HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 12th October, 2021

10.00 am

Council Chamber, Sessions House

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 12 October 2021 at 10.00 am
Council Chamber, Sessions House

Ask for: **Emily Kennedy**
Telephone: **03000 419625**

Membership (13)

Conservative	Mr A Kennedy (Chairman), Mr N Baker, Mr D Beaney, Mrs B Bruneau, Mrs P T Cole, Ms S Hamilton, Mr D Jeffrey, Mr J Meade, Mr D Ross, Mr A Weatherhead, Mr S Webb and Ms L Wright
Liberal Democrat	Mr D S Daley
Labour	Ms K Constantine and Mr B H Lewis

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Introduction/Webcast announcement

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

3 Declarations of Interest by Members in items on the agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared

4 Minutes of the meeting held on 6 July 2021 (Pages 1 - 6)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 2021-25 Suicide Prevention Strategy (Pages 7 - 110)

7 Public Health Commissioning Report (Pages 111 - 150)

8 Performance of Public Health Commissioned Services (Pages 151 - 158)

9 Work Programme (Pages 159 - 160)

EXEMPT ITEMS

(At the time of preparing the agenda, there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Monday, 4 October 2021

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Online on Tuesday, 6 July 2021.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs B Bruneau, Mrs P T Cole, Ms K Constantine, Ms S Hamilton, Mr D Jeffrey, Mr B H Lewis, Mr J Meade, Mr D Ross, Mr A Weatherhead, Mr S Webb and Ms L Wright

UNRESTRICTED ITEMS

158. Apologies and Substitutes
(Item 2)

There were no apologies for absence.

159. Election of Vice Chair
(Item 3)

It was proposed and seconded that Mr Baker be elected Vice Chair.

RESOLVED that Mr Baker be elected Vice Chair.

160. Declarations of Interest
(Item 4)

There were no declarations of interest.

161. Minutes of the meeting held on 10 March 2021
(Item 5)

It was RESOLVED that the minutes of the meeting held on 10 March 2021 are correctly recorded and a paper copy be signed by the Chair.

162. Minutes of the meeting held on 27 May 2021
(Item 6)

It was RESOLVED that the minutes of the meeting held on 27 May 2021 were correctly recorded and a paper copy be signed by the Chair.

163. Verbal updates by Cabinet Member and Director
(Item 7)

1) Clair Bell, Cabinet Member said that she had provided updates during the Covid-19 pandemic relating to commissioned services and KCC's role in providing information and advice to residents. KCC had supported national awareness campaigns in the form of media releases and activity on KCC's social media channels.

KCC had supported 'Clean Air Day' on 17 June 2021 and the Communications Team had made use of national assets such as graphics and hashtags to suggest that people go 'vehicle-free' on Clean Air Day and highlighting the issue of air pollution and children's health. On the day itself, messages went out around the importance of improving air quality all year round with links to the page on the KCC website.

Mental Health Awareness Week was in May 2021 and the theme was 'connecting with nature' and was supported by services across the county, including One You Kent, Explore Kent and Live Well Kent. A special Members' briefing was to be held jointly with the Cabinet Member for Integrated Children's Services on mental health and wellbeing to assist colleagues to understand the authority's role. It would also cover loneliness and social isolation which was the subject of a select committee in the past. An invitation was to go out to Members for 10 September.

Another area covered by Public Health was encouraging safe consumption of alcohol. There had been concerns that due to the Covid-19 restrictions that people had been drinking more at home and were not aware of how much they were consuming. It was estimated that around 75% of people were drinking within safe limits but in Kent, almost 300,000 people were drinking more than the recommended safe limits. Residents were being encouraged to check how much they were consuming and try out an online tool at lowermydrinking.com

In mid-June, Mrs Bell filmed some messages with Public Health Communications on staying well during heatwaves. High temperatures could put vulnerable people at risk of suffering health issues. Messages were going out about 'keeping an eye' on vulnerable neighbours, friends and family to ensure they were keeping hydrated and their homes were kept as cool as possible. Reminders were given about also being Covid-19 aware and to think about social distancing, with suggestions about making telephone or video calls rather than visiting.

Public Health were urging people to make testing for Covid-19 part of their weekly routine and to register the results so there would be a record of how many people were testing. Home testing kits were available online and in pharmacy so test centres had been scaled down. There had been 24 symptom free test centres around the county and around 600,000 tests had been conducted. Centres were to remain open with increased hours at Sessions House in Maidstone and at Eurogate Business Park in Ashford.

People had been urged to undertake testing if they were planning to watch football with others and KCC had supported Maidstone Borough Council with communications regarding this as cases had risen in the area. Messages had gone out to remind people of their responsibility to themselves and others and messages were to be repeated until the day of the final match.

In response to questions from Members, it was noted:

- The remaining symptom free testing centres were in areas of high population with good transport links but home testing kits were available to order online with next day delivery.

- The 'Lower my Drinking' app was provided by an external organisation rather than KCC so it was not clear whether it was available in multiple languages. However, work was done by Public Health around behavioural insight on how best to reach different communities around Kent.

2) Dr Allison Duggal, Director of Public Health said there had been an increase in Covid-19 rates which was presumed due to the Delta variant. As of 1 July 2021, the rates for Kent were 137.7 per 100,000 population, 165.5 per 100,000 for the south east and across England, 238 per 100,000.

Canterbury and Maidstone districts had outbreaks which were being dealt with by outbreak control teams which included KCC Public Health, Public Health England and the University of Kent. Maidstone and Tunbridge Wells' figures were above the average for the south east. Cases in Maidstone had been linked to hospitality services and people had been encouraged to take lateral flow tests.

314 cases were notified to the local 'Test and Trace' partnership for KCC to follow up with telephone calls and give advice as well as signposting to other help.

KCC Public Health had been looking at adaptation of services for the 'new normal' and were helping the NHS with the vaccination effort, including behavioural insight work. Also being considered was assistance with delivery of booster jabs. Work was being undertaken to identify particular events being attended by young people and more broadly, looking at events happening so that these could take place in Covid-safe manner.

In response to questions, it was noted:

- It was hoped that the vaccination programme would improve but there was an element of chance with Covid-19 outbreaks.

- KCC Public Health had been working with the University of Kent and they had stepped down events for the end of term. Students were advised to take a lateral flow test and make their way home as safely as possible. If someone had symptoms or had been in contact with some with Covid-19, arrangements had been made for them to self-isolate. Work was to continue to deal with any issues brought about by the new term.

- Work had been done with KCHFT to engage with Traveller and Roma communities to get them registered with GP surgeries, signposting to maternity services, etc. Due to Covid-19, this had been put on hold but was being followed up. Members were advised that GP surgeries, maternity services, dental services, etc, were NHS services.

- A 'surge' plan has been worked on with the NHS and partners looking at how services would be provided to tourists.

164. Introduction to Public Health
(Item 8)

1) Allison Duggal, Director for Public Health presented an introduction to Public Health, outlining the history, overall aims, statutory responsibilities and commissioning responsibilities. An introduction was also given to the role and responsibilities of the Director of Public Health.

2) An overview of the impact of Covid-19 on Kent was given and Public Health programmes relating to Covid-19.

In response to questions from Members, it was noted:

- There was a trial on giving Covid-19 and flu jabs at the same time and the logistics of how this could be carried out.

- Commissioning of services for gambling addiction was not a statutory responsibility of Public Health. There was not capacity to commission a service during the Covid-19 pandemic but consideration would be given in the future.

- The Public Health grant allocation had been the same as for the previous year, totalling around £69.7 Million. There was some income from NHS England, with whom KCC jointly commissioned sexual health services and from Kent Police which funded some substance misuse services. KCC Public Health's income was around £2.6million.

- A Public Health reserve had been maintained which was important due to uncertainties. Open access services were demand led and there had been uncertainty around NHS pay increases which was significant to Public Health as many of the providers were from the NHS staff and providers.

- The Director of Public Health had a statutory responsibility in relation to air quality and KCC were part of the Kent and Medway Air Quality Partnership. There was a website for air quality in Kent and it was being investigated how to alert people who are vulnerable when there is poor air quality in a particular area.

165. Performance of Public Health commissioned services
(Item 9)

1) Vicky Tovey, Head of Strategic Commissioning (Public Health), gave an update to Members regarding the performance of Public Health commissioned services. Members were advised that national guidance had meant a number of services had been put on hold during the pandemic. 12 of 15 Key Performance Indicators (KPIs) were RAG-rated as green, 1 was rated as amber and 2 were rated as red.

2) The KPIs relating to Sexual Health services and the NHS Health check programme were to be amended. The KPI relating to Sexual Health services would be changed to reflect the change in the way services were delivered. The KPI relating to NHS Health Checks would be changed taking into account a 5 year programme of continuous improvement and to bring performance back to pre-pandemic standards.

3) In response to questions from Members, it was noted:

- Some of the KPIs were set nationally and others were locally set benchmarks and targets. KPIs relating to lifestyle services were set by KCC on the basis of what was reasonable.
- There had not been any 'drop out' from using a triaging system for Sexual Health Services. Tests had been sent out promptly and returns of the testing kits were followed up.

4) RESOLVED that the performance of Public Health commissioned services in Q4 of 2020/21 be noted.

166. Response, Restart and Recovery - Kent Drug and Alcohol Services

(Item 10)

1) Jess Mookherjee presented to Members regarding Kent Drug and Alcohol Services.

2) Prior to 2012, services had been provided through the NHS. Since the budget for the services had been moved to KCC, the focus of the services had broadened to include those who had alcohol dependency issues. This had been an unmet need in the county.

3) Before the pandemic, there had been an increase of drugs-related deaths and it had been anticipated that there would be an increase in demand for services during the pandemic.

4) Illicit drug use and supply had continued during the pandemic with some shortages and there had been anecdotal evidence that the purity of drugs had increased.

5) In response to questions from Members, it was noted:

- KCC worked closely with Kent Police on the preventative measures.

167. Work Programme

(Item 11)

Noted.

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Allison Duggal, Interim Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 12 October 2021

Subject: Briefing paper on the Suicide Prevention Programme and the new 2021-25 Suicide Prevention Strategy

Classification: Unrestricted

Past Pathway: N/A

Future Pathway: N/A

Introduction:

This paper provides an update on the suicide prevention programme and includes information on;

- The impact of Covid-19 on suicide rates and the Suicide Prevention Programme
- The Preventing Suicide in Kent and Medway: 2021-25 Strategy (amended following recent public consultation)
- Kent and Medway Better Mental Health Pledge / Prevention Concordat for Better Mental Health
- New Support Service for People Bereaved by Suicide

Recommendation(s):
The Health Reform and Public Health Cabinet Committee is asked to:

1) **CONSIDER** and **ENDORSE** the Preventing Suicide in Kent and Medway: 2021-25 Strategy
2) **COMMENT** on the suicide prevention programme

1. Introduction and context

1.1 The Kent and Medway Suicide Prevention Programme is hosted by Kent County Council's (KCC's) Public Health department and sits within the Public Mental Health portfolio. The majority of the funding for the programme (approx. £480k annually) comes from the Kent and Medway CCG, while KCC PH contribute the costs relating to hosting the programme and the Programme Manager.

1.2 Effective suicide prevention relies on a multi-agency approach and partnerships. Therefore, KCC PH co-ordinates the Kent and Medway

Suicide Prevention Network of over 150 organisations, agencies, charities and individuals living with experience of suicidal thoughts, self-harm or bereavement by suicide.

1.3 Suicide rates in Kent have remained slightly above the national average in recent years (Table 1). The latest figures (which include 2018-2020) were published by ONS in Sept 2021 and so while the increase in the three year rolling rate for Kent is disappointing it is too early to provide a full analysis on the reasons for the increase. We will continue to work with all partners (including the Coroner Service and Kent Police) to understand as much as possible.

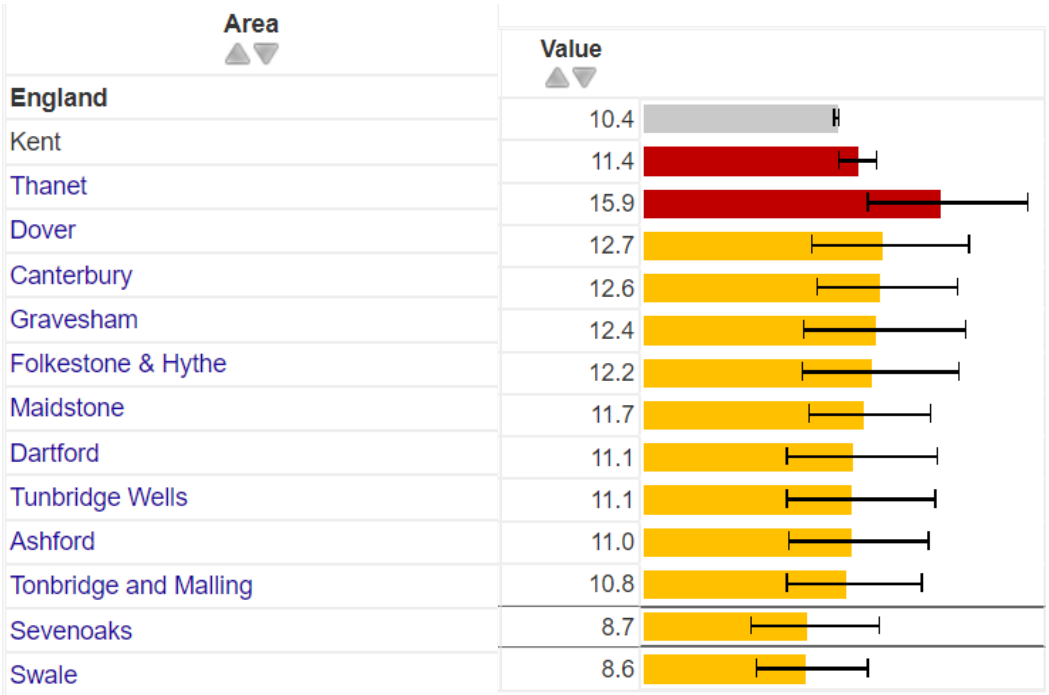
Table 1 Age-standardised suicide rates (per 100,000) rolling three year aggregates, deaths registered 2013 to 2020. (By area of residency, 10+, male and female)

	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20
England	10.1	9.9	9.6	9.6	10.1	10.4
Kent	12.0	11.6	10.5	10.0	10.3	11.4

Source:
www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority

1.4 We do know that there is however, wide variation across Kent as seen in Figure 1 below. Thanet has the highest three year rolling suicide rates in the county with Swale and Sevenoaks having the lowest.

Figure 1 Age-standardised suicide rates by District (per 100,000) rolling three year rate, deaths registered 2018 to 2020. (By area of residency, 10+, male and female)



Source: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

2. The impact of Covid-19 on suicide rates and the Suicide Prevention Programme

2.1 It is too early to speculate about the long-term impact of covid-19 on suicide rates. A national study from the University of Manchester in late 2020 found no evidence[1] of an increase in overall suicide numbers due to the pandemic, however we will continue to remain vigilant particularly as the financial protections (eg furlough, mortgage repayment pauses, eviction bans etc) are removed.

2.2 We will also continue to monitor groups in society who may have been at increased risk because of Covid-19. This could include people impacted by domestic abuse or substance misuse or who are part of particular ethnic minority communities.

2.3 The Suicide Prevention Programme responded to Covid-19 in a number of ways, some of which are outlined below;

- We developed Real Time Surveillance System with Kent Police which now provides weekly intelligence on suspected suicides
- We launched a new 24-hour mental health support service via text (which has held an estimated 25,000 text conversations already)
- We increased funding for the 24-hour helpline at the heart of the Release the Pressure campaign (over 20,000 calls last year).
- We secured additional funding for Citizens Advice to support MH initiatives reflecting concerns over the financial impact of Covid-19
- We moved all suicide prevention training (delivered by Mind) onto Zoom (nearly 1000 people completed the workshops last year)

2.4 For a more detailed view of the Suicide Prevention Programme in 2020/21 please see the infographic in Appendix A

3. The 2021-25 Suicide Prevention Strategy

3.1 Throughout 2020, the Suicide Prevention team worked with members of the Suicide Prevention Network to develop a draft 2021-25 Strategy (which covers both Kent and Medway).

3.2 Following early discussions with Network members, it was clear that the majority of stakeholders felt that the previous 2015-2020 Strategy was effective and therefore evolution was needed rather than revolution.

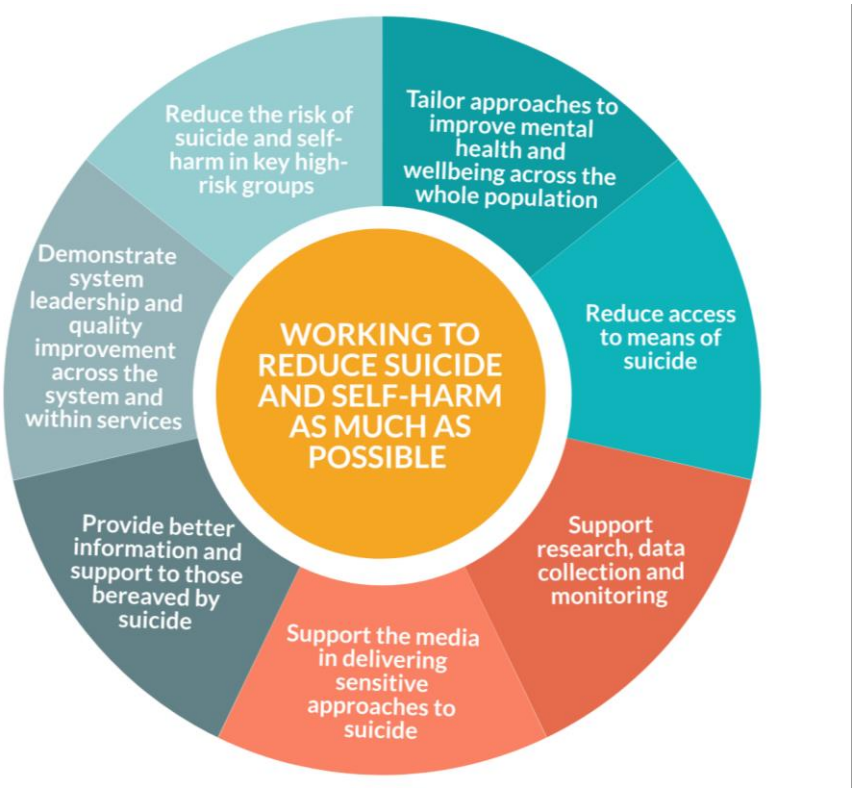
3.3 Therefore the same six Strategic Priorities were rolled forward from the 2015-2020 Strategy into the 2021-25 Strategy. A seventh priority was added around System Leadership. (Please see Figure 1 below).

[1] **Suicide in England in the Covid-19 Pandemic – University of Manchester**

3.4 There were some changes to the high-risk groups identified in the updated strategy. Middle-aged men continue to be the demographic group which sees the highest numbers of suicides, but our Real Time Suicide Surveillance has also highlighted other high-risk groups such as people who misuse substances or who have problematic debt.

3.5 We have also completed nationally unique research highlighting the links between domestic abuse and suicide (of both victims and perpetrators). Therefore people impacted by domestic abuse will also be considered a high risk group going forward.

Figure 1 The seven strategic priorities of the 2021-25 Suicide Prevention Strategy



3.5 The 2021-25 Strategy also features supporting positive mental wellbeing more prominently (as opposed to just responding to people in crisis) when compared to the previous strategy. A Kent and Medway Better Mental Health Pledge is in development (see Section 4 below).

3.6 The final major difference from the 2015 approach is the fact that we have also produced a separate (but aligned) 2021-25 Children and Young People's Suicide Prevention Strategy.

<u>Analysis from the public consultation</u>

3.7 The draft strategy went out to public consultation between early Feb and late March 2021. A full analysis of the responses is included in the Appendix, but a summary is included below.

3.8 *How many people responded to the consultation?*

- 95 responses received through the online form
- 2 additional responses received by email

3.9 *Who responded to the consultation?*

- Most responses were from individual residents of Kent and Medway
- A small number of schools, colleges, parish councils and voluntary sector organisations also responded.

