

**Review of the 'Hertfordshire Suicide Prevention
Strategy and Action Plan 2017'**

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Review of the 'Hertfordshire Suicide Prevention Programme 2017'

Executive Summary

A review of the Hertfordshire Suicide Prevention Programme was carried out between December 2018 and April 2019. This included a desk top review and semi-structured interviews with 19 people who have been involved in delivering the action plan and programme governance. They were members of the Programme Board, Chairs of the Task and Finish Groups, and participants from the Community and Voluntary Sector.

This is a good time for the review as Government guidance was re-issued in January and with nearly two years' experience, the Hertfordshire Suicide Prevention Network is in a good position to reflect on its experience and consider ideas for further development. An important change is that self-harm prevention is expected to be considered alongside, or as part of the next strategy.

The stakeholders interviewed were largely positive about the suicide prevention programme and its potential to develop further. They also provided several ideas for more projects to be considered for implementation. In contrast, they noted challenges the partnership has in sustaining the enthusiasm and engagement of participants and in delivering the range of desired outcomes in the action plan.

The recommendations are based largely on two important emerging themes:

- 1) There is clear support for the programme and the flexible, wide-ranging delivery model, if the constituent parts work better together, with more clarity about the benefits they are seeking to deliver;
- 2) There is a shared view that this multi-agency partnership requires additional resources along with more focussed leadership; to this end additional staffing resources were recently allocated to the programme.

A phase of consolidation is recommended, through which the positive characteristics of the programme can be supported whilst embedding a longer-term, more outcome-focussed approach. Recommendations can be found in the body of the report. Once agreed these will be converted into an action plan.

1. Background

The Suicide Prevention Network held its first conference in November 2016. At this event over 80 participants generated ideas for the emerging strategy and several volunteered to participate in delivering an action plan. A multi-agency approach was agreed with the aim of reducing deaths by suicide and providing greater support for those affected by suicide. By May 2017, 8 task and finish groups started to deliver the action plan which covered a wide range of suicide prevention initiatives (see figure 1, p4.)

Within the suicide prevention programme there are now over 20 organisations directly involved in the work being delivered through the programme structure, involving around 50 individuals. The wider suicide prevention network engages over 120 people.

These partners include community and voluntary sector organisations, district councils, including councillors, NHS trusts, Hertfordshire Constabulary, British Transport Police, Hertfordshire County Council, and other public services.

2. Stakeholder Reflections and Recommendations

2.1 The Suicide Prevention Strategy 2017

The purpose of the partnership is to deliver the Hertfordshire Suicide Prevention Strategy and Action Plan which are aligned to national guidance (2012, 2015, 2016). There is a consensus

(although not unanimous) that the strategy is important because it sets out a commitment to working together.

When thinking about the next strategy, respondents said that consideration should be given to areas of good practice elsewhere and to setting up a benchmarking scheme with other areas. When considering the best process for creating the next strategy, they said that at an early stage of development, the strategy should go back to the wider network in a way that will enable meaningful dialogue and input.

Recommendations	
Hertfordshire Suicide Prevention Strategy	
1	Refresh the existing strategy for 2020 by reflecting on lessons learnt, recent government publications, evidence from other areas, the recent Hertfordshire public survey and feedback from the wider network.
2	Engage with the wider network of stakeholders, particularly from the voluntary and community sector.
3	Recognise that the working group is best-placed to develop the approach and to steer a consultative process for updating the strategy; and note that the recently secured additional staffing resource should support the implementation of this process.

2.2 Impact of the Suicide Prevention Network and Programme

Most respondents said that the network has made a positive impact on the work of suicide prevention in Hertfordshire. Since the national drive to have suicide plans put in place in 2016, the number of people talking publicly about suicide prevention in Hertfordshire has expanded from a few services into a network of up to 70 organisations and many more individuals.

