midlands Ambulance Service, Lincolnshire Fire and Rescue, Lincolnshire Police and Lincoln University using joint intelligence and systems would greatly help identify and support people with suicidal behaviour. The Suicide Safe scheme was working towards this end making everyone aware that suicide prevention was everyone's responsibility to offer guidance and support for those that want to talk if the need arose.

Question Councillors queried whether training to spot suicidal behaviour was offered to GP's receptionists?

Answer A basic level of training had been made available to anyone in Lincolnshire, it was whether the receptionists were interested to attend or able to due to work commitments.

Question What training could be made available to Council staff?
Answer There were a number of packages available depending on the budget and detail of the training ranging from free to £150 per person.

Keith Waters highlighted that most GP's were not fully trained or aware of how to detect suicidal behaviour which was expected from the public but was not actually the case.

Colin Warren advised that the Southwest CCG were looking into commissioning a mental health nurse that could take emergency calls.

Sue Elcock informed that the rapid response car from the Crisis Service was set up to be deployed across Lincolnshire within an hour.

Question Were enough beds available across Lincolnshire for emergency crisis beds?
Answer This was both a problem nationally and county-wide, Lincoln was especially short of emergency beds but it was a problem of funding and logistics.

(d) Keith Waters

Keith Waters, representing himself had previously undertaken extensive research investigating Self-Harm and Suicide Prevention and raised the following key points regarding suicide rates in Lincoln:

- Advised that recently there had been a lot of political energy surrounding the subject of suicide awareness and prevention and that this was positive to see.
- Informed to really make a difference to suicide rates a revitalised strategy was required which would need to come from central government to make cultural and economic changes to the way the services were funded and how the public dealt with and interpreted suicide in society.
- Expressed that it was important for people to realise that suicide was everyone's responsibility, making contact and support those in distress was a powerful mechanism to engage and hopefully begin that person on a path to better mental health.
- Explained a lot of positive work was happening currently to raise awareness but the momentum needed to be maintained to ensure that rate of suicides continued to decline.

The committee asked the following questions and received the relevant response:

Question The committee enquired to what extent did poverty have an effect on suicide rates?
Answer This was dependent 'cohesive' poverty where there was a poor community that would pull together often had very little effect on those within that community's mental health and suicide rates in that area. However, in cases of austerity and isolated poverty where people feel alone and unsupported within society there could be a real negative effect on both mental health and suicide rates.

RESOLVED that the report and members comments be noted.

28. Work Programme for 2016/2017

The Democratic Services Officer:

a. presented the Community Leadership Scrutiny Committee work programme for 2016/17.

Members discussed the work programme for 2016/17, and the potential that the suicide review may require an additional meeting in the next municipal year. It was agreed that the timetable of meetings would be bought to the January committee if it was available.

RESOLVED that:

1. the work programme be noted.

2. the timetable of meetings for 2017/18 be bought to the next meeting.