3.10 *What was the consensus view?*

- The vast majority of responses (92%) supported the strategic priorities that are set out in the draft strategy
- There was also strong support for the identified high-risk groups within the strategy

3.11 *Did anyone disagree with the contents of the strategy?*

- While there was broad support for the strategy, some people felt that other groups of individuals should be considered high risk, while other people commented that identifying any particular groups was inappropriate and everyone should be treated as an individual
- A lot of responses highlighted that the full impact of COVID-19 on the population's mental health isn't known yet, and the full economic fall out is still to be felt, so additional monitoring and flexibility in the response may be needed
- Some people felt that increased level of priority should be given within the Strategy to people who self-harm and who have made a suicide attempt

3.12 *How will the final Strategy reflect the comments received by the consultation?*

- Greater emphasis will be given to monitoring the long-term impact of COVID-19 on the mental wellbeing of the population
- The draft strategy and associated action plan have been amended to take account of the feedback received.
- Comments will shape the way specific elements of the action plan are delivered, including the 2021 Innovation Fund and the 2021 research programme.

3.13 The updated Preventing Suicide in Kent and Medway; 2021-25 Strategy

Preventing suicide in Kent and Medway: 2021-2025 Strategy

Updated strategy following public consultation (with updates in red)

1. Reducing the risk in high priority groups

- We will continue to promote the Release the Pressure social marketing campaign, including the 24 hour helpline and the new text support service.
- Where funding allows, we will support innovative approaches to reduce suicide and self-harm amongst high-risk groups.
- We will ensure more integrated and effective support for individuals with both mental health and substance misuse conditions.
- We will offer more effective and sustained support for individuals who self-harm.
- We will continue to offer a range of free to access suicide prevention or mental health training.

We will also work with all relevant partners on specific projects to reduce the risk of suicide and self harm in high risk groups including:

- Middle aged men.
- People with previous suicide attempts / self harm.
- People known to secondary mental health services.
- People who misuse drugs and alcohol.
- People who are impacted by domestic abuse.
- New high risk groups as identified by real time suicide surveillance.

2. Tailor approaches to improve mental health and wellbeing across the whole population

- We will continue to monitor the impact of Covid-19 on the mental health and wellbeing of the population.
- We will develop and implement a Kent and Medway Mental Health Prevention Concordat for Better Mental Health.
- We will continue our integrated and multi-level approach to reducing suicides within the higher and further education communities in Kent and Medway.
- We will develop increased support for individuals with problematic debt.

We will also work with all relevant partners to improve the mental health and wellbeing in high risk groups including:

- LGBTQI+.
- Military and veterans.
- People with learning disabilities.
- Ethnic and religious minorities.
- Individuals impacted by family breakdown.
- Prisoners and other people in contact with CJS.
- Families of people who self-harm.
- Health care staff (who have worked through the pandemic)
- Young women (particularly pre- and post-natal)
- Children and adults with neuro-development disorders.

3. Reduce access to the means of suicide

- We will strengthen our Real Time Surveillance System, ensuring we can work with partners, such as Kent Police, Network Rail, KCC and Medway Council Highways,. Highways England and others to identify, intervene and respond to high risk locations or other means.

4. Support research, data collection and monitoring

- We will review the latest available statistics and evidence about suicide and self-harm.
- We will conduct regular analysis of our Real Time Suicide Surveillance, which will give us the ability to design targeted and evidence based interventions.
- We will conduct or commission bespoke research into emerging or high risk topics.

5. Support the media in delivering sensitive approaches to suicide

- We will work with local, national and social media outlets to promote positive stories about mental health and help-seeking behaviours.
- We will monitor media coverage of incidents and remind journalists of the Samaritans' guidelines for reporting on suicide.
- We will ask editors and reporters to amend inappropriate reporting.

6. Provide better information and support for those bereaved by suicide

- We will commission a new Support Service for People Bereaved by Suicide.
- We will also continue to work closely with the charity Survivors of Bereavement by Suicide with the objective of increasing the number of groups there are available in Kent and Medway.

7. Demonstrate system leadership and quality improvement across the system and within services

- We will continue to develop and strengthen the multi-agency suicide prevention networks.
- We will continue to adopt a whole systems approach to suicide prevention.
- We will work with commissioners and service providers to improve access to high quality service (for examples, through the Community Mental Health Transformation Programme).
- We will design and implement a '*Learning from Suicide*' system and structure.
- We will encourage all partners to play their part in suicide prevention.

Medway Council Serving You

Kent County Council kent.gov.uk

NHS

3.14 The updated Kent and Medway Children and Young People Suicide Prevention Strategy on a page

Preventing Suicide in Children and Young People in Kent and Medway: 2021-2025 Strategy

Updated strategy following public consultation (with updates in red)

Actions in **purple** will be funded or led by the Suicide Prevention Team

Actions in **blue** will be funded or led by other partners within the system

1. Reduce the risk of suicide and self-harm in key high-risk groups of children and young people

- We will promote the recommendations made by the 2020 Thematic Analysis into children and young people suicides undertaken by the University of Kent.
- We will continue to provide suicide prevention training for people working with children and young people to increase the probability that high risk individuals will be identified and supported.
- Where funding allows, we will support innovative approaches to reduce suicide and self-harm amongst high risk groups.

We will also work with relevant partners to reduce the risk of suicide and self harm in high risk groups including:

- Children and young people known to mental health services (including the 18-25 transition to adult MH services).
- Children and young people in care and care leavers.
- Children and young people in custodial settings.
- Children and young people with neuro disabilities.
- Children and young people who identify as LGBTQ+.
- CYP who self-harm or engage in other risky behaviour.
- Unaccompanied Asylum-Seeking children and young people.
- Children and young people impacted by Adverse Childhood Experiences (ACES).

2. Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

- We will continue to monitor the impact of Covid-19 on the mental health and wellbeing of the population.
- We will work with partners to support implementation of the Kent and the Medway Children and Young People Mental Health Local Transformation Plans. We will also support the implementation of the Medway Self-Harm action plan, and the KCC adolescent strategy.
- We will work with partners to ensure that all children and young people have access to a range of easily accessible and evidence-based support services.
- We will support the HeadStart programme to increase resilience amongst children and young people in Kent.
- We will encourage services and education settings to adopt a trauma informed care approach.

3. Reduce access to the means of suicide

- We will further strengthen the Real Time Surveillance System, ensuring we can work with partners, such as Kent Police, Network Rail, KCC and Medway Highways, Highways England and others to identify, intervene and respond to high risk locations or other means.

4. Provide better information and support to those children and young people bereaved by suicide

- We will commission a new all-age Support Service for People Bereaved by Suicide.
- We will work with partners to commission a specialist bereavement support service for children and young people.

5. Support the media in delivering sensitive approaches to suicide

- We will work with local media outlets to place positive stories about how children and young people can improve their wellbeing.
- We will monitor media coverage of incidents and remind journalists of the Samaritans' guidelines for reporting on suicide.
- We will ask editors and reporters to amend inappropriate reporting.

6. Support research, data collection and monitoring

- We will work with all partners (including the Child Death Overview Panel, Kent Police, NELFT and social care teams) to monitor local data relating to suicide and self-harm. This includes establishing a new real time suicide surveillance system and undertaking Positive Practice Audits where appropriate.
- We will review national research, and undertake our own detailed research projects into relevant topics (including, online harms, the impact of domestic abuse and suicide risk amongst young trans people).

7. Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention

- We will facilitate the Children and Young People Suicide and Self-Harm Prevention Network ensuring system wide engagement and learning.
- We will invoke the Suicide Prevention Multiple Incident Response Protocol when appropriate to co-ordinate a system wide response.

4. Kent and Medway Better Mental Health Pledge / Prevention Concordat

4.1 The second priority within the new strategy is a commitment to improve the wellbeing of the whole population. One related action is to ensure Kent and Medway sign up to the national Prevention Concordat for Better Mental Health. The aim of which is to galvanise, structure and raise the profile of the work currently underway to improve the mental wellbeing of the population.

4.2 This includes our planning for World Mental Health Day (10th October 2021) where we aim to publicly launch a new Kent and Medway Better Mental Health Pledge and announce a wide number of signatories (eg local authorities, charities, agencies and businesses). Each signatory will be required to develop their own mini action plan which could include initiatives to the support the wellbeing of their own staff as well as the people they work on behalf of (customers, residents, patients etc).

4.3 The wording of the Pledge is as follows;
"We pledge to take action to improve the mental health of our individuals and communities in Kent. We are proud to work with others across Kent and Medway to do the same. To ensure we get it right, we know that we must listen to our local population and to take the time to understand what impacts on their wellbeing."

4.4 In addition we will also be shortly launching the "*Kent and Medway Listens*" project. This will involve working with four community organisations across Kent to have conversations with individuals across the county, particularly those communities which are seldom heard, about their wellbeing after 18 months of living with COVID-19. We want to know what, and how, people are feeling, and what needs to be done (at individual, community or system level) to improve wellbeing.

5. New Support Service for People Bereaved by Suicide

5.1 Three years' worth of external funding has been secured to provide a new support service for people bereaved by suicide. This service provides emotional and practical support to individuals and families in the days, weeks and months after the death of a loved one in suspected suicide. They can also provide support to people who have been bereaved by suicide in previous years. The new service (provided by an independent charity Listening Ear) started operating in July 21 and anyone can make referrals by visiting www.amparo.org.uk/refer/

6. Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to:

1) **CONSIDER** and **ENDORSE** the Preventing Suicide in Kent and Medway: 2021-25 Strategy
2) **COMMENT** on the suicide prevention programme

7. Appendix

Appendix 1 - 2020/21 Suicide Prevention Programme

Appendix 2 - Supporting context and detail for KM Suicide and self-harm prevention strategies 2021-25

Appendix 3 - The detailed report analysing the responses to the public consultation to the Kent and Medway Suicide Prevention Strategy

Appendix 4 - The detailed report analysing the responses to the public consultation to the Kent and Medway Children and Young People Suicide Prevention Strategy

8. Paper prepared by

Jessica.Mookherjee@kent.gov.uk KCC Public Health Consultant
tim.woodhouse@kent.gov.uk KCC Suicide Prevention Programme Manager

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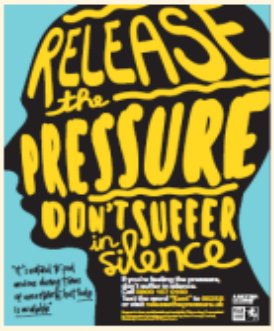
Appendix 1 - 2020/21 Suicide Prevention Programme

Kent & Medway Suicide and Self-Harm Prevention Programme

Annual Report 2020/21

Reducing the risk in high priority groups



20,000 people helped by calling our 24/7 helpline

"You guys are amazing, you have saved my life"

27,000 visitors to www.releasethepressure.uk

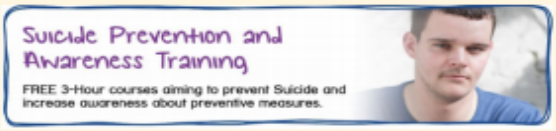
768 people completed our adult suicide prevention training

1,339 people completed our suicide prevention e-learning modules

218 people completed our children and young people suicide prevention training

"I'm really grateful that I had someone to turn to in times of need"

19,000 people found support through our new 24/7 text message support service



Tailored approaches to improve mental health and wellbeing across the whole population

Funded 11 community level projects via the Saving Lives Innovation Fund

Supported delivery of over 800,000 "How are you feeling?" booklets to every household in Kent & Medway
www.kentandmedwayccg.nhs.uk/mental-wellbeing-information-hub

Reduced access to the means of suicide

Kent Police

Developed a new Real Time Surveillance System in partnership with Kent Police, which provides regular insights into the latest incidents.

Supported research, data collection and monitoring

Completed nationally unique research into the relationship between domestic abuse and suicide which is already shaping national and local policy

> **"We don't know a lot - but we know enough to know that we should be concerned."**

Worked with Canterbury Christ Church University on a piece of research 'Factors Deterring and Promoting the Decision to Attempt Suicide at CostalL Locations: A Multi-Methodological Analysis'

Supported the media in delivering sensitive approaches to suicide

Placed a number of positive stories on mental health in local media and corrected insensitive reporting

Provide better information and support for those bereaved by suicide

AMPARO support following suicide

Secured three year funding for a new support service for people bereaved by suicide - https://amparo.org.uk/refer

Distributed over 200 copies of Help is at Hand to funeral directors across Kent & Medway

Secured an additional £450k funding for other suicide prevention projects

BeYou PROJECT

citizens advice

we are withyou

NHS Kent and Medway NHS and Social Care Partnership Trust

Transforming health and social care in Kent and Medway

Supporting context and detail for;

Preventing Suicide in Kent and Medway: Strategy 2021-25, and the Preventing Suicide in Children and Young People in Kent and Medway: Strategy 2021-25

This strategy has been updated following consultation feedback. It is due to go for approval this Autumn, after which the final version will be uploaded to the consultation webpage.

If you have any comments or questions about this document please email suicideprevention@kent.gov.uk

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Medway Council Serving You

Kent County Council kent.gov.uk

NHS

Philosophy:
The ultimate aspiration and motivation is to have zero suicides within our community

Our objective:

To reduce suicide and self-harm as much as possible in Kent and Medway

Contents

Introduction

It is important to understand how this strategy is set out in order to proceed with the consultation process

Overview

Every suicide is a tragic event which has a devastating impact on the friends and family of the victim, and can be felt across the whole community.

This document provides the context and detail for:

The Kent and Medway Suicide and Self-harm Prevention Strategy 2021-25 &

The Children and Young People Suicide and Self-harm Prevention Strategy 2021-25

The economic cost of every suicide in England is estimated at…

£1.7 mil

.. but that pales into insignificance when you consider the pain and grief experienced by families and friends.

"Now that they are gone, I know I will never be truly happy again."

Research has found that up to

135

people are affected to some degree, by every person lost to suicide.

These strategies are the continuation of work undertaken as a result of the **2015-2020 Kent and Medway Suicide Prevention Strategy.**

While local suicide rates have gone **down slightly** in recent years, even one death is one too many so there is still much to be done.

Kent and Medway currently has a **similar rate of suicide** compared to the national average.

These strategy combine evidence from suicide patterns in Kent & Medway with national research and policy direction.

It is clear from both local and national experience that it is not possible for one agency working alone to prevent suicides; most progress can be made when the public sector, charities and companies **work together to deliver a range of measures.**

These strategies have been developed by the Kent and Medway Suicide and Self-harm Prevention Network, which consists of over 130 partners working together to reduce the number of suicides.

A **consultation** (featuring discussions with existing partnerships and an online survey) was undertaken to ensure that the widest number of individuals and organisations had their chance to input into the strategies. Further details can be found on the next slides.

To ensure that these strategies do not discriminate unfairly against any particular group within Kent and Medway, an **equality impact assessment** (EqIA) has also been undertaken, which is available on request.

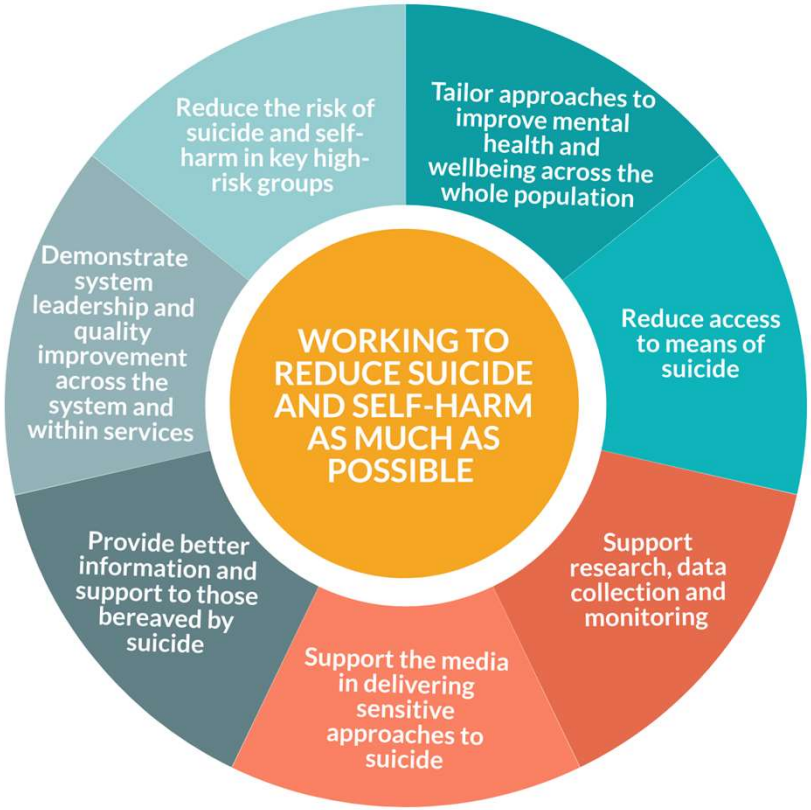
The Suicide Prevention Network will co-ordinate the Strategies' action plan and monitor progress against the strategic priorities at regular meetings.

Consultation process

Consultation process timeline

As part of the consultation process, we invited responses from as many **organisations, agencies and individuals with lived experience** as possible.

During the consultation process we took people's views on our seven strategic priorities;



The public consultation opened on 3rd February 2021 and ran until 18th March 2021.

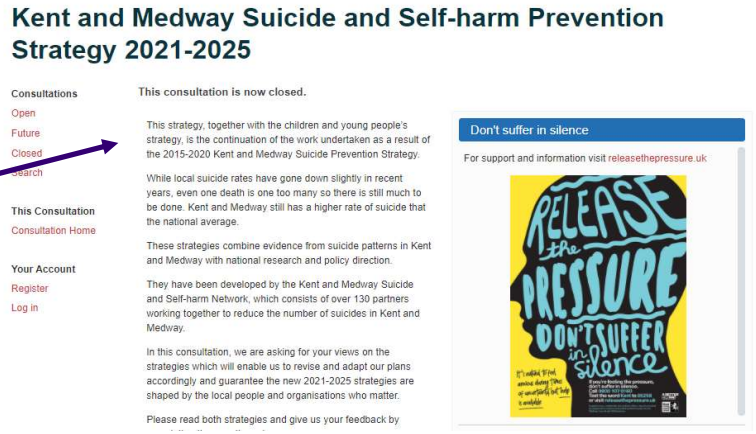
Ensuring we had responses from a range of individuals has allowed us to revise and adapt our plans accordingly and guarantee the **new 2021-2025 strategies are shaped by the local people and organisations who matter.**

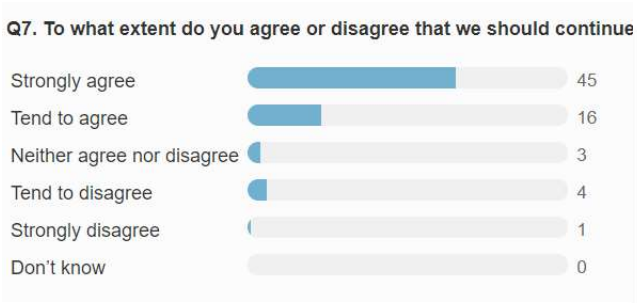
The following documents were available as part of the consultation
The Kent and Medway Suicide Prevention Strategy
The Children and Young People Suicide and Self-harm Prevention Strategy
Supporting context and detail for the Strategies (this document)
Data and evidence updates for both the all-age Strategy and the CYP Strategy
An Equality Impact Assessment

Taking this strategy out to consultation ensures peoples views and experiences are heard; this allows us to further inform our strategy and make amendments where appropriate

Methodology

- 95 responses were received using our online consultation webpage. An additional 2 responses were received by email.





- Quantitative responses were generated through our consultation page.

- Qualitative (free text) responses were analysed using a thematic analysis/coding (involving a lot of reading and re-reading!)

	A	B	C	D	E	F	G	H	I	J
	Insert questions in columns A & B, Row 2 Add a new worksheet for each question	Add codes / theme / category to row 2 - one per column - starting on column C (add more columns as required)								
	Q9. Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of the priority groups.	**Code / Theme 1**	**Code / Theme 2**	**Code 3**	**Code 4**	**Code 5**	**Code 6**	**Code 7**	**Code 8**	**Code 9**
		0	0	0	0	0	0	0	0	0

Demographics

Who responded to the consultation?