The network events and working together have brought about the following:

- **A genuine commitment to joint working:** new channels have opened up between organisations, large and small which have delivered initiatives that otherwise would not have occurred by the organisations and individuals working on their own. The programme has also allowed some services to think more broadly to include other groups, e.g. 'Just Talk', a campaign focussed on boys has also targeted men.
- **Opportunities to learn from one another:** a broader and deeper understanding of suicide has come about by bringing together individuals, groups and larger service providers and there is more awareness of the range of services on offer.
- **Better outcomes:**
 - A new school kite mark sets standards for mental health support and wellbeing in schools.
 - The suicide audit process was re-designed to produce consistent and accurate data in less time; this means that the 2018/19 audit will soon be completed.
 - Journalists in Hertfordshire signed up to a charter showing their commitment to sensitive reporting.
 - Training is occurring in a greater range of organisations and it has helped to professionalise the response from some services; staff are more confident when dealing with certain operational issues relating to suicide.
 - A range of activities can be linked to the bigger piece of work across the systems; there is no 1-solution or 1-organisation approach. For example, 'The workshop with the British Transport Police was brilliant. All the right people were there. We could understand the part we all play when we are aiming to prevent suicide and to support people. This is what suicide prevention means in practice.' (Respondent)

Taking a longer-term view of the network the respondents also provided ideas for future work. These included ideas on: broadening participation to include primary care, businesses, and more community groups and focusing on more risk factors such as gambling, debt, and self-harm.