71 residents of K&M

1 representative of a local community group

2 On behalf of a council (in an official capacity)

3 Parish/town/ borough/ district/county councillor

4 On behalf of an educational establishment

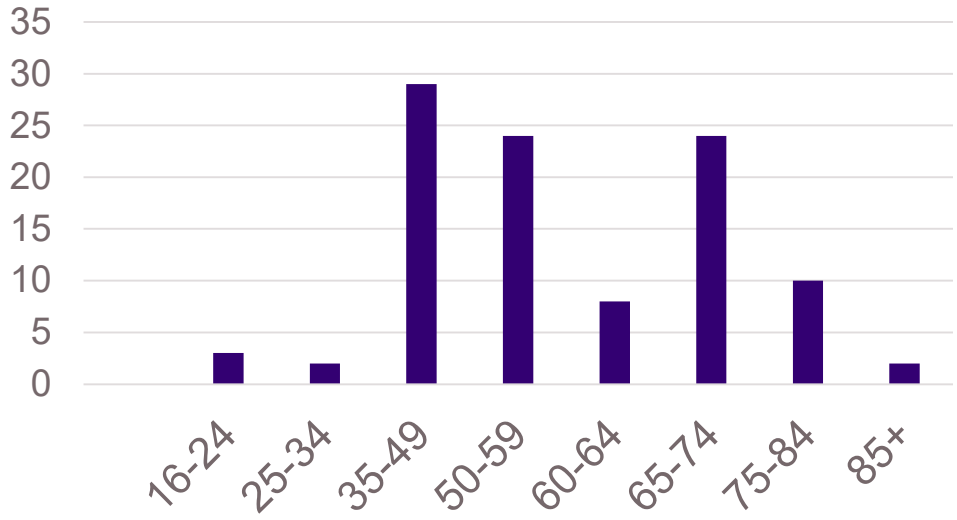
6 On behalf of a charity or VCS organisation

8 *'other'*

45% male **53% female**

2% preferred not to disclose gender

Respondents age range

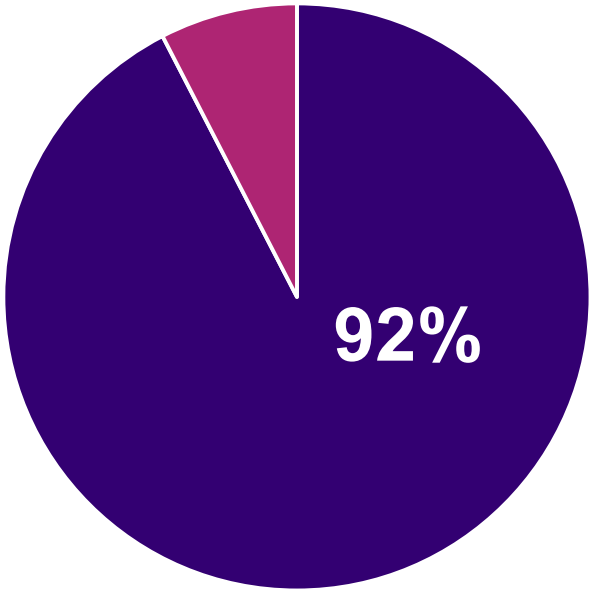


- **30%** considered themselves to have a disability
- **87%** identified as heterosexual, **8%** identified as bisexual, a gay man or a gay women.
- **84%** were White English, **15%** included individuals who were White Irish, White Other, White Asian, Mixed Other, Asian or Asian British: Pakistani.

Feedback from consultation

The responses were a mix of quantitative and qualitative feedback. We saw **overwhelming support** for our **strategic priorities** and key areas of focus.

Q6 To what extent do you agree or disagree that we should continue to follow national priorities?



Free text responses were analysed and put into key themes. Some examples of recurring themes are as follows (and on the next slides)*

The impact of Covid-19

"The potential risks that Covid-19 has caused, e.g. isolation intensifying / job loss / relationship breakdowns, all will have negative affects and people will need more support ."

How the final Strategy will address these points:

- We will strengthen our actions in monitoring the impact of Covid-19 on the mental health of the population.
- We will conduct an engagement/listening event as part of signing up to the Mental Health Concordat and will ensure the impact of Covid-19 is explored.

*please note these are only some examples of responses.

Feedback from consultation

Engaging and listening to local needs

"There needs to be involvement with the members of the public, as they are the ones who know their areas and communities best."

How the final Strategy will address these points:

- We will continue to follow national strategic priorities, but will make sure that our action plan is adapted to meet the needs of our local population.
- We will conduct an engagement event with seldom heard communities to ensure better understanding of our local public needs.

Training and education

"Better training is needed, especially those who are front line. Everyone should know practical steps and where to signpost"

How the final Strategy will address these points:

- We will continue to invest in suicide prevention training.
- We will continue to promote our Release the Pressure campaign to raise awareness of our two 24-hour support services.
- Promotion of ACE aware training

Feedback from consultation

Specific key groups that need more focus

"Health staff that have worked during the Covid pandemic."

"Help for the individual's family."

"Autistic adults."

How the final Strategy will address these points:

- Our Innovation Fund (of at least £250k) will be launched in 2020/21 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified.
- This feedback will also inform our programme of bespoke research into emerging or high-risk topics.

Improved support (access and availability)

"There needs to be a simple and clear message so Kent residents know exactly where to find support should they need it."

How the final Strategy will address these points:

- ..continue to promote our Release the Pressure campaign to raise awareness of our two 24 hour support services
- ..continue to invest in suicide prevention training
- ..continue promotion of Help is at Hand resources

National context

Taking a national policy context first, identifies the prevalence of suicides in England, before taking a local and more specific focus

Context

10%

Target to reduce suicide rates across the country by March 2021

The NHS Long-term Plan reaffirms the Government's commitment to making suicide prevention a priority over the next decade.

The Long Term Plan commits over

£20.5bil

into the NHS over the next five years…

...including

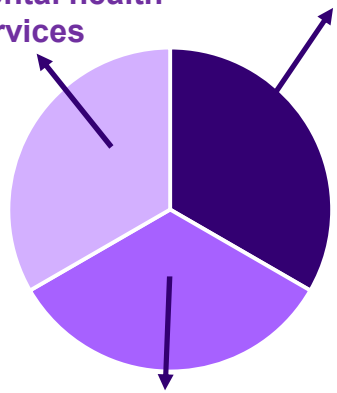
£2.5bil

for mental health

In the year before a death by suicide and in relation to **contact with the NHS**:

Around **1/3** have contact **with secondary mental health services**

Around **1/3** have contact **with primary care only**



Around **1/3** have **no contact with the NHS**

Prevalence

14

people take their own life everyday in England

5,316

registered suicides in 2019 in England

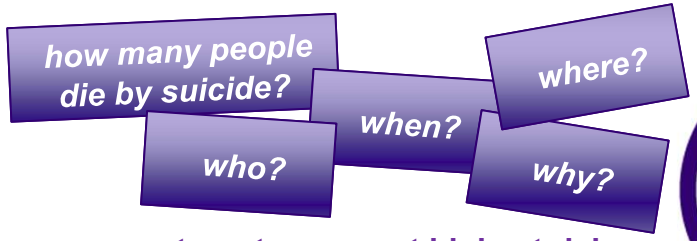
In 2018 the standard of proof used by coroners to determine whether a death was caused by suicide was changed. It is likely that lowering the standard of proof may result in an increased number of suicides.

¾ of suicide deaths in 2019 were male

males aged **45-49 years** had the highest age-specific suicide rate

rates among the **under 25s** have increased, particularly **10-24 year old** females

To **try and prevent suicides** we need to know…



…so we can **target groups at highest risk**.

Kent policy context

It is crucial to understand the Kent policy context, structures and priorities in order to understand where focus and activity is already happening or needed

Context

Kent County Council's Public Health team co-ordinates and leads the Kent and Medway Suicide and Self-harm Prevention Network, which includes a collection of over..

140

individuals representing a variety of agencies, charities and organisations.

We are led by data and evidence, however we are not afraid to try new innovative ideas.

We also lead the Children and Young People Suicide and Self-harm Prevention Network

Monthly update calls and highlight reports ensure our delivery stays on track

The Network developed and owns our 2015-2020 multi-agency suicide prevention strategy and action plan, which follows the national six priorities to reduce suicides:

Kent & Medway priorities
1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health and wellbeing in Kent and Medway
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved by suicide
5. Support the media in delivering sensitive approaches to suicide
6. Support research, data collection and monitoring

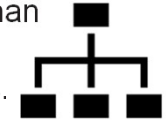
The Strategy is overseen by **KCC, Medway Council** and the **H&WB Board**

Because Kent and Medway suicide rates were higher than the national average, we were selected to be amongst **8 STP areas** to receive additional suicide prevention funding in 2018/19 for three years from **NHS England…**

Kent and Medway CCG have agreed to continue to fund the Suicide Prevention Programme when national funding stops

The 2021-2025 strategy aims to continue, refine and build upon the successful elements of the 2015/20 programme, but also to become more influential in wider parts of the system.

By shaping pathways and changing practice, the long-term impacts of the programme are going to be much more than the sum of the funded elements.



Kent and Medway suicide prevention structures

Kent and Medway Suicide Prevention Strategic Oversight Board

- Consists of Public Health, KMPT and CCG
- Meets monthly
- Responsible for setting strategic direction and taking financial decisions
- Prepares formal reports into KCC, Medway Council and CCG structures

Kent and Medway Suicide Prevention Network

- Consists of over 140 charities, agencies, individuals, academics etc
- Meets quarterly
- Responsible for drafting the 5 year strategy, best practice sharing, facilitating lived experience input, discussing issues and opportunities

Kent and Medway Children and Young People Suicide and Self-Harm Prevention Network

- Consists of charities, statutory agencies, individuals, etc
- Meets quarterly
- Responsible for drafting CYP Chapter for 5 year strategy, best practice sharing, discussing issues

Covid 19 Suicide Prevention Surveillance Group

- Consists of over PH, CCG, KMPT, Live Well, Healthwatch Kent
- Meets fortnightly
- Currently time limited to during coronavirus period

The impact of Covid-19

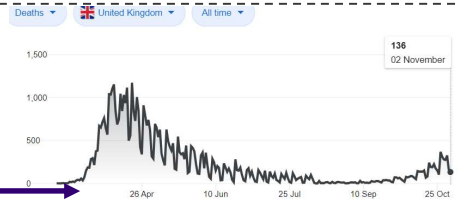
As a result of the current Covid-19 pandemic, the world has changed, therefore, it is important to set this context and look at how we have responded and reacted to the needs of our local population

National impact

The 2020 **Covid-19 global pandemic** has changed everything; how we live, work and socialise.

The various **lockdowns in 2020** resulted in school and work closures, as well as a societal change and strict restrictions and measures never seen before.

As of June 2021, there have been approx. **4.52 million confirmed** cases of the virus, of which has sadly resulted in at least **128K deaths.**



Unfortunately, many people's jobs were been placed on furlough, children remained home, and stressors and insecurity have never been so prevalent.

Lives have been lost as a result of the virus, causing bereavement, anxiety, and uncertainty for the future.

Nationally, in England, modelling predicts that up to **10 million people** (almost 20% of the population) will need **either new or additional mental health support** as a direct consequence of the crisis.

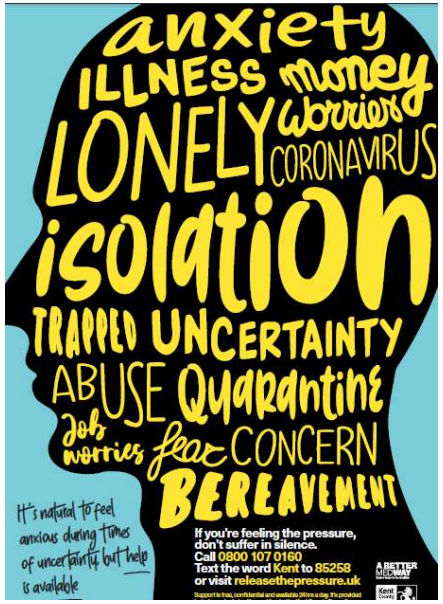
2020 will be remembered as the year the world changed; but so much is still unknown..

- *The mental health implications?*
- *The impact on suicide / self-harm rates?*
- *The impact on other risk factors (i.e. domestic abuse / job loss) that may subsequently impact mental health / suicidality amongst the population.*

Local response

Kent County Council and Medway Council have responded to the Covid-19 pandemic by changing the way some services are delivered and enhancing others.

In response to the mental health impact, **the Release the Pressure campaign was modified** to reflect the coronavirus circumstances. A new 24hr **text support service** was also introduced.



Suicide prevention training continued to be provided by MIND, this is now being presented via zoom. The take up rate of training remained strong during lockdown and there has been positive feedback.

We will continue to monitor the COVID impact and remain flexible to react according to the needs of the population and high risk groups.

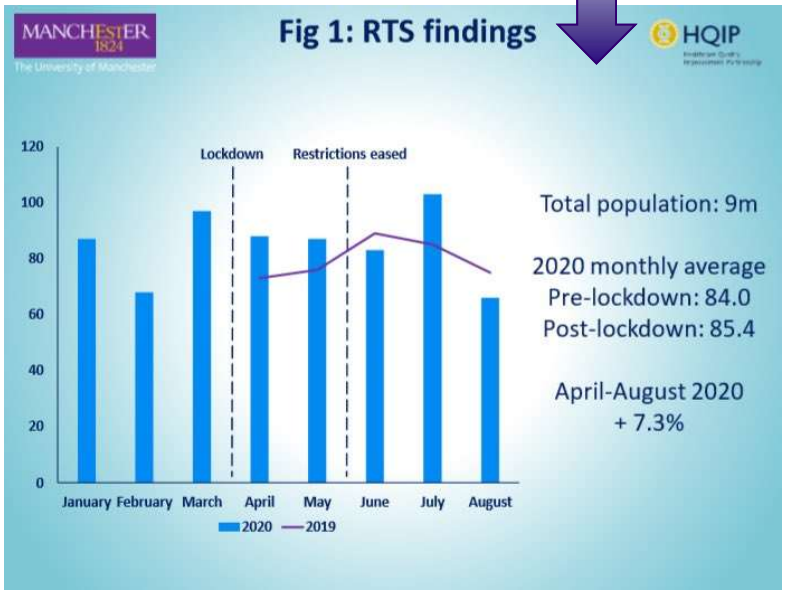
The impact of Covid-19

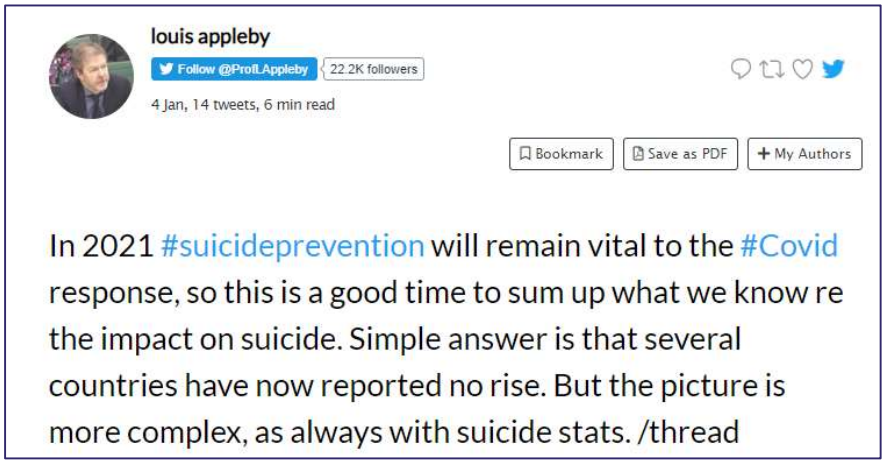
Research findings from NCISH

From the **start of the pandemic**, there was a concern that **suicide rates would rise.**

A number of countries have published national or state-level suicide data. **Most have found no effect.**

NCISH set up a new data collection ***real time surveillance (RTS) -*** as inquests can take months. The table below shows **no change pre – to post lockdow**n, at least in those areas with good quality RTS.





NCISH explained that their **conclusions were cautious.** These are very early figures and may change.

Within the overall finding, there could be different effects between populations sub-groups or geographical areas – after all, **the impact of COVID-19 itself has not been uniform across communities.**

What does this mean for Kent and Medway?

- We have established a new Real Time Suicide Surveillance system with Kent Police and will use it to monitor deaths and the factors influencing the individuals who die. We will respond to any trends and high risk groups we identify.

Suicide rates since 2011

Latest 3-year rolling average age-standardised suicide rates

	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
England	9.8	10.0	10.1	9.9	9.6	9.6	10.1
Kent	10.3	11.4	12.0	11.6	10.5	10.0	10.3
Medway	9.3	11.4	11.7	11.2	9.7	9.4	8.3

Age-standardised suicide rates (per 100,000) for local authorities, rolling three year aggregates, deaths registered 2011 to 2019. (By area of residency, 10+, male and female)

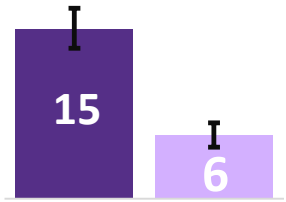
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority

Suicide statistics

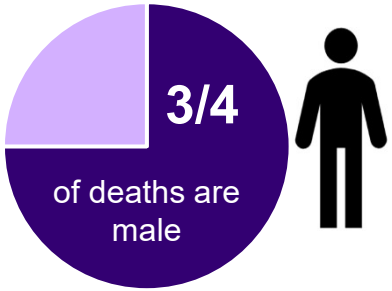
Kent and Medway suicide data

479

deaths from suicide across Kent & Medway in 2017-2019.



Rates per 100,000 population by gender in 2016-2018



Suicide rates in **Canterbury and Thanet** are the highest in Kent.

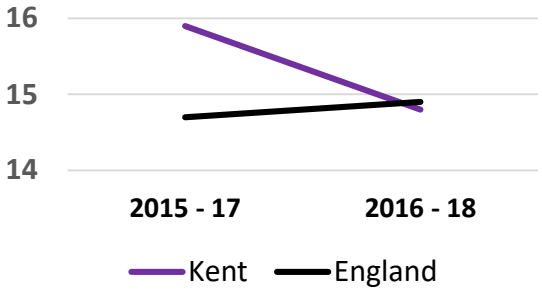
	2015-17	2016-18	2017-19
England	9.6	9.6	10.1
Kent	10.5	10.0	10.3
Medway	9.7	9.4	8.3

10.3 suicide deaths per **100,000 Kent** population in **2017-2019.**

8.3 suicide deaths per **100,000 Medway** population in **2017-2019.**

Kent and Medway have statistically similar 3-year rolling suicide rates when compared to the national average.

The male suicide rate in Kent has fallen in recent years

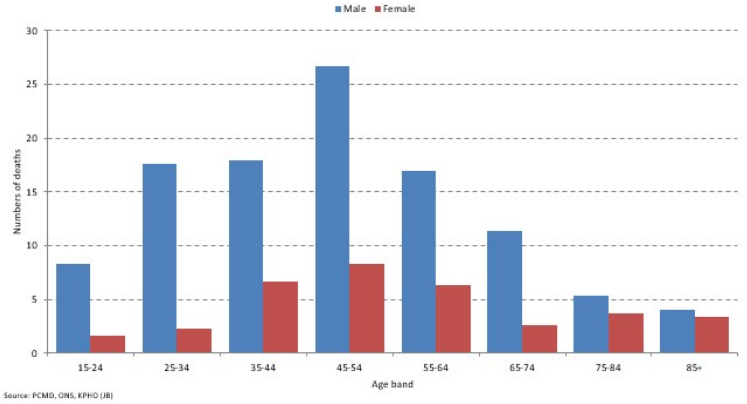


of people who died by suicide in Kent & Medway were…

…**NOT** known to secondary mental health services..

…but many of these people were in contact with primary care.

Middle aged men are at most risk, but deaths by **suicide occur in both genders, in every age group.**



Some **occupational groups** are at a particularly high suicide risk. Kent specific research found an increased suicide-risk for individuals who work in the..

- ❑ manual industry
- ❑ agriculture
- ❑ are unemployed

Debt, domestic abuse and **substance misuse** were additional risk factors relating to suicide attempts.

Self-harm statistics

Kent and Medway self-harm data

50%

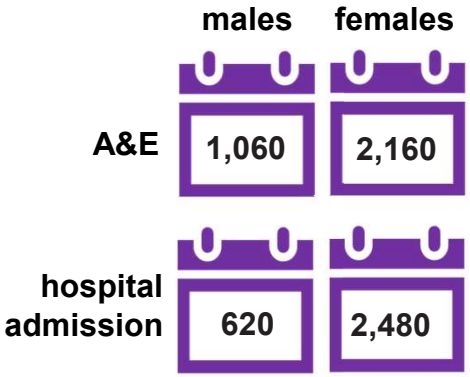
of people who die by suicide have a history of self-harm

Self-harm is a marker of mental distress and the single biggest risk factor for suicide

…but not everyone who dies by suicide will have a **history of self-harm…**

…and not everyone who self-harms will go on to **attempt suicide.**

Between 2011/12 and 2015/16 more **young women aged 10-19** were **seen at A&E and admitted into hospital** than young men.

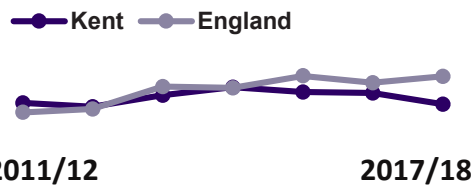


1,165

hospital admissions as a result of self-harm per 100,000 Kent and Medway population aged **10-24 years** in 2017/18.

16,733

hospital stays for self harm, per 100,000 in Kent and Medway.



the Kent crude rate of hospital admissions as a result of self-harm in 15 to 19-year old was higher than England in 2011/12, but is now lower than England in 2017/18.

It is estimated that

1in12

young people will self-harm at some point, and it can happen at any age.

It should be noted that **self-harm is a major risk** factor with **older adults** and **national research** is focusing on this age group and the extent of the problem of self harm.

Types of self-harm

There are many different ways people can intentionally self-harm:

- ❑ cutting or burning skin
- ❑ punching or hitting themselves
- ❑ poisoning themselves with tablets or liquid

There are also less risky "replacement" habits which can be encouraged

Research probably **under-estimates** how common self-harm is.

Data is usually based on surveys of people who go to hospital or their GP, but we know a lot of people **do not seek help after self-harming.**

Children and Young People

Kent and Medway Children and Young People

Although deaths by suicide at any age are tragic, deaths amongst children and young people are particularly painful.

Lives ended before they really begin are extremely upsetting for friends, parents, siblings and the whole community.

We have produced a separate **CYP 2021-2025 Suicide and Self-Harm Prevention Strategy.** This is available on request.

The Child Death Overview Panel investigates each individual death of children and young people in Kent.

Any lessons that can be learnt are shared with relevant partners.

The University of Kent have completed a thematic analysis of recent suicides amongst children and young people, to identify trends and opportunities to do things differently. To read the document in full, see link https://tinyurl.com/y2wt3bo3

It is estimated that in Kent and Medway..

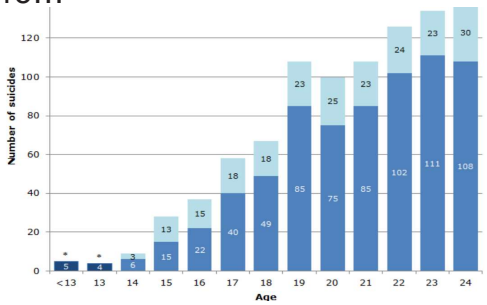
35,856

children and young people have a mental health condition.

Suicides by women under 25 have increased over recent years nationally. These deaths accounted for **10%** of all female suicides in the UK, a similar proportion compared to young men.

National research into children and young people suicides has found:

Of **922 suicides** by people aged **under 25** in England and Wales during 2014-2015…



The number of suicides at each age rose steadily in the late teens and early 20s.

The research also identified several themes:

25% of **under 20s** and **28%** of **20-24 year olds** had experienced **bereavement.**

21% of **under 20s** and **14%** of **20-24 year olds** were **university** or **college students.**

9% of **under 20s** who died had been **'looked after children'.**

6% of **under 20s** and **3%** of **20-24 year olds** were reported to be in the **LGBTQ+ community.**

Self-harm was reported in **52% of under 20s** and **41% of 20-24 year olds** who died.

60% in **both age groups** were **known to secondary mental health services**. Around **40%** had been in **recent contact**.

Review of 2015-2020 strategy

Reviewing the 2015-2020 strategy allows us to look back on what activity has and has not worked well, and what focus is needed for the future strategy.

The 2010-15 Kent and Medway Suicide Prevention Strategy focused on six priority areas. This table captures the headline activity over the last 5 years. (The limited space available means it is far from a complete record but we go into more details on some projects in the next few slides)

1. To reduce the risk of suicide in key high-risk groups we…

- Launched the Release the Pressure social marketing campaign to increase the chances of people seeking help
- Worked with KMPT, primary care and other health partners to increase safety and quality within services
- Funded 50 community level projects through the Saving Lives Innovation Fund
- Added a specific Children and Young People's Action Plan in 2018

2. To tailor approaches to improve mental health & wellbeing in Kent we…

- Funded over 5,000 places over Mental Health First Aid and Suicide Prevention Training
- Supported national campaigns such as Time to Change and Every Mind Matters
- Delivered specific campaigns and programmes with other high risk groups, areas or businesses

3. To reduce access to the means of suicide we…

- Adopted the Kent and Medway Suicide Cluster Protocol in 2016
- Developed an informal surveillance network which regularly identifies unusual patterns or areas of concern
- Funded a major replacement programme of Samaritan's bridge signage in 2018/19
- Worked closely with Network Rail, Highways England and major landowners regarding sites of concern

4. To support research, data collection and monitoring we…

- Conducted an annual analysis of suicide data
- Hosted a Darzi Fellowship to explore help-seeking behaviour amongst men
- Conducted bespoke research into the links between domestic abuse and suicide, as well as the impact of debt
- We commissioned a thematic analysis of suicides amongst children and young people

5. To support the media in delivering sensitive approaches to suicide we…

- Worked with local media outlets to promote positive stories about mental health and help-seeking behaviour
- Contacted editors and reporters when inappropriate reporting is identified
- Promoted the Samaritans Media Guidelines

6. To provide better information and support to those bereaved by suicide we…

- Gave support to local Survivors of Bereavement by Suicide groups (including a new group in Canterbury)
- Funded research into the needs of bereaved families as part of 2019 Innovation Fund
- Promoted Help is at Hand support toolkit to bereaved families

Release the Pressure

Kent and Medway Social Marketing Campaign

The social marketing campaign is designed to..

- Increase awareness of a **24/7 support line**
- Increase **men's willingness** to call the helpline

Since 2015, the 24hr support line at the heart of the campaign has responded to

104,245

calls from people in distress

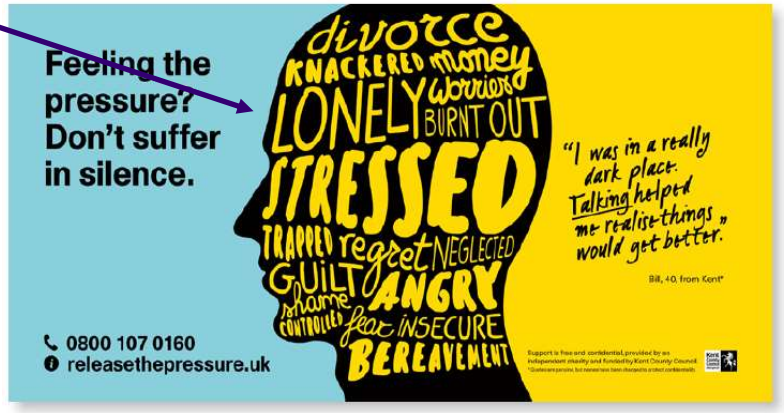
"I hope you realise you have saved my life"

"This service helped keep me alive and got me the help I needed"

"You have all saved my life several times and I thank you from the bottom of my heart"

The campaign highlights **real life events**, rather than mental illness as the potential trigger

24/7 text service available by texting the word **Kent or Medway to 85258**



The campaign is promoted with advertising in **service stations, pubs, on radio, TV and online**

Adverts are used to ensure that when people search for '***how to kill myself***' or similar terms, Release the Pressure is the first link they see.

Financial year	Calls handled
2015/16	14,322
2016/17	19,724
2017/18	20,445
2018/19	23,765
2019/20	25,979

113,911

visits to the Release the Pressure webpage from 2016

Other highlights from 2015-2020

Highlighting the impact of recent activity

Suicide Prevention & Awareness Training

mind for better mental health | Maidstone and Mid-Kent

Supporting adults

2,828
people trained

	Before	After
Knowledge	6/10	9/10
Confidence	5/10	8/10

mind for better mental health | West Kent

Supporting young people

1,256
people trained

	Before	After
Knowledge	3/10	8/10
Confidence	3/10	8/10

"This assisted me when I was talking to someone who was suicidal and I helped prevent them from completing their plan"

"The training you provided came in useful on Friday evening when I spent an hour persuading a young man not to {end his own life}"

1250
people have taken the Suicide Prevention & Awareness e-learning module

Innovation Fund

49
projects funded via year 1 & 2 and legacy fund

The Saving Lives Innovation Fund was **launched in 2018**

The aim is to fund new projects with innovative ideas designed to **prevent suicide, save lives and reduce self-harm**

Over 2000
people were reached through innovation fund projects

1000
of those were not already known to the organisation

"And I believe deep in my heart it {the project} will save lives. In fact, it already has"

"I have learnt to let my emotions out in a better and safer way"

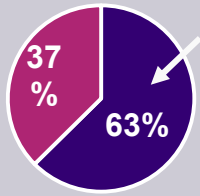
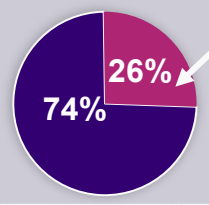
"To hear I'm not alone in how I felt is a comfort. This has been an amazing experience"

Kent and Medway recognised as best practice

- ❑ Invited to join NSPA Steering Group
- ❑ Many requests to speak at national events
- ❑ Release the Pressure and Innovation Fund replicated across the country
- ❑ Two national awards
- ❑ But we are not complacent – there is lots more to be done

Research Impact

We have conducted several pieces of our own research between 2015 & 2020

	Domestic Abuse	Debt	Coroners	Prisons
What we found	Providers were asked to provide data regarding DA and suicidality.  answered **YES** to ***'are you feeling depressed or having suicidal thoughts?'*** National Domestic Homicide Reviews were examined.  **93** DHRs 26% were **completed suicides**; either the victim or perpetrator	Nationally… **1 in 8** people in problem debt (13%) have thought about suicide and **3%** have attempted suicide. **Kent specific research** Of **119** coroner cases **6** specifically noted debt as a specific trigger.	Deep dive study into **119 inquest verdicts.** The most common characteristics were the following: • **Male** –from **50 – 59 years**. • Recent **family breakdown/bereavement** • **Unemployed** • They were **not known to secondary mental health** services • Had a **prior history of mental health issues** • History of **alcohol/drug use**.	Nationally… **1,830** deaths in prison custody from **2008 to 2016** **Kent specific research** • Particular groups of prisoners are at high risk of suicide (**on remand; history of MH, 'lifers**') • Prisons with higher proportion of the 'most vulnerable' prisoners face particular challenges.
How we used the research to shape priorities	• DA providers and staff be trained in suicide prevention training. • Mental health providers and staff to be trained in DA training. • We have funded Oasis Domestic Abuse provider to pilot an '*understanding trauma'* project.	• Funded 2 innovation projects exploring debt. • Borough level workshop to develop a local suicide prevention and self-harm reduction plan • A Money and Mental Heath project with Citizens Advice	• How best to work with the coroners office in the future • Focus on high-risk suicide triggers • Supporting families and friends bereaved by suicide • Consider a real time surveillance to provide impactful bereavement support	• Identify and respond to suicide clusters and contagion • Suicide Prevention training for Kent prison staff • Promotion of Release the Pressure in Prisons

Draft strategic priorities for 2021-2025

Proposing the new draft 2021-2025 strategic priorities ensures that comments and amendments can be made before finalising this strategy

This table sets out the strategic priorities which gained overwhelming support during our public consultation. Our annual workplan produced every year will respond in more detail into each of the below areas.

1. Reduce the risk of suicide in key high-risk groups

- Middle aged men
- People with a previous suicide attempt
- People with a history of self harm
- People known to secondary mental health services
- People who misuse drugs and alcohol
- People who are impacted by domestic abuse
- People with problematic debt
- Children and young people

2. Tailor approaches to improve mental health & wellbeing across the whole population and within the following priority groups

- LGBTQI+
- Military & veterans
- Students
- People with learning disabilities
- Ethnic and religious minorities
- Individuals impacted by family breakdown or separation
- Prisoners and other people in contact with the criminal justice system

3. Reduce access to the means of suicide and self-harm

- Continue informal surveillance network regularly identifies unusual patterns or areas of concern
- Further develop the new Real Time Suicide Surveillance system with Kent Police
- Continue to work closely with Network Rail, Highways England and major landowners regarding sites of concern
- Work closely with Port of London Authority, HM Coastguard, RNLI and other partners with an interest in water safety

4. Support research, data collection and monitoring

- Annual analysis of suicide data
- Bespoke research into new and emerging issues and trends

5. Support the media in delivering sensitive approaches to suicide

- Working with local media outlets to promote positive stories about mental health and help-seeking behaviour
- Contact with editors and reporters when inappropriate reporting is identified
- The promotion of the Samaritans Media Guidelines

6. Provide better information and support to those bereaved by suicide

- Commission a new Support Service for People Bereaved by Suicide
- Continue to support local Survivors of Bereavement by Suicide groups (including encouraging new groups across the county)
- Continued promotion of Help is at Hand

7. Demonstrate system leadership and quality improvement across the system and within services

- Work with commissioners and providers to improve safety and quality.

References

1. https://www.suicideinfo.ca/how-many-people-are-affected-by-one-suicide/
2. https://hgs.uhb.nhs.uk/wp-content/uploads/Suicide-and-Suicide-Prevention_SandB_Handout.pdf
3. https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/
4. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations
5. https://sites.manchester.ac.uk/ncish/

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Preventing Suicide in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

Appendix 3

Please note, this strategy has been updated following consultation feedback. It is due to go for approval this Autumn, after which the final version will be uploaded to the consultation webpage.

1. Executive summary

How was the draft Strategy developed?

- It was developed by the Kent and Medway Suicide Prevention Network. A partnership of over 150 organisations and individuals living with experience of suicidal thoughts, self-harm or bereavement by suicide.

How many people responded to the consultation?

- 95 responses received through the online form
- 2 additional responses received by email

Who responded to the consultation?

- Most responses were from individual residents of Kent and Medway
- A small number of schools, colleges, parish councils and voluntary sector organisations also responded.

What was the consensus view?

- The vast majority of responses supported the Strategic Priorities that are set out in the draft Strategy
- There was also strong support for the identified high-risk groups within the Strategy

Did anyone disagree with the contents of the strategy?

- While there was broad support for the Strategy, some people felt that other groups of individuals should be considered high risk, while other people commented that identifying any particular groups was inappropriate and everyone should be treated as an individual
- A lot of responses highlighted that the full impact of COVID-19 on the population's mental health isn't known yet, and the full economic fall out is still to be felt, so additional monitoring and flexibility in the response may be needed
- Some people felt that increased level of priority should be given within the Strategy to people who self-harm and who have made a suicide attempt

What will change as a result of the Consultation?

- The draft Strategy and associated Action Plan will be amended to take account of the feedback received.
- Comments will shape the way specific elements of the Action Plan are delivered, including the 2021 Innovation Fund and the 2021 research programme.

Preventing Suicide in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

Table of Contents

Preventing Suicide in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

1. Introduction:

This document provides a summary of the comments received through the public consultation on the draft Kent and Medway Suicide and Self-Harm Prevention Strategy 2021-2025 and provides recommendations on how these comments should be addressed in the final strategy.

The public consultation also asked for feedback on the draft Children and Young People's (CYP) Suicide Prevention Strategy 2021-2025. A detailed report of the responses received regarding the CYP Strategy can be found in a separate document. (Please email suicideprevention@kent.gov.uk for a copy).

The draft Suicide Prevention Strategy 2021-25 was developed by the Kent and Medway Suicide Prevention Network which is a well-established partnership made up of over 150 agencies, voluntary and community sector organisations and individuals living with experience of suicidal thoughts, self harm or being bereaved by suicide.

The aim of the draft Suicide Prevention Strategy is to reduce suicide and self-harm as much as possible, and the programme will work towards the ultimate philosophy and aspiration of zero suicides within our county.

It should be acknowledged that the Strategy was drafted, and the Public Consultation was held, during the global Covid-19 pandemic. The final impact of the pandemic on the mental health and well-being on the population will not be known for many months if not years, however the Suicide Prevention Programme will ensure the Strategy remains flexible enough to respond appropriately.

2. Consultation process:

In order to develop the Draft Strategy which was the subject of the Public Consultation, the Kent and Medway Suicide and Self-Harm Prevention Network discussed priorities and options during meetings in February and September 2020.

In addition, Medway Council and the Local Government Association ran a Strategy Development workshop in October 2020. This 3-hour workshop focused on reviewing the previous five year strategy and discussing around future strategic priorities. Break out rooms further enabled discussions and helped to shape the content of the draft strategy.

The input of the Kent and Medway Suicide Prevention Network during its regular meetings and through the Medway / LGA workshop was crucial in the development of the draft Strategy.

The slide below illustrates the range of organisations and individuals involved in developing the draft Strategy.

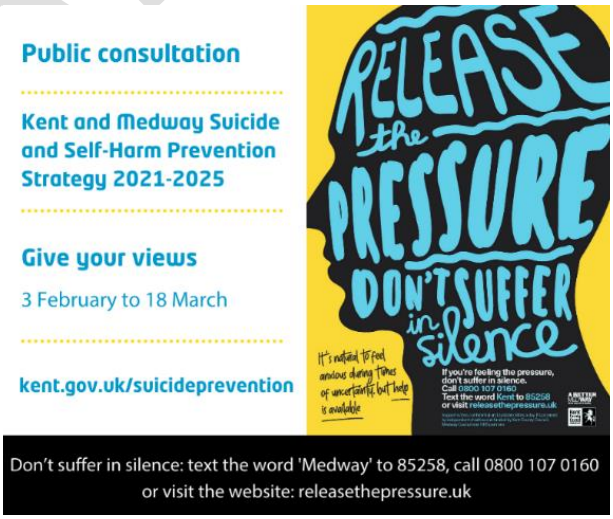
The public consultation period ran from 3rd February - 18th March 2021

The draft strategy, equality impact assessment, consultation questionnaire and other supporting documents were available online at www.kent.gov.uk/suicideprevention

2.1 Consultation and communication methods

Consultation and communication timeline:

Social media imagery example:
Alongside the promotion of the strategy, we promoted the Release the Pressure campaign, to ensure that those engaging with the consultation could seek help and support should they need it.



Equality and accessibility considerations:
KCC undertook the following steps to ensure the consultation was accessible to all:

- All consultation documents and the questionnaire were available to view and respond to online.
- Alternative formats were available on request and all promotional materials included details on how these could be requested. Microsoft Word versions of the strategy, EQIA and other supporting documents were available. There were no requests for alternative formats.

3. Respondents

3.1 Who responded?

The public consultation received 95 responses via the KCC consultation webpage. An additional 2 responses via free text (sent through to the suicideprevention@kent.gov.uk email address). From the 95 responses on the KCC consultation webpage, analysis shows in what capacity individuals were completing the questionnaire:

Table 1: Are you responding on behalf of…?