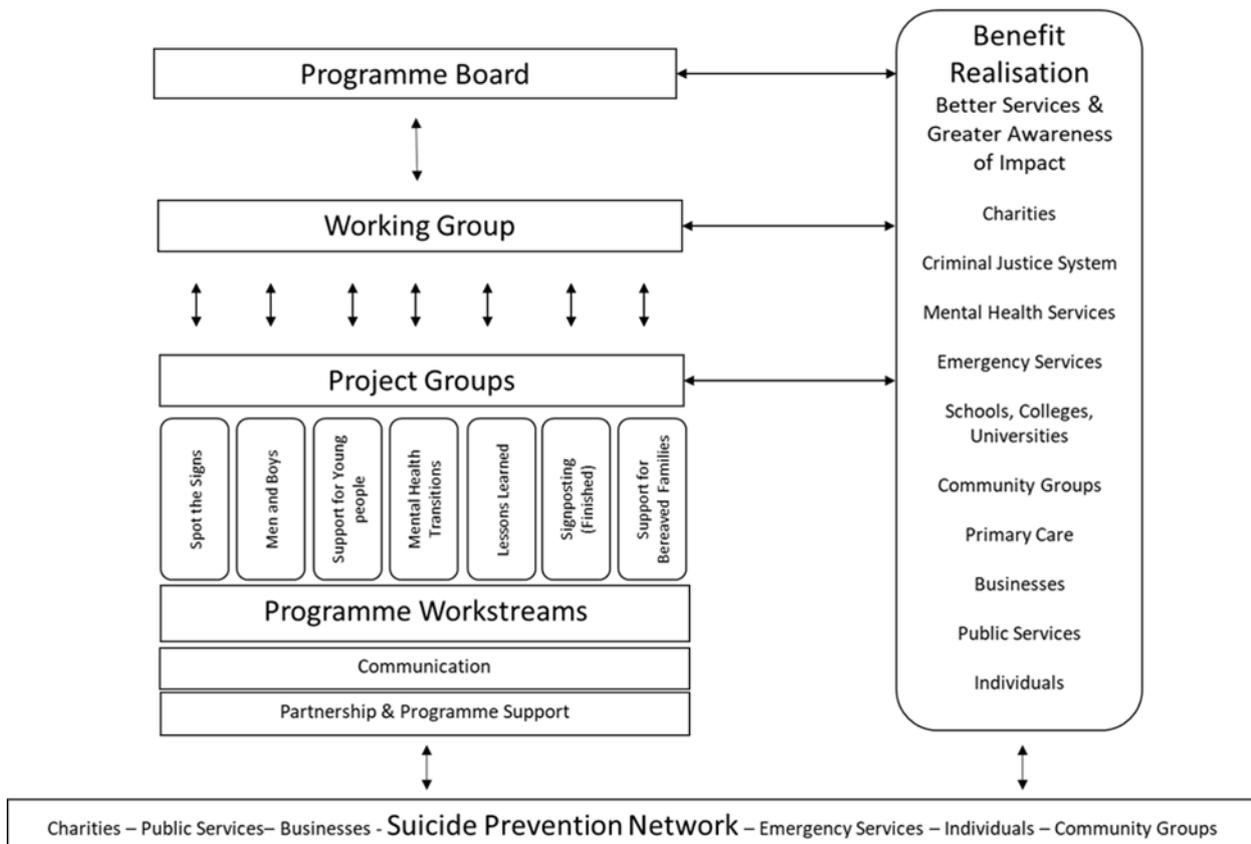
2.3 The Delivery Model

The suicide prevention action plan has been delivered through a loosely structured array of task and finish groups which are connected to a hub comprising a working group and a programme board (Figure1). The wider network at the base of the diagram connects via the task and finish groups, public events, direct communication and the new website. This model has not been questioned by any of the respondents. The built-in flexibility of having task and finish groups has allowed the programme to address a wide range of areas for improvement at the same time. This flexibility can also allow the programme to respond to changing priorities as and when they arise.

There are significant differences between the Task and Finish groups. For example, some are commissioned services whilst others are newly formed, unfunded groups addressing issues that may take a long time to resolve. Defining the groups and clarifying expectations accordingly could help to foster a more accurate understanding of how the programme is being delivered.

There are important reporting lines from the sub-groups to the board and back that need to be strengthened.

Figure 1: The Suicide Prevention Network and Governance



Recommendations	
The Delivery Model	
4	Keep the existing delivery model, which is based on an array of task and finish groups, ensuring there is enough operational support, partnership input and leadership to sustain it.
5	Clarify the programme governance structure, funding requirements and any conditions that may be attached to the funding
6	Identify the task and finish groups that are short-term, longer-term, funded or unfunded, or which have a programme support function (e.g. communication, governance, programme performance).
7	Tailor the number of task and finish groups, and their ambitions, to available programme resources; this will avoid the programme becoming over-stretched; once one group is finished, another can be set up to tackle a different priority.
8	Review the membership of the programme board and the working group, noting the following potentially points raised by respondents: <ul style="list-style-type: none"> • More action focused board members may feel that there is a better fit for them with the working group and a smaller 'virtual board' could also be considered; • Several respondents thought that the board membership was not diverse enough and should be expanded.

2.4 Task and Finish Groups

The success of the programme depends on the effectiveness of the task and finish groups. This means that the recommendations for the task and finish groups are about strengthening the whole programme.

So far, the strategy has been delivered through 8 task and finish groups. They developed their own terms of reference, set their objectives and have been responsible for delivering their own plans. There were many issues raised by respondents which were also evident in the desk top research. It is clear that additional operational support and partnership input are required and steps have been taken to ensure that more support will be available from September.

Membership

This was drawn from those who attended events, service providers and through work contacts. The input from people who are 'experts by experience' has underpinned much of the work and provided motivation and insight for some task and finish groups. Respondents noted that some people with 'lived experience' had left after they had made their contribution and that this seemed appropriate. There could also be more on-going encouragement for new members to join at appropriate times, e.g. when a new sub-group is being formed.

Recommendations	
Task and Finish Groups: Membership & Inclusion	
9	Add the role of deputy chair to each task and finish group to broaden leadership and mitigate succession risks.
10	Encourage representatives from a wider range of partner organisations to chair task and finish groups (once the role and responsibilities are clarified).
11	Promote the network to potential new members, at appropriate times, for example, when a new task and finish group might be starting up.
12	Consider how 'experts by experience' are involved in the programme and how their role might be reflected in the next strategy.