	Number
A resident of Kent or Medway	71
A representative of a local community group or residents' association	1
On behalf of a Parish / Town / Borough / District Council in an official capacity	2
A Parish / Town / Borough / District / County Councillor	3
On behalf of an educational establishment, such as a school or college	4
On behalf of a local business	0
On behalf of a charity, voluntary or community sector organisation (VCS)	6
Other	8
TOTAL	**95**

3.2 Demographics of respondents

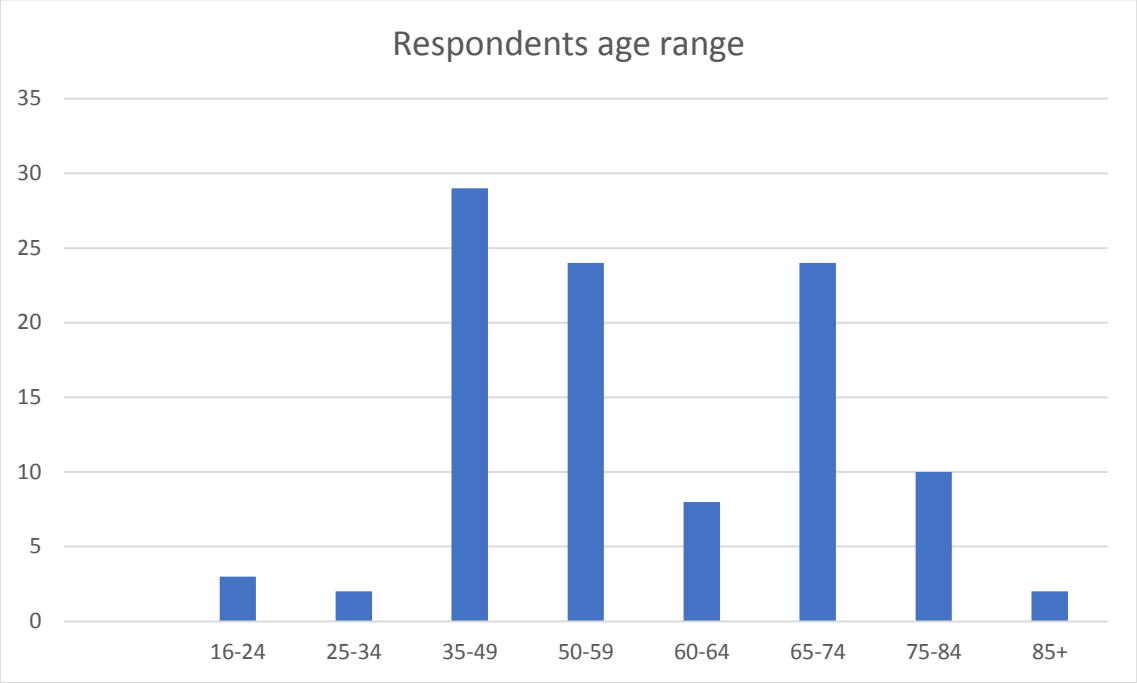
The consultation questionnaire included a series of optional '**about you'** questions, designed to capture anonymous information about the respondents' protected characteristics, such as gender, age, religion and disability. The information is used to check whether there are any differences in the views of different groups and to ensure that our strategic decisions are being made fairly.

The following analysis is based on those individuals that provided information (note that this section was optional, and some individuals preferred not to provide such information and individuals did not have to answer every question). A full profile of the respondents can be found in Appendix 1.

Of the individual respondents who provided information, the gender split was not substantial (45% of respondents were male and 53% were female and 2% preferred not to disclose their gender).

A higher proportion of people aged 35-49 responded to the consultation than any other age group (accounting for 29% of the respondents). This was closely followed by the 50-59 and 65-74 age range (both accounting for 24% of the respondents). The 16-34 age group made up only 5% of respondents. There were no respondents aged under 16, and only 1 respondent aged over 84.

Figure 1: Age of consultation respondents



Analysis of the results indicated that there is no significant variation in opinions or views between age groups, with all age groups showing similar levels of agreement to the questions.

Of those who provided information, 53% regarded themselves as belonging to a religion or belief, slightly lower than the overall population of Kent and Medway (65.5%).

Of the 95 respondents who provided information, 30% considered themselves to be disabled under the Equality Act 2010, this is significantly higher than the overall population of Kent and Medway (16.8%). Further analysis shows that 9 individuals had a mental health condition, 9 individuals had a longstanding illness or health condition, 6

had a physical impairment, 4 had sensory impairment and 1 individual had learning difficulties.

Of the those who provided information, 87% identified as heterosexual/straight. 8% identified as either bisexual, a gay man, or a gay woman/lesbian. 3 individuals 'preferred not to say'.

The final 'about you' section asked respondents about their ethnicity. 84% of respondents that answered, were White English, the remaining 15% included individuals who were White Irish, White Other, White and Asian, Mixed Other, Asian or Asian British: Pakistani and 1% preferred not to say.

4. Consultation responses:

This section will report the responses received for each question in turn. At the end of each Section of the Questionnaire, a highlighted box will outline how we will amend the Strategy as a result of the responses to the questions in that section.

(Please got to **Appendix 2** to see the full questionnaires used in the consultation).

4.1 Section 1 of the Questionnaire

Main Strategy - The review of the 2015-2020 strategy (contained within the supporting context and detail document for the draft 2021-2025 Strategy) highlighted a number of positive developments over the last five years.

Q1 Are you aware of other developments (not highlighted in the review of the 2015-2020 strategy) which should be recognized here?

Response	Number
Yes	11
No	69
Don't Know	14
TOTAL	**94**

Respondents who answered 'Yes' were asked to explain their answers. After conducting an analysis of these responses, four main themes emerged, these included:

- **The impact of Covid-19 –** responses outlined the potential change Covid-19 brings, potential unknowns around impact on mental health and suicides increasing, as well as isolation intensifying or worsening due to lockdowns.

- **The 'user voice'** – individuals noted positive progress enabling people to be honest and share their experiences.
- **Drug use** – discussion included the increase in young people taking legal and illegal drugs as well as the relationship between prescribed drugs and suicide (drugs used for hypertension, acne, depression)
- **Specific groups that need more focus** – these groups included: Supporting autistic adults; Support for those with adverse experiences by those with 'complex emotional difficulties'; Individuals impacted by family breakdown; with focus on middle aged men, relationship breakdown, family separation, victims of domestic abuse isolation, unemployment and debt.

National recommendations and discussions amongst the Kent and Medway Suicide and Self-harm Prevention Network have highlighted the following areas for increased support over the next five years:

- Strengthening support for individuals who self-harm.
- Strengthening support for individuals who have made a suicide attempt.
- Support individuals and families who have been bereaved by suicide.
- Supporting individuals impacted by domestic abuse.

Q2 To what extent do you agree or disagree that improvements can be made in these areas?

Response	Number
Strongly agree / tend to agree	88
Strongly disagree / tend to disagree	1
Neither agree nor disagree	4
Don't Know	1
TOTAL	**95**

Most comments supported the four identified areas above and there were several comments specifically encouraging additional support for individuals who self-harm. Respondents who disagreed were asked to explain their answer. After conducting an analysis of these responses, the following themes emerged:

- **Access to services** - responses outlined the issue of waiting until people reach a threshold to receive help as well as discussing access to CAMHS services needs to improve significantly.

- **Specific groups** – individuals noted several other groups they would like to see increase support, including: Females aged 15-24 years old; Exploring the social effects of the pandemic on young people.

Q3 What specific actions can be taken in relation to any of the above areas?

Responses were free text and hence a lot of qualitative feedback was provided. Respondents were asked to highlight which recommendation they were addressing, and these are detailed below. There are also other free text responses that don't necessarily fit into the four recommendations however, these have also been included to ensure we inform our strategy as closely to the views of the respondents.

Strengthening support for individuals who self-harm (8 responses)

Many responses included the need for mental health services to improve, noting that access is key. On the other hand, individuals also noted how charities and services see self-harm as too risky and therefore reject referrals, more training is needed around this issue. Specific mention of Children and Young People was also highlighted, with the need of schools to offer more support for the individual but also the families. Public awareness was also highlighted, with attitudes towards self-harm being described as more important than resources (ie not "blaming" people who self-harm).

Strengthening support for individuals who have made a suicide attempt (5 responses)

Responses all pointed towards strengthening support for individuals who have made a suicide attempt; individuals discussed the need for better support in the community, regular check-ins, interventions, and immediate support after being hospitalized. Also highlighted was the need for stronger partnerships between Community Mental Health Teams (CMHT) and third sector. Overall, individuals agreed that there is not enough capacity to support individual who need and want help, and a more understanding and responsive environment for individuals who attempt suicide is needed.

Support individuals and families who have been bereaved by suicide (5 responses)

The most common response was ensuring there is a specialized service and/or 1:1 support for individuals who have been bereaved by suicide. Practical advice such as understanding the inquest process/ coroner needs to improve, as well as training/education for front line workers, specifically individuals highlighting social workers and GPs.

Supporting individuals impacted by domestic abuse (6 responses)

Individuals discussed the need for support or funding for Refuges, and ensuring that families know where to turn to for help, including practical steps regarding awareness training for social workers so they appropriately support victims/abusers seeking information. More family support with specialist services is needed, and early intervention must be provided to reduce the long-term effects on family members. The final point made by the respondents, was more recognition needed for male victims of domestic abuse, and having a multi-agency approach to challenging how we currently support these men.

Not specific to the four highlighted recommendations but still noteworthy responses are listed below:

Reaching specific groups

- Accessibility, inclusivity and equality for Deaf and Deaf-Blind people
- Acknowledgement of hormonal/menopausal issues as a trigger of mental health
- A special effort is needed to publicize / reach out to minorities/ethnic groups
- Increased focus for Children and Young People

Support services and increases awareness of what support is available (12 responses)

Respondents discussed the importance of improving access to support and noted that secondary mental health services need to be improved. Individuals also discussed how talking therapies need to be more readily available and waiting times need to improve significantly. Another re-occurring point was ensuing that increased awareness of free resources needs to be made a priority so residents of Kent know exactly what help and support is available to them, when and if they should need it.

Q4 Are there any other areas where you believe improvements can be made?

Response	Number
Yes	59
No	12
Don't Know	22

If respondents answered 'yes' they were asked to provide further detail. Responses were very varied and focused on several areas, these are listed below:

- **Access to services** (2 responses) – Children and Adolescent Mental Health Services (CAMHS) access needs to improve, and delivery of all services needs to improve, especially regarding assessments and waiting lists.
- **Dedicated helpline** (2 responses) – Responses mentioned having a 24 hour mental health crisis service, in order to take pressure off the 999 service.

- **Focus on schools** (7 responses) – Focus was around engaging with young people at secondary school, enabling earlier identification of potential concerns and ensuring swifter support as well as more joined up thinking between schools and all agencies CYP may come into contact with.
- **Public engagement** (4 responses) – Responses discussed how there must be involvement with members of the public who know their areas and communities, as well as having a greater understanding and public awareness about mental health issues.
- **Training** (6 responses) – Individuals explained that better training is needed, especially for professionals who are front line. The breadth of training should also be widened, ensuring that individuals can offer the individual in need of support coping strategies so that they can cope short term, whilst waiting for professional help.
- **Research** (2 responses) – Responses discussed the need for research to be conducted around reducing access and means of suicide in coastal locations, and also opportunities of support groups for specific high-risk groups, with emphasis placed on experiential learning for men.
- **GPs and A&E staff** (4 responses) – Individuals noted the need for these staff groups to be trained and to have empathetic responses when dealing with individuals in need. Furthermore, responses also showed that there was concern for these staff groups too, and more support if needed for them, especially after the impact of the pandemic.

Responses to questions in Section 1 of the Consultation Questionnaire will influence our Strategy and associated Action Plan in the following ways:

We will strengthen our actions in monitoring the impact of Covid-19 on the mental wellbeing of the population.

We will conduct an engagement/listening event as part of signing up to the Mental Health Concordat and will ensure the impact of Covid-19 is explored

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified.

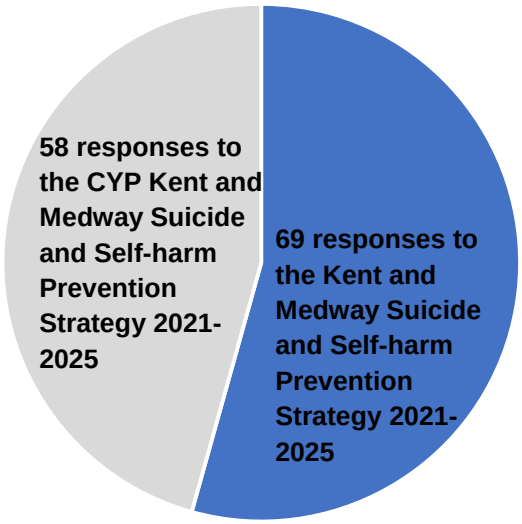
The Suicide Prevention Programme will work with the wider system to ensure improved support for people who self-harm or attempt to take their own life. Including working closely with the Community Mental Health Transformation Programme and the Crisis Care Transformation Programme

This feedback will inform our programme of bespoke research into emerging or high-risk topics.

4.2 Section 2

Q5 You can provide feedback on both the strategies or just one if you prefer, before moving on to Section 5

Figure 2: Response split to main strategy and CYP strategy



Please note than individuals could response to either strategy or both, hence why we have more than 95 responses noted above.

4.3 Section 3

Priorities for the new Strategy

The Suicide Prevention Steering Group believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Suicide and Self-harm Prevention Strategy.

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. Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention

Q6 To what extent do you agree or disagree that we should continue to follow the national priorities as stated above?

Response	Number
Strongly agree / tend to agree	61
Strongly disagree / tend to disagree	5
Neither agree nor disagree	3
Don't Know	1
TOTAL	**69**

If respondents answered 'tend to disagree' or 'strongly disagree' we asked them to explain their reasoning in more detail. After conducting an analysis, responses were separated into five main themes.

Covid-19 – individuals discussed the need to view everyone as 'high risk' post pandemic, specifically with concern around unemployment and impact once furlough schemes end.

Available information – 3 responses noted the importance of having simple and clear messaging, so Kent residents know where to find support should they need it. Practical steps and signposting were also highlighted.

Improvements needed locally – 6 individuals discussed the importance of local intervention and locally-focused actions specific to the local Kent population.

Reducing means of suicide – 3 individuals noted how reducing the access to means of suicide isn't as meaningful or possible to mitigate given that it is impossible to control all aspects of an individuals life; hence, more focus should be given to other areas.

Greater understanding of local public needs – an interesting point that emerged from the responses was ensuring KCC is listening to the needs of the people within our local demographic and understanding high risk groups within our population (i.e debt, housing issues, substance misuse).

Responses to Question 6 will influence our Strategy & Action Plan in the following ways:

We will continue to follow the national strategic priorities, but will make sure that our associated action plan is adapted to meet the needs of our local populations.

We will continue to promote our Release the Pressure campaign to raise awareness of our two 24 hour support options.

We will conduct an engagement event with seldom heard communities to ensure we better understand our local public needs.

Reduce the risk of suicide in key high-risk groups

The National Strategy has identified the high-risk groups, shown below, as priorities for suicide prevention interventions.

Q7 Are these the appropriate high-risk groups you would like to prioritise in the Kent and Medway Suicide and Self-harm Prevention Strategy?

The table shows whether respondents agree or disagree with the high-risk groups.

	Yes	No	Don't know
Young and middle-aged men	60	3	4
People with a previous suicide attempt	60	3	4
People with a history of self-harm	59	2	4
People known to secondary mental health services	57	3	5
People who misuse drugs and alcohol	47	9	7
People in contact with the criminal justice system	48	9	8
Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers	46	6	12
People with problematic debt	48	7	11
People who are impacted by domestic abuse	57	3	7
Children and young people	57	3	8

If respondents had answered 'no' to any of the suggested priority groups, they were asked what changed they would like to see made/what groups should be focused on. The responses are below:

- Everyone should be viewed as equal risk (3 responses)
- Health staff that have worked during the Covid pandemic (2 responses)
- LGBTQ+
- Other contributing factors; relationship and family breakdown, eating disorders.

Q7a Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of the priority groups.

People impacted by domestic abuse - Responses included making it easier for victims to find safe accommodation and the means to support themselves. Individuals also

discussed using schools as a safe place to request mental health support.

People with problematic debt Responses discussed linking up with banks or building societies to flag those in high levels of debt and to offer them support.

Children and young people – individuals discussed the need for targeted work with children, ensuring that they say what would help them. Other responses included creating youth and community groups to strengthen young people's self-esteem and increase their resilience. Discussion also focused on the wrap around approach needed from schools and parents, ensuring that CYP are supported, especially those with family issues which could be contributing factors to poor mental health.

Responses to Question 7 and 7a will influence our Strategy & Action Plan in the following ways:

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified

This feedback will inform our programme of bespoke research into emerging or high-risk topics.

Tailor approaches to improve mental health in specific groups

The previous strategy identified the groups, shown below, as those most in need of measures to improve their mental health.

Q8. Are these the groups that you would like to see identified in the new strategy?

	Yes	No	Don't know
LGBTQ+	43	10	11
Military and veterans	54	4	8
Students	52	10	5
People with learning disabilities	46	6	11
Ethnic and religious minorities	38	13	12
Individuals impacted by family breakdown or separation	57	5	5
Prisoners and other people in contact with the	43	11	11

criminal justice system

Q8a. If you have answered 'no' to any of the suggested groups, what changes would you like to see made?

Responses were split into two main themes here; individuals wanting *other specific groups* and other individuals believing there should *not be specific groups.* More detailed analysis of responses, can be seen below:

Against having specific groups – 6 responses discussed that we need to 'break up the categories' as being part of a specific group should not see individuals get better support or determine what help they receive. Individuals discussed that everyone has issues or challenges within their lives, and not just those with protected characteristics.

Other specific groups need focus -

- Diagnosis of personality disorder
- Individuals with neurodiversity
- Asylum seekers
- Help for the individual's family seeking support, so they can best support them.

Responses to Question 8 and 8a will influence our Strategy & Action Plan in the following ways:

While we understand that every individual has a suicide risk, there is evidence to suggest that certain groups are at higher risk and by targeting campaigns, interventions and research we hope to be able to reduce the risk.

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified

This feedback will inform our programme of bespoke research into emerging or high-risk topics.

Reduce access to the means of suicide

Reducing a suicidal person's access to lethal means is an important part of a comprehensive approach to suicide prevention.

Q9. How can we reduce suicides in Kent and Medway by controlling access to the means of suicide?

An analysis was conducted on the responses, which saw five key themes emerge, these included:

Unable to control access to the means of suicide – 8 responses said that you simply cannot look over someone's shoulder at all times and therefore, it is very difficult to control / achieve. Individuals noted that more focus needs to be on other preventions rather than this recommendation.

Surveillance – 4 individuals discussed the need for actively monitored CCTV, especially in known places. Responses explained that also closing specific places (coastal car parks/shopping car parks) or adding cameras to flag vulnerable individuals could be useful in reducing the access to the means of suicide.

Practical changes – 10 responses looked at changes that could happen within our local area, with 6 of these individuals specifically noting the importance of increasing the size of bridges and anti-climb proof, and therefore, making it harder for an individual to access. Other responses explained that there needs to be an increased awareness and intervention skills within the community so that those first on the scene are better equipped to deal with the situation (specifically, staff working in high-risk locations).

Research is needed – 4 individuals highlighted the need for research, so we have the intelligence that gives insight into how means of suicide are accessed. Suggestions also included looking at Serious Incident Records as well as contacting fire brigades and coast guards as these are often looked over individuals who may provide useful information and insight to this area. Also discussed were geographically profiling locations which are used more than once for either an attempted or completed suicide, enabling us to remove access if appropriate.

Social media – 5 individuals discussed the importance social media plays in reducing access to the means of suicide, as social media can play a role in promoting certain methods of suicide or self-harm and individuals can access potentially dangerous information and damaging messaging. All responses wanted to see tighter restrictions on social media, removing posts or sites that are damaging and enforce the inclusion of links to support organisations to encourage those who are suicidal to seek help.

Responses to Question 9 will influence our Strategy & Action Plan in the following ways:

We will continue regular analysis of Real Time Suicide Surveillance which will give us the ability to design targeted and evidence-based interventions.

We will conduct or commission bespoke research into emerging or high-risk topics, accounting for the responses given above.

We will consider piloting new technology to reduce the risk relating to high risk locations

We will continue to work closely with Kent Police, Highways England, the Port of London Authority and other land owners

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

Q10. What is the best way of providing information and support to those bereaved or affected by suicide?

An analysis was conducted on the responses, which saw 5 key themes emerge, these included:

One to one support – 5 individuals explained that the support needed for those bereaved or affected by suicide needs to be one to one support (either face to face or over the phone) as this is thought to offer the most suitable and effective support.

Other forms of support – 10 responses discussed a varied range of support, these included, online support groups (via Facebook), creating a support network of those who have been bereaved by suicide and are willing to talk about their own experiences and coping strategies they have shared and developed, continued promotion of charities such as Survivors of Bereaved by Suicide (SOBS) and GP surgeries being trained in bereavement counselling.

An additional 3 responses noted the need for support within the community (examples that were given included; faith communities, sports clubs, schools, community organisations).

Timely support – 5 individuals discussed the importance of offering support to the families as soon as possible (preferably from the Police), this should be offered as early after the event as possible. Responses also highlighted that a follow-up support service needs to happen, as individuals may not initially accept the offer of support/ bereaved individuals needs support available whenever they need, rather than a set period of time.

An additional 3 responses highlighted the importance of the support being offer for as long as required and to avoid putting a time limit on how long support can be accessed for.

Information and education – 12 individuals highlighted the need for more information resources, specially noting that leaflets should be available (either issued by the Police or from Doctor surgeries). Bereaved individuals need basic information offering support but also practical advice. Responses discussed that written information is useful as it can be used as a tool to build conversations whilst also giving the bereaved person choice when to read the information in their own time. 4 individuals specifically highlighted the need for promotion of support through social media, ensuring individuals know where to go for support and who to contact for advice.

Research into the topic – 5 responses discussed that work needs to be done with individuals bereaved by suicide, to understand what helped or did not help when they were impacted. Individuals suggested both quantitative and qualitative research, as well

as looking at timescales regarding when the support is most needed, as immediate needs are very different to 12+ months later. The responses suggested co-production working with charities and organisations who support those affected by suicide, in order for best practice to be taken forward into Kent and Medway.

Responses to Question 10 will influence our Strategy & Action Plan in the following ways:

These responses will be shared with the provider of our new Support Service of People Bereaved by Suicide (to launch in the summer of 2021) and they will inform and shape the mobilisation and delivery of the new service.

Continued promotion of Help is at Hand resources.

Demonstrate system leadership and quality improvement across the system and within services

Q11. How can we demonstrate system leadership and quality improvement across the system and within services?

An analysis was conducted on the responses, with many varied opinions on how we can demonstrate system leadership and quality improvement across the system and within the service. 3 key themes emerged, which includes:

Promoting awareness and training – 8 individuals discussed the importance of investing in front line, well trained staff, as well as promoting awareness and training to staff and management. Responses focused on education and ensuring information is available and accessible for all.

Accountability and transparency – 7 responses focused on how there needs to be more transparency around lessons learnt from previous cases, ensuring everyone can learn from mistake, as well as having accountability within the services. Individuals highlighted that government needs to give timely direction to councils and engage with senior leadership to develop a common audit tool or framework that can be utilised across a range of settings.

Demonstrate positive practice and what's worked well – 7 individuals believed in sharing worked examples, without divulging any personal information, as an excellent way of showing that the system is working and making a difference. Discussion was around demonstrating success of projects and sharing good practice and what is currently working well.

Responses to Question 11 will influence our Strategy & Action Plan in the following ways:

We will continue to invest in suicide prevention training, including the promotion of ACE aware training.

We will continue to highlight and share best practice as well as learning from serious incidents to reduce future risk

Question 12: Please tell us if you have any other comments about the draft Kent and Medway Suicide and Self-harm Prevention Strategy.

Overall agreement and positive feedback – 6 responses highlighted that the strategy was focusing on the correct areas. Other feedback noted that the strategy was easy to read and very well written. The consultation had also inspired a particular Parish Council to publicise the Release the Pressure campaign around their village.

Highlighting specific groups – 8 responses wanted a final chance to highlight specific groups they were concerned about, these included:

- The large numbers of people who have lost their jobs/livelihoods due to the pandemic.
- The isolated/lonely
- Offering support to families that need help budgeting.
- Broadening the scope to include coastguards, ferry service, fisherman
- Exploring the intersections of groups; focusing on family separation, relationship breakdown, parental conflict, unemployment and debt, isolation and loneliness from a diverse range of ages, socio-economic backgrounds and minority backgrounds
- The Deaf Community and ensuring final and approved strategy and other resources are available in BSL.
- Ensuring support for anyone bereaved by suicide, specifically from the wider network of family and friends as they can be deeply affected.

Responses to Question 12 will influence our Strategy & Action Plan in the following ways:

We will continue to monitor the impact of COVID-19 and in particular the economic impact which has yet to be fully felt.

We will continue to monitor the Real Time Suicide Surveillance for trends and emerging high risk factors.

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified

5. Equality Analysis

The Equality Impact Assessment (EQIA) for the draft version of the Kent and Medway Suicide Prevention and Self-harm Strategy 2021-25 was overall rated as **low**. After conducting analysis of the consultation responses there is still no evidence to suggest that the 2021-2025 Kent and Medway Suicide Prevention and Self-harm Strategy will have an adverse or negative impact on any protected groups. Therefore the recommended EQIA rating remains as **low.**

6. Next Steps

As a result of the Public Consultation, the draft 2021-25 Kent and Medway Suicide Prevention Strategy and associated Action Plan will be amended in the ways outlined in this report. The amended version of the Strategy will then be taken the following groups for final sign off.

- Kent County Council Health Reform and Public Health Cabinet Committee
- Medway Council: Leaders Meeting, CYP OSC, HASC OSC, Medway Health and Wellbeing Board, Cabinet Committee.
- Kent and Medway Health and Wellbeing Board
- STP MHLDA Board (SBAR report required)
- CCG Clinical Board
- KCC Corporate Management Team

Appendix 1: Respondents 'About You'

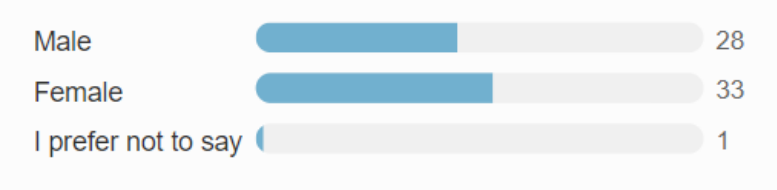
Section 6 – More about you

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

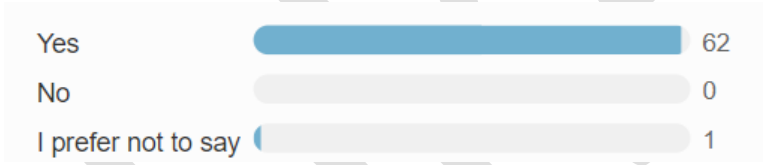
If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

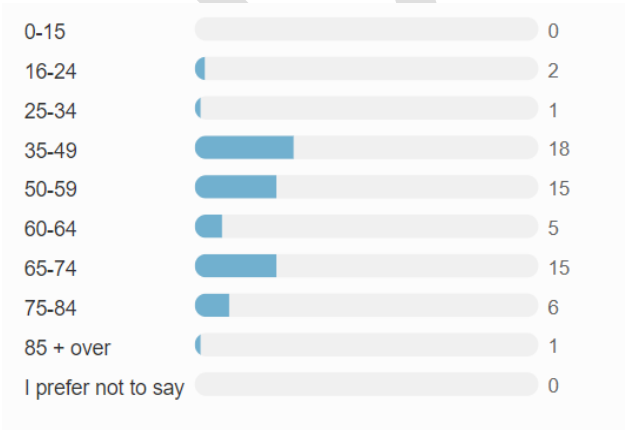
Q27. Are you….? *Please select **one** option.*



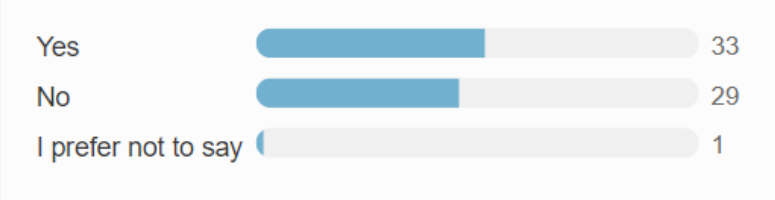
Q28. Is your gender the same as your birth? *Please select **one** option.*



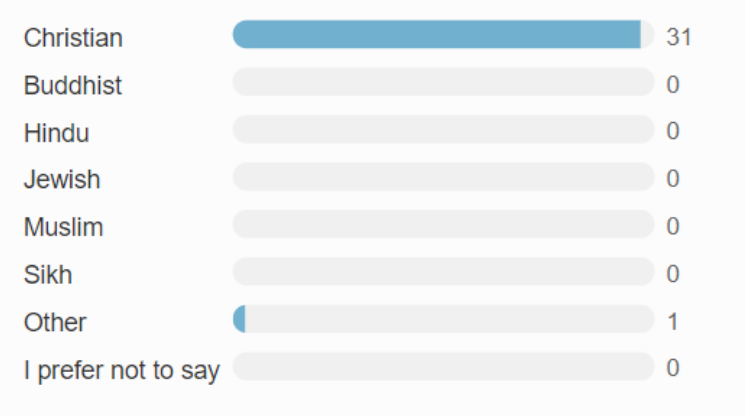
Q29. Which of these age groups applies to you? *Please select **one** option.*



Q30. Do you regard yourself as belonging to a particular religion or holding a belief? *Please select **one** option.*



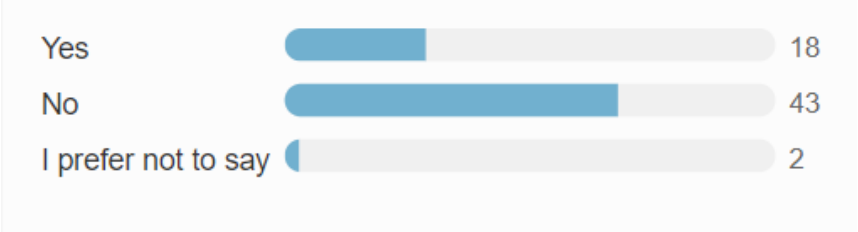
Q30a. If you answered 'Yes' to Q30, which of the following applies to you? *Please select **one** option.*



If you selected Other, please specify:

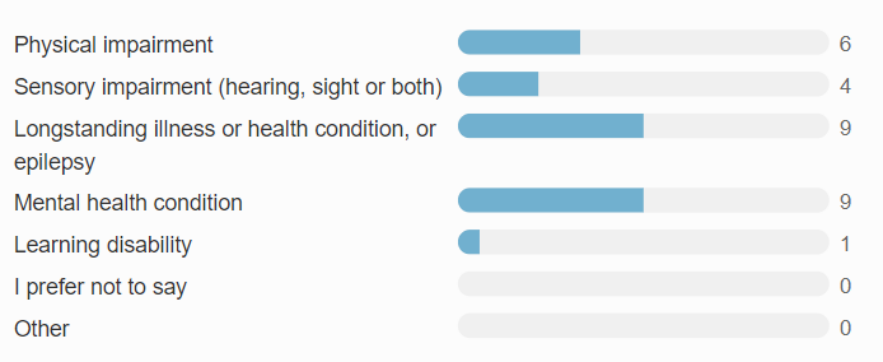
The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q31. Do you consider yourself to be disabled as set out in the Equality Act 2010? *Please select **one** option.*



Q31a. If you answered 'Yes' to Q31, please tell us the type of impairment that applies to you.

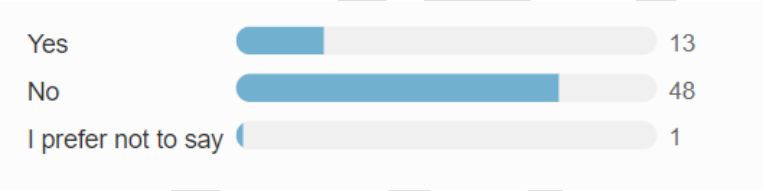
You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.



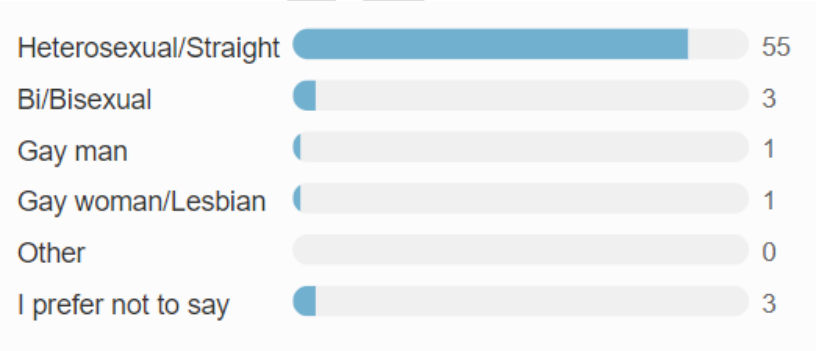
Other, please specify:

A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

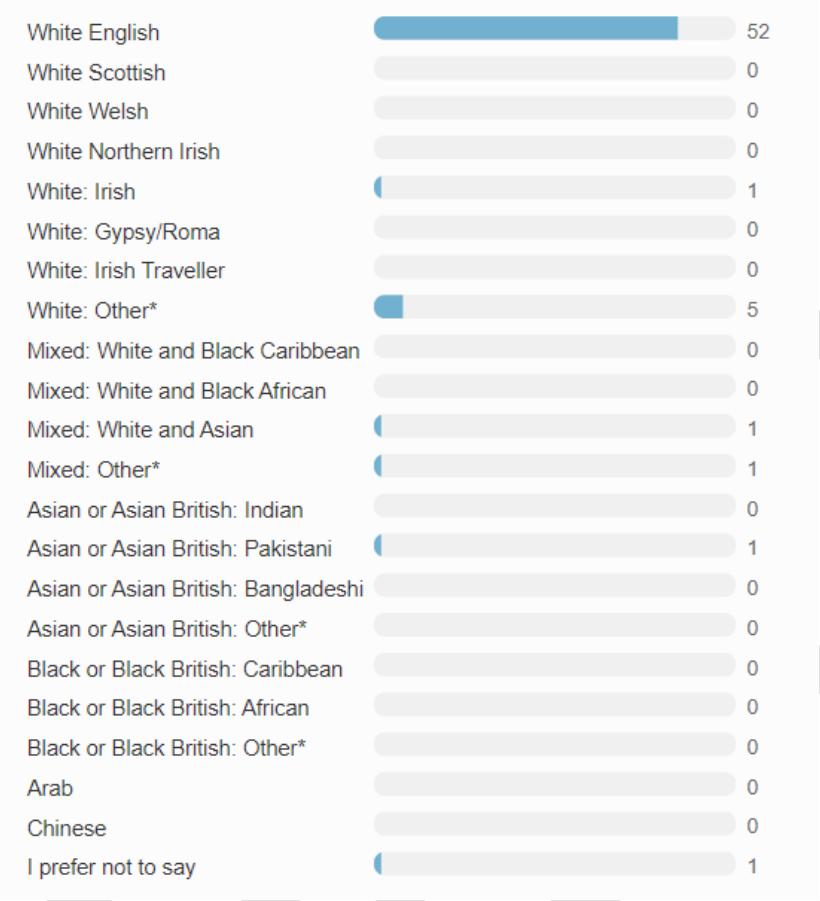
Q32. Are you a Carer? *Please select **one** option.*



Q33. Are you …? *Please select **one** option.*



Q34. **To which of these ethnic groups do you feel you belong?** *Please select **one** option.* (Source 2011 Census)



*****Other - If your ethnic group is not specified on the list, please describe it here:

Appendix 2: Strategy questionnaire (adults)

2021-2025 Kent and Medway Suicide and Self-harm Prevention Strategy Development

Consultation Questionnaire

We are keen to hear your thoughts as we further develop this draft strategy during formal consultation. We have provided this feedback questionnaire for you to give your comments.

What information do you need before completing this questionnaire?

We recommend that you view the consultation material online at kent.gov.uk/suicideprevention before responding to this questionnaire.

If you have any questions regarding these proposals, please email suicideprevention@kent.gov.uk

This questionnaire can be completed online at kent.gov.uk/suicideprevention

Alternatively, fill in this paper form and return to: suicideprevention@kent.gov.uk

Please ensure your response reaches us by midnight on 18 March 2021.

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This consultation document should be read in conjunction with the 2021-2025 Kent and Medway Suicide and Self-harm Prevention Draft Strategy, and the associated Equality Impact Assessment. *If you need more space to respond, please continue on a separate piece of paper and return with your responses.*

1) Review of the 2015-2020 strategy

The review of the 2015-2020 strategy (contained within the draft 2021-2025 Strategy) highlighted a number of positive developments over the last five years.

Q1a) Are you aware of other developments (not highlighted in the review of the 2015-2020 strategy) which should be recognised here?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If 'yes', what are they?

National recommendations and discussions amongst the Kent and Medway Suicide and Self-harm Prevention Network have highlighted the following areas for increased support over the next five years:

Strengthening support for individuals who self-harm.
Strengthening support for individuals who have made a suicide attempt.
Support individuals and families who have been bereaved by suicide.
Supporting individuals impacted by domestic abuse.

Q1b) Do you agree that improvements can be made in these areas?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't Know

If you selected 'disagree' or 'strongly disagree' please tell us why.

Q1c) What specific actions can be taken in relation to any of the above areas? (*To help us with analysing these results, please make it clear which area you are responding to*)

- ☐ Yes
- ☐ No
- ☐ Don't Know

If 'yes', please give details below

2) Priorities for the new strategy

The Suicide Prevention Steering Group believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Suicide Prevention Strategy.

i. Reduce the risk of suicide in key high-risk groups
ii. Tailor approaches to improve mental health in specific groups

iii. Reduce access to the means of suicide
iv. Provide better information and support to those bereaved or affected by suicide
v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring

Q2a) Do you agree that we should continue to follow the national priorities as stated above?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't Know

If you selected 'disagree' or 'strongly disagree' please tell us why.

3) Reduce the risk of suicide in key high-risk groups

The National Strategy has identified the high-risk groups, shown below, as priorities for suicide prevention interventions

Q3a) Are these the appropriate high-risk groups you would like to prioritise in the Kent and Medway Suicide Prevention Strategy?

	Yes	No	Don't Know
Young and middle-aged men			
People in with a previous suicide attempt			
People with a history of self-harm			
People known to secondary mental health services			
People who misuse drugs and alcohol			
People in contact with the criminal justice system			
Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers			
People with problematic debt			
People who are impacted by domestic abuse			
Children and young people			

Q3b) If you have answered 'no' to any of the suggested priority groups, what changes would you like to see made?

.

Q3c) Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of these particular groups? *(To help us with analysing*

these results, please make it clear which priority group(s) you are referring to in your response).

4) Tailor approaches to improve mental health in specific groups

The previous strategy identified the groups, shown below, as those most in need of measures to improve their mental health:

Q4a) Are these the groups that you would like to see identified in the new strategy?

	Yes	No	Don't Know
LGBTQ+			
Military and veterans			
Students			
People with learning disabilities			
Ethnic and religious minorities			
Individuals impacted by family breakdown or separation			
Prisoners and other people in contact with the criminal justice system			

If you have answered 'no' to any of the suggested groups, what changes would you like to see made?

5) Reduce access to the means of suicide
(reducing a suicidal person's access to lethal means) is an important part of a comprehensive approach to suicide prevention.

Q5a) How can we reduce suicides in Kent and Medway by controlling access to the means of suicide?

6) Provide better information and support to those bereaved or affected by suicide

Q6a) What is the best way of providing information and support to those bereaved or affected by suicide?

7) Demonstrate system leadership and quality improvement across the system and within services.

We will use this Strategy to raise the importance of suicide and self-harm prevention with partners and encourage every organisation, community and individual to play their part.

Q7) How can we demonstrate system leadership and quality improvement across the system and within services?

8) Please tell us if you have any other comments about the draft Kent and Medway Self-harm and Suicide Prevention Strategy.

Appendix 3: Strategy questionnaire (CYP)

Consultation Questionnaire

We are keen to hear your thoughts as we further develop this draft strategy during formal consultation. We have provided this feedback questionnaire for you to give your comments.

What information do you need before completing this questionnaire?

We recommend that you view the consultation material online at kent.gov.uk/suicideprevention before responding to this questionnaire.

If you have any questions regarding these proposals, please email suicideprevention@kent.gov.uk

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Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

1) Priorities for the new strategy.

The Suicide Prevention Steering Group believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

vii. Reduce the risk of suicide and self harm in key high-risk groups of children and young people (CYP)
viii. Tailor approaches to improve mental health and wellbeing of all CYP in Kent and Medway
ix. Reduce access to the means of suicide
x. Provide better information and support to those CYP bereaved by suicide
xi. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
xii. Support research, data collection and monitoring
xiii. Demonstrate system leadership and quality improvement in relation to CYP suicide and self-harm prevention

Q1a) Do you agree or disagree that we should continue to follow the national priorities as stated above?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't Know

If you selected 'tend to disagree' or 'strongly disagree' please tell us why below.

2) Reduce the risk of suicide and self-harm in key high-risk groups of children and young people (CYP).

The National Strategy has identified the high-risk groups of CYP, shown below, as priorities for suicide and self-harm prevention interventions.

Q2a) Are these the appropriate high-risk groups of CYP you think should be prioritised in the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy?