Recommendations	
13	For groups with low or sporadic attendance, seek to understand why, and explore other ways to facilitate participation from people in the community and those who are employed by partner organisations. This can include consideration of web-enabled calls, some evening or weekend meetings, using venues in different places, and pre-meeting information sharing.

Roles, expectations and capacity

One of the benefits of these groups is that they bring people together who do not normally meet. However, for some groups this is undermined by sporadic attendance and infrequent meetings. The groups need to look at other ways of engaging people in their work, especially those who are participating as volunteers by considering, location, time, web-enabled access, communication between meetings, and more.

Management support, training, skills, and resources were cited as important gaps. For some groups this manifests as inconsistent reporting, sporadic attendance, and a loss of drive and focus. This, in turn has depleted the Working Group and the Programme Board of information on progress, risks, issues and opportunities.

Some employees of partner organisations have had their work included in their individual work programmes with their managers recognising that this is part of their role, which is a strength. In contrast, others are working on suicide prevention informally on 'good will' which can be more challenging to manage. One task and finish group 'fizzled out' after its chair changed jobs and wasn't replaced. If suicide prevention is a priority perhaps it should be part of the day job along with clearer management and organisational accountability for the success or failure of the role.

Clearer expectations of all group members could also help the groups to achieve their goals. For example, in a few groups the chairs are taking on all the actions and another group does its work at the meetings rather than completing actions between the meetings. Working to clearer objectives could also help with measuring outcomes. In turn there would be more visibility of the benefits delivered.

Recommendations	
Task and finish Groups: Programme Support	
14	Take steps to support the task and finish groups to perform their role effectively; this may involve induction, training and assistance with setting clear, achievable objectives and creating a delivery plan.
15	Co-create new terms of reference to reflect the following: role descriptions for chairs, clear expectations of members, working to an agreed plan, simple ways to monitor success, regular reporting, taking time out to review progress, and ways to encourage and support engagement from the voluntary and community sector.
16	Adopt a shared management expectation that partner organisations will provide support to employees who are participating in the programme and include this work in the employee's work programme and performance appraisals.
17	Partners agree that appointees to programme roles who leave will be replaced in good time by a suitable person from their organisation or a partner organisation.

Ending and lasting impact

Task and Finish Groups are expected to create and deliver improvements and then disband or move onto another project. One group completed its work in July 2018 and another is about to finish.

By definition, the task and finish groups cannot 'own' the improvements and the benefits these deliver. These are handed over to partner organisations. For example, a new process or new product needs to be embedded in service delivery, and this takes time. A longer-term benefit realisation plan for the whole programme involving service providers and policy makers is essential for monitoring the realisation of the benefits. As one respondent said, 'It would be good to get to a position where participants can point to their contribution and see the difference that they have made.'

Recommendations	
Task and finish Groups: Programme Support cont'd	
18	Create a benefit realisation plan for the programme, with clearly identified 'owners' within partner organisations, who will function as change agents within their organisations.

2.5 The Suicide Prevention Working Group

This group comprises the chairs of the task and finish groups and meets every three months. It was designed to provide opportunities for sharing important information, coordinating effort, and escalating issues. Most respondents would like to see it continue, but only if the input from the task and finish groups gets back on track. It was also suggested that the working group could become more challenging and exploratory, e.g. devote part of meeting towards generating ideas, developing longer-term solutions and reviewing lessons learnt.

Additional information about the scale of activity and range of partners delivering the strategy was also suggested. A dedicated web site was recommended as one way to disseminate information across the partnership and this has been taken up.