	Yes		No	Don't Know
Children and young people known to mental health services – including the 18-25 transition to adult mental health services.				
Children in care and care leavers				
Children in custodial settings				
Children and young people with neuro disabilities				
Children and young people who identify as LGBTQ+				
Children and young people who self harm or engage in other risky behaviour				
Unaccompanied Asylum-Seeking children and young people				
Children and young people impacted by Adverse Childhood Experiences (ACES)				

Q2b) If you have answered 'no' to any of the suggested priority groups, what changes would you like to see made?

.

Q2c) Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of these particular groups? (To help us with analysing

these results, please make it clear which priority group(s) you are referring to in your response).

3) Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

As a reminder, the actions in the Strategy are:

- We will work with partners to support implementation of the Kent and the Medway CYP Mental Health Local Transformation Plans.
- We will support the implementation of the Medway Self-Harm action plan and the KCC adolescent strategy.
- We will work with partners to ensure that all CYP have access to a range of easily accessible and evidence-based emotional wellbeing support services.
- We will support the HeadStart programme to increase resilience amongst CYP in Kent.
- We will encourage services to adopt a trauma informed care approach.
- We will pilot innovative new ideas to improve wellbeing and reduce self-harm amongst CYP.

Q3a) Do you agree or disagree with the actions above to improve the mental health and wellbeing of all children and young people in Kent and Medway?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't Know

Q3b) Are there any other actions you would suggest to improve the mental health and wellbeing of children and young people in Kent and Medway?

4) Reduce access to the means of suicide in children and young people.
(Reducing a suicidal person's access to lethal means) is an important part of a comprehensive approach to suicide prevention.

Q4a) How can we reduce suicides in children and young people in Kent and Medway by controlling access to the means of suicide?

5) Provide better information and support to those children and young people bereaved or affected by suicide.

Q5a) What is the best way of providing information and support to those children and young people bereaved or affected by suicide?

6) Support the media in delivering sensitive approaches to suicide.

Q6a) What is the best way of supporting the media in delivering sensitive approaches to suicide?

7) Support research, data collection and monitoring.

Q7a) Are there additional pieces of research that you believe we should be doing regarding suicide and self-harm prevention amongst children and young people?

8) Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention.

We will use this Strategy to raise the importance of suicide and self-harm prevention with partners and encourage every organisation, community and individual to play their part.

Q8a) What is the best way to demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention?

Q9) Please tell us if you have any other comments about the draft Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

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Preventing Suicide amongst Children and Young People in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

Appendix 4

Please note, this strategy has been updated following consultation feedback. It is due to go for approval this Autumn, after which the final version will be uploaded to the consultation webpage.

1. Executive summary

How was the draft Strategy developed?

- It was developed by the Kent and Medway Children and Young People (CYP) Suicide Prevention Network. A partnership of nearly 100 organisations and individuals with experience in reducing self-harm and suicide risk amongst CYP.

A public consultation was held regarding both the CYP Suicide Prevention Strategy and the Adult Suicide Prevention Strategy. How many people responded to the consultation?

- In total 95 responses were received through the online consultation portal (2 additional responses received by email)
- Of these, 58 responses were specifically commenting on the CYP Strategy
- However, many of the remaining responses also made points referring to CYP therefore this report includes analysis on all the responses

Who responded to the consultation?

- Most responses were from individual residents of Kent and Medway
- A small number of schools, colleges, parish councils and voluntary sector organisations also responded.

What was the consensus view?

- The vast majority of responses supported the Strategic Priorities and approach that was set out in the draft Strategy.
- There was also strong support for the identified high-risk groups within the Strategy.

Did anyone disagree with the contents of the strategy?

- While there was broad support for the Strategy, some people felt that other groups of individuals should be considered high risk, while others commented that identifying any particular groups was inappropriate and everyone should be treated as an individual
- A lot of responses highlighted that the full impact of COVID-19 on the population's mental health isn't known yet, so additional monitoring is needed
- Some people felt that the importance of schools and education settings should be highlighted and that more support should be given to families of CYP who self-harm

What will change as a result of the Consultation?

- The draft Strategy and associated Action Plan will be amended to take account of the feedback received.
- Comments will shape the way specific elements of the Action Plan are delivered, including the 2021 Innovation Fund and the 2021 research programme.

Table of Contents

Preventing Suicide amongst Children and Young People in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

1. Introduction:

This document provides a summary of the comments received through the public consultation on the draft Preventing Suicide amongst Children and Young People (CYP) in Kent and Medway: 2021-2025 Strategy, and provides recommendations on how these comments should be addressed in the final strategy.

The draft Strategy was developed by the Kent and Medway Children and Young People Suicide Prevention Network partnership (established in 2020) and made up of nearly 100 organisations and individuals with an interest and experience in reducing self-harm and suicide amongst CYP.

The aim of the draft Suicide Prevention Strategy is to reduce suicide and self-harm in CYP as much as possible, and the programme will work towards the ultimate philosophy and aspiration of zero suicides within our county.

It should be acknowledged that the Strategy was drafted, and the Public Consultation was held, during the global Covid-19 pandemic. The final impact of the pandemic on the mental health and well-being of children and young people will not be known for many months if not years, however the Suicide Prevention Programme will ensure the Strategy remains flexible enough to respond appropriately.

2. Consultation process:

Early engagement about the Strategy took place with stakeholders at the Kent and Medway CYP Suicide and Self-Harm Prevention Network meeting in August 2020.

This was then followed up with a half-day workshop specifically to develop the draft Strategy in November 2020. The conference included table workshops with key stakeholders identifying priorities for CYP in the new strategy.

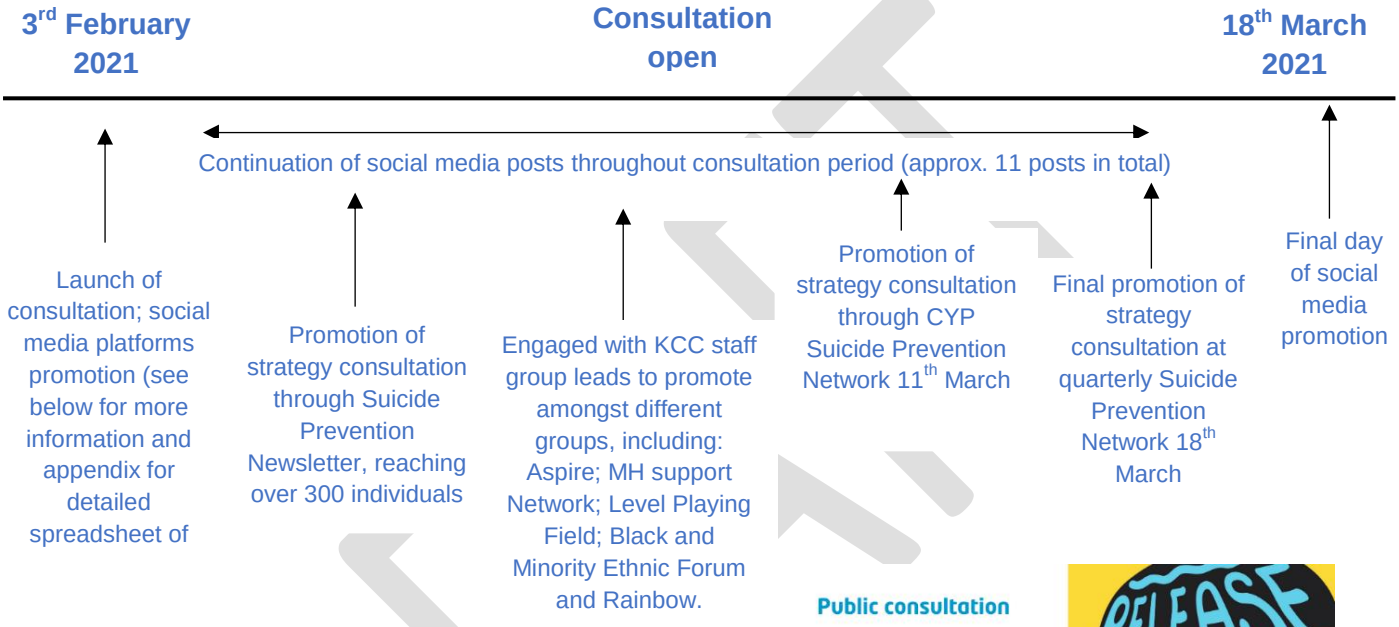
The slide below illustrates the range of organisations and individuals involved in developing the draft strategy.

The March meeting of the CYP Suicide Prevention Network also discussed the Strategy and the public consultation period ran from 3rd February - 18th March 2021.

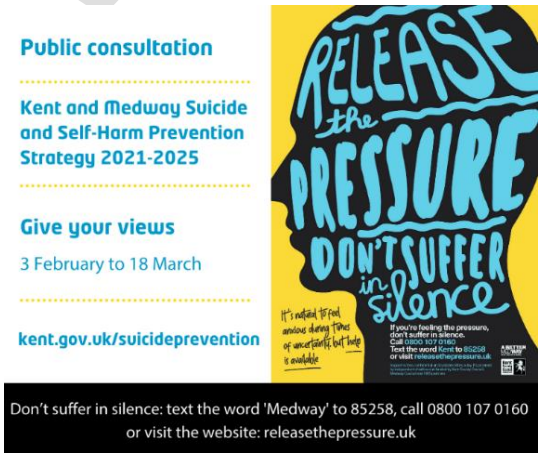
The draft strategy, equality impact assessment, consultation questionnaire and other supporting documents were available online at https://kccconsultations.inconsult.uk/suicideprevention/consultationHome

2.1 Consultation and communication methods

Consultation and communication timeline:



Social media imagery example:
Alongside the promotion of the strategy, we promoted the Release the Pressure campaign, to ensure that those engaging with the consultation could seek help and support should they need it.



Equality and accessibility considerations:
KCC undertook the following steps to ensure the consultation was accessible to all:

- All consultation documents and the questionnaire were available to view and response to online.

- All necessary alternative formats were available during the consultation period and alternative formats were available on request and all promotional materials included details on how these could be requested. Microsoft Word versions of the strategy, EQIA

and other supporting documents were available. There were no requests for alternative formats.

3. Respondents

3.1 Who responded?

The public consultation received 95 responses via the KCC consultation webpage. An additional 2 responses via free text (sent through to the suicideprevention@kent.gov.uk email address).

58 responses were specifically commenting only the CYP Suicide Prevention Strategy, however, many of the remaining responses also made points referring to CYP, therefore this report includes analysis of all the responses.

From the 95 responses on the KCC consultation webpage, analysis shows in what capacity individuals were completing the questionnaire:

Table 1: Are you responding on behalf of…?

	Number
A resident of Kent	71
A representative of a local community group or residents' association	1
On behalf of a Parish / Town / Borough / District Council in an official capacity	2
A Parish / Town / Borough / District / County Councillor	3
On behalf of an educational establishment, such as a school or college	4
On behalf of a local business	0
On behalf of a charity, voluntary or community sector organisation (VCS)	6
Other	8
TOTAL	**95**

3.2 Demographics of respondents

The consultation questionnaire included a series of optional '**about you'** questions, designed to capture anonymous information about the respondents' protected characteristics, such as gender, age, religion and disability. The information is used to check whether there are any

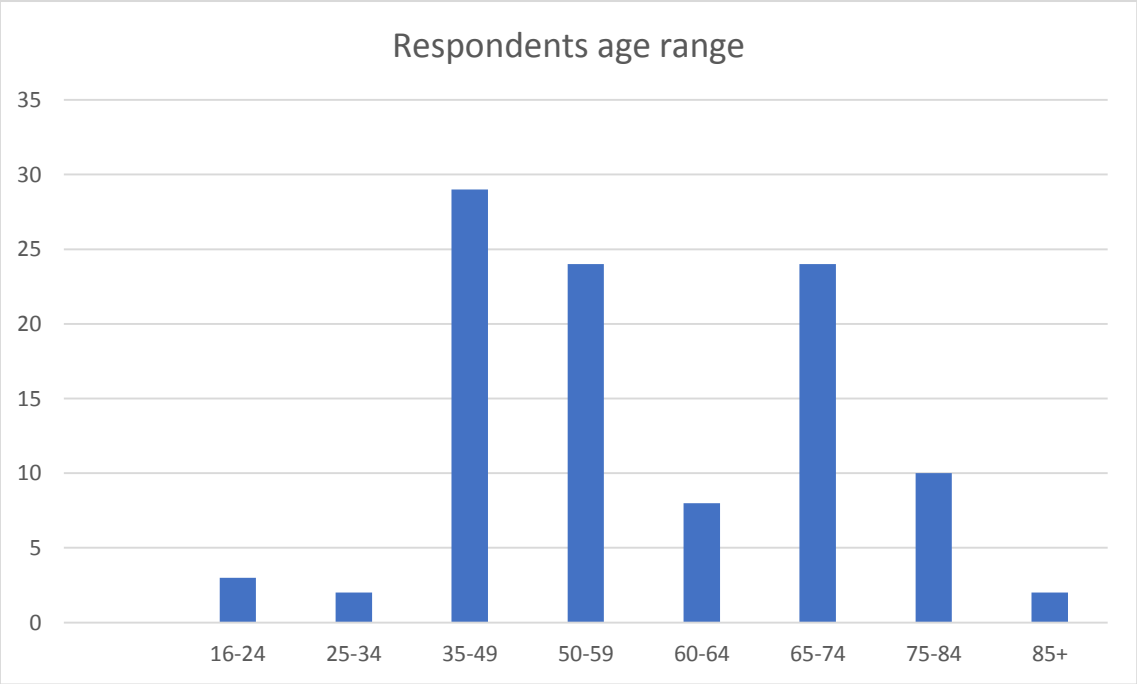
differences in the views of different groups and to ensure that our strategic decisions are being made fairly.

The following analysis is based on those individuals that provided information (note that this section was optional, and some individuals preferred not to provide such information and individuals did not have to answer every question). A full profile of the respondents can be found in Appendix 1.

Of the individual respondents who provided information, the gender was split was not substantial (45% of respondents were male and 53% were female and 2% preferred not to disclose their gender).

A higher proportion of people aged 35-49 responded to the consultation (accounting for 29% of the respondents). This was closely followed by the 50-59 and 65-74 age range (both accounting for 24% of the respondents). The 16-34 age group seems under-represented, making up only 5% of respondents. There were no respondents aged under 16, and only 1 respondent aged over 84.

Figure 1: Age of consultation respondents compared to population of Kent and Medway.



Analysis of the results indicated that there is no significant variation in opinions or views between age groups, with all age groups showing similar levels of agreement to the questions.

Of those who provided information, 53% regarded themselves as belonging to a religion or belief, slightly lower than the overall population of Kent and Medway (65.5%).

Of the 95 respondents who provided information, 30% considered themselves to be disabled under the Equality Act 2010, this is significantly higher than the overall population of Kent and Medway (16.8%). Further analysis shows that 9 individuals had a mental health condition, 9 individuals had a longstanding illness or health condition, 6 had a physical impairment, 4 had sensory impairment and 1 individual had learning difficulties.

Of the those who provided information, 87% identified as heterosexual/straight. 8% identified as either bisexual, a gay man, or a gay woman/lesbian. 3 individuals 'preferred not to say'.

The final 'about you' section asked respondents about their ethnicity. 84% of respondents that answered, were White English, the remaining 15% included individuals who were White Irish, White Other, White and Asian, Mixed Other, Asian or Asian British: Pakistani and 1% 'preferred not to say'.

4. Consultation responses:

This section will report the responses received for each question in turn. At the end of each Section of the Questionnaire, a highlighted box will outline how we will amend the Strategy as a result of the responses to the questions in that section.

(Please got to **Appendix 2** to see the full questionnaires used in the consultation).

4.1 Section 1

CYP Strategy - Priorities for the new Children and Young People strategy

The Kent and Medway Children and Young People Suicide Prevention Network believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

1. Reduce the risk of suicide and self-harm in key high-risk groups of children and young people
2. Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway
3. Reduce access to the means of suicide
4. Provide better information and support to those children and young people bereaved by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention

Q1 To what extent do you agree or disagree that we should continue to follow the national priorities as stated above?

Response	Number
Strongly agree / tend to agree	53

Strongly disagree / tend to disagree	3
Neither agree nor disagree	0
Don't Know	0
TOTAL	**56**

Respondents who answered 'disagree or strongly disagree' were asked to explain their answered. After conducting an analysis of these responses, three main themes emerged, these included:

- **Innovative ideas needed –** responses here focused around the idea of innovative projects, for example, paid gym memberships, swimming passes, or personal training in small groups offer for those struggling. Another individual discussed the importance of making them feel cared about and that they have options for education and training, as well as free to access community resources.

- **Parents and family are key**– four responses looked at the critical role families play, noting that parents should have access to key information, ensuring they can help support their child if needed. Another response looked at facilitating early support for parents noting and/or notifying potentially suicidal behaviour. Lastly, another individual discussed the importance that parents should be able to disclose any fears and dilemmas that they may experience as parents; subsequently, offering a system for them to speak in confidence to someone about their concerns about their child, enabling them to better support their child and also themselves.

- **Education** –A couple of responses acknowledged the need for education about mental health, mental wellbeing and how to look after it, and this notion needs to happen earlier on and should be discussed in schools as physical health is.

The final Strategy will take these responses into account in the following ways:

We will continue to follow the national strategic priorities, but will make sure that our associated action plan is adapted to meet the needs of our local populations.

When funds allow, we will administer an Innovation Fund to support community level projects to reduce suicide and self-harm

We will strengthen the focus on supporting friends and family of children and young people at risk of suicide and self-harm within the strategy

Reduce the risk of suicide and self-harm in key high-risk groups of children and young people

The National Strategy has identified the high-risk groups of children and young people, shown below, as priorities for suicide and self-harm prevention interventions.

Q2 Are these the appropriate high-risk groups of children and young people you think should be prioritised in the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy?

	Yes	No	Don't know
Children and young people known to mental health services – including the 18-25 transition to adult mental health services	53	2	1
Children in care and care leavers	53	2	0
Children in custodial settings	48	3	1
Children and young people with neuro disabilities	42	3	7
Children and young people who identify as LGBTQ+	44	3	5
Unaccompanied Asylum-Seeking children and young people	45	4	3
Children and young people impacted by Adverse Childhood Experiences (ACES)	50	2	2

Individuals that answered 'no' to the suggested priority groups, were asked what changes they would like to see made. The responses were as follows:

- The Covid pandemic means a total review is needed
- School children particularly around examination age groups should be included.
- Regarding young asylum-seekers, not sure whether this category needs to be separated out, given that they will already be covered by other categories.
- The above categories fail to take into account the significant increase in suicide among females 15-24 (increasing since 2012 to its highest ever in 2019). Only a few of those will have come to the attention of the MH services.
- There should also be inclusion for anyone with a SEN plan. Those would usually be covered by the above groups but there will be people missed if it were not broadened out.

The final Strategy will take these responses into account in the following ways:

We will continue to follow the nationally identified high risk groups, and will also include young women, anyone with a SEN plan and school children at exam time as groups to be considered.

We will strengthen our actions in monitoring the impact of Covid-19 on the mental wellbeing of children and young people.

Q3 Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of the priority groups.

An analysis was conducted on the responses, with many varied opinions on suggestions for specific actions that could be taken to reduce the suicide risk in any of the above priority groups. Five key themes emerged, which included:

Focus on education and the educational system – Eight responses discussed the importance of education regarding educating individuals around CYP and self-harm and suicide. Examples included the need for teachers to be educated around this, so they are able to look out for potential suicidal behaviours amongst their students, and also exploring the option of having greater publicity within the education system, having classes within the curriculum of secondary school students to focus on their mental health.

Another aspect of these responses discussed the need a mental health professional working in or alongside schools, and also schools and educational settings highlighting the different options of support and services available to CYP to ensure they are aware of the support to them.

Improved access to support – three individuals highlighted the need for access into CAMHS to improve, specifically discussing the need to reduce waiting times for those accessing help. Another individual noted that CYP need to be shared with other services, for example crisis teams can liaise with CYP so they have locally support, also highlighting that the support should extend to families, friends and carers inclusive.

Self-harm – two individuals highlighted that more needs to be understood around the patterns and prevalence of self-harm by CYP, and whilst many often think of self-harming as cutting, other behaviours such as eating disorders need to be taken seriously also. Responses here, highlighted the need for staff to have the knowledge and skills to intervene and offer counselling or mental health support for children, specifically those experiencing life changing situations, eg. Parents divorcing, a bereavement within the family etc.