Recommendations	
The Working Group: Programme Delivery & Leadership	
19	Review membership in the light of programme board discussions on its membership and the direction of the programme as a whole.
20	Revise the group's terms of reference to include reviewing progress against a programme plan, risks, issues and opportunities, and ensuring that they are in line with the terms of reference for the task and finish groups.
21	Take steps to improve attendance by reinforcing the message that participation in this group is a critical element of the delivery model and an expectation of a task and finish group chair.
22	Recognise that this group is best placed to deliver and embed the recommendations for developing and supporting the task and finish groups and that this should be one of its objectives for 2019/20.
23	Forward planning and innovation: The Working Group could set aside some time to review the direction of the programme and develop ideas for action, in the light of the feedback from the recent public survey and from this review, lessons learnt, good practice, emerging local data, and relevant national and international insight.

2.6 The Suicide Prevention Programme Board

This group has 6 members and meets quarterly to maintain strategic direction, approve the action plan and take major decisions. Respondents have said that the frequency of meetings is right and that it runs fairly well.

Impact & Leadership

There is a perception that over time there has been less and less content at the meetings. Some felt that the programme board was not looking at delivery closely enough and following through on the work of the task and finish groups to ensure that good practice was becoming the norm.

To be attractive to people, especially those who are volunteering their time, the meetings need to be much more focussed on governance in a more challenging and interesting way. For example, the board could be more vibrant and useful by looking at case studies and what is going on in other areas, to better understand what does and does not work well.

Membership

There were also suggestions that membership should be reviewed; for some it does not reflect society and it seems 'too corporate'. Ideas for membership included more representation from primary care, the voluntary and community sector, private sector organisations, housing and planning. Perhaps the role and expectations of board members also need to be reviewed and clarified.

Recommendations:	
	Programme Board: Leadership, Inclusion & Diversity
24	Review the terms of reference and consider: specification of roles (more active scrutiny and direction setting), a deputy chair, and active recruitment of new members from a wider range of individuals, organisations/sectors.
25	Consider ideas for improving the content of programme board meetings which may also be initiated by the working group (recommendation 23).
26	If agreed, ensure that the recommendations set out in this report are implemented.

3. Resources

Until July 2018 there were three people providing support to the programme and this was equivalent to one whole time equivalent (wte). Since then the programme has been running with about 0.5 of a wte.

There is evidence from the desk top research that the level of resource was enough to initiate the programme, but not to sustain it. Certain important building blocks for developing a successful programme with measured stages were not put in place and many of the issues raised by respondents are directly linked to these gaps (e.g. clear roles and expectations, effective reporting, cost and benefit appraisal, clear outcomes and measures).

Apart from the funded projects, most of the resources drawn on by this programme are 'gifts of time' from the voluntary and community sector, and employees of partner organisations. Over time, this sort of arrangement can have an impact on how effectively members can participate in the programme, depending on how the demands of the programme affect other commitments and vice versa.

Public Health (HCC), the Hertfordshire Partnership University NHS Foundation Trust (HPFT) and the Integrated Health and Care Commissioning Team are well positioned to review how they can contribute to improving the effectiveness of this important programme. They need to look more closely at the inputs required to generate the desired programme outcomes, and what they are going to give to the programme.

Recommendations:	
Programme Board: Resources	
27	Allocate and manage dedicated resources from key partners to support the development of the partnership and to shape and drive programme delivery.
28	Continue with and if required, supplement the operational budget for public events, workshops, training, surveys, and web site.
29	Secure programme management support to get the basics right, e.g. role clarification, a benefit monitoring system, a risk and issue management system and intermittent programme assurance.

4. Conclusion and next steps

Because the suicide prevention programme has reached a natural transition point in its development this has been an opportune time to reflect on and respond to lessons learnt. A new strategy and action plan are needed which should reflect the recommendations in this report along with the new government guidance (including addressing prevention of self-harm).

The network is characterised by enthusiasm, commitment, good will and some excellent outcomes. If certain issues, risks and lessons learnt are addressed there is confidence that these positive attributes are likely to be sustained with the effect of delivering better outcomes across the county. An action plan is being developed to implement the key recommendations in this report, for review and approval by the working group and programme board in the autumn.