Improved support structures – several responses discussed the importance of accessible support in many different forms, these included:

- Offering CYP support groups / workshops / youth clubs (including access to wellbeing activities that promote self-confidence, building friendship, support networks and resilience).
- Ready to access phone and text support.
- More school staff and trained workers need to be available and trained to listen and support CYP.
- Parents need to be supported, ensuring they are able to support their child.

- Using documents within this strategy to make resources to help schools teach about self-harm and suicide.
- Better careers guidance is needed as being unsure which direction you are heading in life, or not having a clear plan for their future can lead CYP to feel stressed and hopeless.

The final Strategy will take these responses into account in the following ways:

We will continue to work with partners across the system, including schools, colleges and mental health providers to ensure young people in need of mental health support are identified early and given access to high quality support

4.2 Section 2

Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

The actions stated in the Strategy are:

- We will work with partners to support implementation of the Kent and the Medway Children and Young People Mental Health Local Transformation Plans.
- We will support the implementation of the Medway Self-Harm action plan and the KCC adolescent strategy.
- We will work with partners to ensure that all children and young people have access to a range of easily accessible and evidence-based emotional wellbeing support services.
- We will support the HeadStart programme to increase resilience amongst children and young people in Kent.
- We will encourage services to adopt a trauma informed care approach.
- We will pilot innovative new ideas to improve wellbeing and reduce self-harm amongst children and young people.

Q4 To what extent do you agree or disagree with the actions above to improve the mental health and wellbeing of all children and young people in Kent and Medway?

Response	Number
Strongly agree / tend to agree	56
Strongly disagree / tend to disagree	0
Neither agree nor disagree	1
Don't Know	0
TOTAL	**57**

Q4a Are there any other actions you would suggest to improve the mental health and wellbeing of children and young people in Kent and Medway?

An analysis was conducted on the responses, with many varied opinions and suggestions to improve the mental health and wellbeing of CYP in Kent and Medway. Six key themes emerged, which included:

Improving access to services and support – six responses discussed the need for services to be made more accessible and for waiting lists to be urgently reduced. Specifically, CAMHS was highlighted, with the focus of providing more help and support for CYP with quicker response times. 4 individuals acknowledged the need for better provision of services and funding for mental health services, with the ultimate aim to fund more health professionals and reduce the waiting times to zero.

Another individual offered the suggestion that whilst the CYP waits for support or access to services, perhaps an intermediate solution could be a centralized information hub, to enable those at risk, as well as the parents/carer to understand all the factors, support services and educational information to bridge the gap, before professional support can be offer, rather that CYP and families feeling left to their own devices.

A further five responses highlighted the need for support to be available and made well-known within communities. Responses discussed the need for a point of call access 24/7 phone or text service, and for that service to be common knowledge in Kent. In addition, other responses discussed that they have found resources difficult to access and this can limit support; therefore, available support needs to be promoted, also acknowledged was the need for this to be viewed as a 'whole family approach' as children do not exist in a vacuum.

Education and training – 11 responses discussed the need for education around the subject of self-harm and suicide to improve, as well as training those around CYP, to ensure they are aware of how best to support the individual. Five individuals specifically acknowledged the role schools play, and that teachers must be more informed of signs that children may need help and importantly, know how to support the CYP. In addition, suggestions also highlighted the need for educational systems to have a program of talks in schools on emotional wellbeing and/or integration of such talks as part of the K&M schools PSHE curriculum in a more meaningful way than is currently (if at all) happening. It was widely believed that greater publicity was needed within the educational system.

Regarding training, several responses acknowledged that more training is required for those who work with CYP in everyday settings, as they are the individuals who know the CYP best and can look out for 'signs' and offer support.

Support for specific groups – several groups were highlighted as needing more focus, including:

- Support for those released from custodial settings or leaving a period of probation.
- University students need much more focus and support
- More support for transition for children in care, care leavers.

- Neurodevelopmental issues need to be focused on
- The impact of Covid-19 and this last year will be huge on CYP anxiety, whether that be going back to school, socializing or living through a global pandemic; they will need to be supported.

Engaging with CYP – 5 responses noted that to understand what CYP need, we must work with them and offer a collaborative way of working. Individuals discussed reaching out to CYP to gather their opinions and how they would like to feel supported in difficult times. A couple of responses also acknowledged working with existing groups and communities where possible, for example, involving youth workers as they are working with CYP daily and can offer a different perspective of what may work to help support CYP.

The final Strategy will take these responses into account in the following ways:

We will continue to work with partners across the system, including schools, colleges and mental health providers to ensure young people in need of mental health support are identified early and given access to high quality support

Reduce access to the means of suicide in children and young people

Q5 How can we reduce suicides in children and young people in Kent and Medway by controlling access to the means of suicide?

An analysis was conducted on the responses, with several suggestions around how we can reduce suicide in CYP in K&M by controlling access to the means of suicide. Seven key themes emerged, which included:

Challenging / opposed to having this as a priority – Eleven responses shared similar views that attempting to control the access to the means of suicide is very difficult as it is impossible to remove all means. However, a few responses did touch on the suggestion of education around this and ensuring open conversations are happening, especially at schools to enable appropriate support, in turn hoping to reduce access to means.

Focusing on illegal substances – Five individuals discussed the importance of focusing on illegal substances and preventing CYP engaging in illegal substances and drug supplies. Responses also highlighted the need for amenities on weapons, encouraging confidential reporting of parties selling / making illegal substances or devices. Tougher sentences to those supplying drugs that may be used to overdose is also essential.

Social media – Seven responses acknowledged that social media needs to be improved as damaging behaviour is too easy to access via social media sites. Individuals discussed how social media is a prevalent factor in many CYP lives and therefore, some activities to help neutralize the more destructive and malevolent influences could be useful. In addition, the idea of targeting resources online or on social media was discussed, with the potential of using easy to access links to support via social media.

Education – Nine individuals highlighted again the need for education around this subject. Responses included more education and factual conversations around the topic of suicide, and education around what CYP can access and use by way of a suicide attempt needs to be understood by parents, teachers and other professionals working with CYP.

Other actions – Five other responses offered a variety of ways to reduce the access to the means of suicide, these included:

- Security at railways, bridges, high structures
- Talk to police, fire bridges, A&E workers, child death panels, coroners, CHYPS, KMPT and review the risk in levels 4 ad 5 attempts
- Anyone in charge of a child or in charge of a place where a child might gain access has a legal duty to protect that child from danger and hazards
- Work with the individual for some intense therapy to help reduce their thoughts to suicide. Working with the family too, supporting them and their ability to prevent suicide and help at home will also help.
- More support with transition for children in care, care leavers and children in custodial settings

Responses to this question will influence our Strategy & Action Plan in the following ways:

We will continue regular analysis of Real Time Suicide Surveillance which will give us the ability to design targeted and evidence-based interventions.

We will conduct or commission bespoke research into emerging or high-risk topics, for instance the impact of social media on children and young people

We will consider piloting new technology to reduce the risk relating to high risk locations

We will continue to work closely with Kent Police, Highways England, the Port of London Authority and other land owners

Q6 What is the best way of providing information and support to those children and young people bereaved or affected by suicide?

An analysis was conducted on the responses, with many varied suggestions around providing information and support to those children and young people bereaved or affected by suicide. Two key themes emerged, which included:

More education needed around this subject – five individuals highlighted the role schools and the education system plays. Responses focused on ensuring schools had the appropriate information to offer support to CYP bereaved by suicide. In addition, responses also highlighted that conversations need to be taken into the school curriculum around CYP being bereaved, and it was noted that life skills such as these stay with you and support needs to be available.

Varied forms of support – Sixteen responses discussed the need for CYP to be supported through a variety of ways when bereaved by suicide. Several individuals highlighted the need for peer support groups, so CYP can feel supported by other CYP who have experienced the same.

Other responses focused on a varied support structure, from timely face to face support given immediately after the event, to online chat forums or a text message service. Support could also be offered in the form of TV adverts or via social media as it was highlighted in the responses, this is probably the best way to reach CYP.

One individual acknowledged that schools must be trained up in how to support a CYP bereaved by suicide and/or have a designated lead who can ensure meaningful conversations are taking place and that CYP has someone they trust to speak with.

Another common response was talking to those CYP who have been bereaved and understanding what support they received or what support they feel would have benefitted them during that time. Also working with CYP to understand the best ways to provide such information so it reaches them and they engage with the support.

In addition, another individual discussed that this needs to be addressed in varied way, as this is not the sole responsibility of one person or department, therefore, all individuals involved with the bereaved CYP, family, friends, schools, social workers, doctors etc need to understand how they can support and are aware of what is available.

Responses to this question will influence our Strategy & Action Plan in the following ways:

These responses will be shared with the providers of our two new bereavement support services as they will inform and shape the mobilisation and delivery of the new service.

1) *Specialist Bereavement Support for under 25s*

2) *Support for People Bereaved by Suicide (both to launch in the summer of 2021)*

Continued promotion of Help is at Hand resources.

Support the media in delivering sensitive approaches to suicide

Q7. What is the best way of supporting the media in delivering sensitive approaches to suicide?

An analysis was conducted on the responses, with many varied suggestions supporting the media in delivering sensitive approached to suicide. Four key themes emerged, which included:

Education and guidance is essential – Fourteen individuals discussed the importance of the media having guidance on sharing appropriate information and ensuring they are educated on specific elements around best reporting of suicides. Several responses highlighted the need for information to be factual as often the media can put an incorrect 'spin' on stories as well as educating the media on the correct language to use when reporting on suicides. A common theme that emerged was stopping the sensational reporting that the media often do when writing an article on a suicide.

In addition, responses also acknowledged the need for the media to also provide a pathway to support whenever stories are published to ensure individuals who are affected by the story can seek support.

Practical changes that were discussed focused on having age restrictions on such stories and also having a member of KCC comms team to develop an ongoing relationship to censor such stories is it is required, as well holding closed seminar discussions with our local media to discuss the impact these stories can have.

Training – similar to the education responses above, 7 responses discussed the importance of specific training for those working within the local media. Individuals focused on free to access training, whether that be mental health first aid or suicide prevention training. A couple of individuals highlighted that this needs to be done through the employer, or whilst trainee journalists are still at university (suicide awareness needs to be compulsory in their training / work), so it is embedded within their learning; the responses also suggested that during the training, video testimonials from people who have been hurt or negatively influenced by insensitive reporting should be shown.

Promote positive stories – A few of the responses discussed the need for positive mental wellbeing stories, engaging in different initiatives such as the 'ask twice'; ensuring that the media are promoting good mental health. In addition another response suggested having regular discussions around mental health / suicide to break the stigma and taboo that still exists within society, and having survivors share their story; these stories don't have to be purely only 'big hitters' but also lower level real life scenarios that are commonly encountered by many, but will ensure that individuals know they are not facing anything alone, and they can see first hand that others have got through the situation.

Social media – a couple of individuals highlighted that social media platforms needs focus, regarding the content available but also how it can be used to promote good mental health stories and support should CYP need it.

Responses to this question will influence our Strategy & Action Plan in the following ways:

Where possible we will continue to work with media companies and individual journalists to educate them about existing guidelines and to ask them to change or remove insensitive coverage.

We will continue to share and promote positive stories.

We will consider research into the impact (positive and negative of social media and apps)

Support research, data collection and monitoring

Q8. Are there additional pieces of research that you believe we should be doing regarding suicide and self-harm prevention amongst children and young people?

An analysis was conducted on the responses, with different subject areas and suggestions for specific research pieces regarding suicide and self-harm. Four key themes emerged, which included:

Social media – three responses suggested research focusing on social media and how CYP are using it; specific questions that were suggested include:

- *What % of social media posts which encourage and demonstrate self harm and suicide are removed and are users banned from posting such things?*
- *Are bullies getting their social media access removed?*

Engaging with CYP – seven individuals wanted research to focus more on CYP opinions and ensuring we are asking them the right questions to support them. These responses focused on conducting surveys online speaking to CYP or conducting qualitative work with affected CYP to understand their firsthand experience and attitudes towards self-harm and suicide. More engagement work is needed to ensure we understand how CYP feel, what has led them to feeling a certain way, and how they were supported / how best they feel they could be supported in the future.

Focusing on specific groups – several individuals suggested that more research needs to be conducted into specific groups, these included:

- The impact of Covid needs to be explored, specifically regarding the mental health of anxiety and isolation the last year has had on CYP
- Trauma and brain patterns – *is there particular areas of the brain that suggests suicide is becoming an intrusive though or fluctuations in brain activity*?
- CYP from broken homes are ay risk; this needs to be further explored.
- The impact of drugs (including alcohol) on CYP mental health
- Any analysis looking at causes and/or responses to attempts to help, could be valuable in determining what did not go well in helping the CYP
- Research needs to be conducted into coroner reports as well as the family background to understand the full story of CYP who take their own life.
- Research focusing on leaving home / the transition to university
- Speaking to those who have attempted suicide and now in a mentally stable place, also speaking to families who have been bereaved by suicide or schools who have lost students; they may be able to explain the cycle and turn of events where interventions could have supported the CYP.

Schools and education – nine individuals highlighted the need for research into education and the school system. Responses focused on more research is needed to understand the stress that exams, curriculum pressure puts on CYP and how schools need to support CYP better through these stressful events. A handful on individuals also discussed that we need to understand exactly what schools are doing, regarding talking about mental health and improving mental wellbeing; CYP are at school more than anywhere else, therefore more resources are needed within the school setting to ensure they are supported or know where to turn to should they need help.
Some specific research questions that emerged were:

- *How can parents and teachers better understand and identify the signs that a young person is on the pathway to suicide or self-harm?*
- *How do schools support their CYP?*

Responses to this question will influence our Strategy & Action Plan in the following ways:

We will conduct or commission bespoke research into emerging or high-risk topics, accounting for the responses given above.

Q9. What is the best way to demonstrate system leadership and quality improvement in relation to the prevention work on suicide and self-harm in children and young people?

An analysis was conducted on the responses, discussing how best to demonstrate system leadership and quality improvement in relation to the prevention work on suicide and self-harm in CYP. Four key themes emerged, which included:

Funding – Four individuals highlighted that more money needs to be spend on mental health as a whole. The responses discussed that more money needs to be allocated to mental health services and suicide prevention.

Demonstrating success – Six responses focused on that success or 'what is working well' needs to be shared. Individuals discussed that successful cases or results with positive follow-ups and outcomes need to be published, possibly on the KCC website or through schools and colleges, so individuals, including CYP know that good work is being done and Kent residents are aware of the work that is happening and making a difference.

Engaging with CYP – Seven individuals acknowledged the need for working with CYP, ensuring they are involved form the start and they have a say in the support offered. In addition, suggestions included engaging with CYP in schools or drop in centers, or engaging with those directly affected and target those CYP who are vulnerable. A couple of responses were focused on ensuring that CYP know that their mental health and wellbeing is being taken very seriously, and that all agencies play a central part in prevention work; everyone can make a difference.

Joint up approach – Six responses highlighted the need for joint up working between providers and for messages to be consistent. Some specific examples given here, were focused on media attention to cover positive stories of work that is happening around the county, school visits and conversations happening around mental wellbeing, having prominent councilors on board and being publicly involved in events and newscasts as well as having a team of well trained individuals, who can communicate with CYP generally, not just those who are high risk and directly affected. In addition, responses discussed the importance of making it clear for CYP who or where they go to for support.

Responses to this question will influence our Strategy & Action Plan in the following ways:

We will continue to advocate for as much funding as possible to be put towards the mental health and wellbeing of CYP, and to provide leadership (such as best practice examples, and facilitating partnership working) to ensure maximum impact of the available resource

We will ensure that the voices of young people are heard as much as possible in developing programmes and initiatives. Either directly or through providers and professionals working with CYP

Q10. Please tell us if you have any other comments about the draft Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy

There were a variety of responses, summarizing their final views and opinions for the draft CYP strategy. These included:

Positive feedback – several responses highlighted the good work already being done and wanted to provide positive feedback regarding the strategy and felt on the whole their views fit with those outlines in the CYP strategy document.

A change of focus – several responses discussed specific changes they would like to see included in the strategy, these included:

- The pandemic means a total re-boot is needed
- A greater focus on support with transition for children in care, care leavers and children in custodial settings
- Cultural changes need to shift to ensuring everyone feels safe and support to talk about their mental health
- Opposing specific at risk groups and believes that the scope needs to be widened so the aim is for everyone to feel supported and earlier intervention can be given.

Education – a continued recurring theme has been a focus on education and school settings. A few final responses again highlighted that greater publicity is needed within the education system, whether this is a focused curriculum topic around mental health and wellbeing or support/resources being ready to access for CYP. Ensuring CYP learn about mental health and wellbeing from an early age is setting them up for understanding how to deal with it in later life.

Responses to this question will influence our Strategy & Action Plan in the following ways:

There was an overwhelmingly positive view of the draft strategy and the priorities contained within it however there were a number of points that will be taken note of in the final strategy and related action plan. These include ensuring a continued focus on the long-term impact of Covid-19 on the mental wellbeing of CYP, the importance of schools and education settings and supporting friends and family of CYP who self-harm.

5. Equality Analysis

The Equality Impact Assessment for the Children and Young Peoples Kent and Medway Suicide Prevention and Self-harm Strategy 2021-25 was overall rated as **low**. After conducting analysis of the consultation responses, there is still no evidence to suggest that updating the CYP Suicide Prevention and Self-harm Strategy will have an adverse or negative impact on any protected groups. Therefore the recommended EQIA rating remains as **low.**

6. Next Steps

As a result of the Public Consultation, the draft 2021-25 Kent and Medway Suicide Prevention Strategy and associated Action Plan will be amended in the ways outlined in this report. The amended version of the Strategy will then be taken the following groups for final sign off.

- Kent County Council Health Reform and Public Health Cabinet Committee
- Medway Council: Leaders Meeting, CYP OSC, HASC OSC, Medway Health and Wellbeing Board, Cabinet Committee.
- Kent and Medway Health and Wellbeing Board
- STP MHLDA Board (SBAR report required)
- CCG Clinical Board
- KCC Corporate Management Team

Appendix 1: Respondents 'About You'

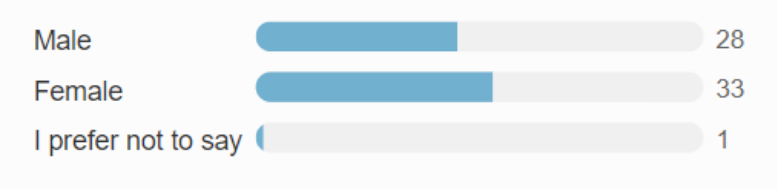
Section 6 – More about you

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

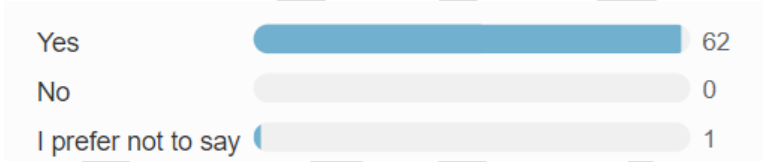
If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

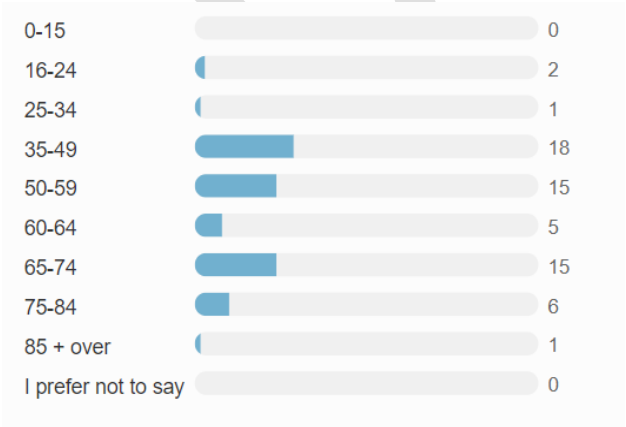
Q27. Are you….? *Please select **one** option.*



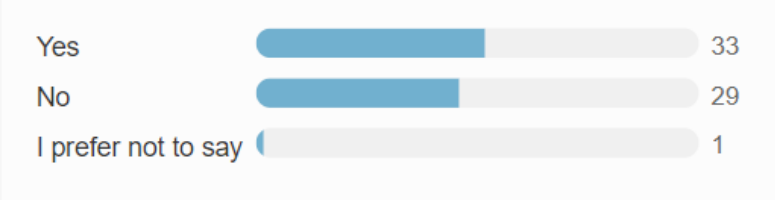
Q28. Is your gender the same as your birth? *Please select **one** option.*



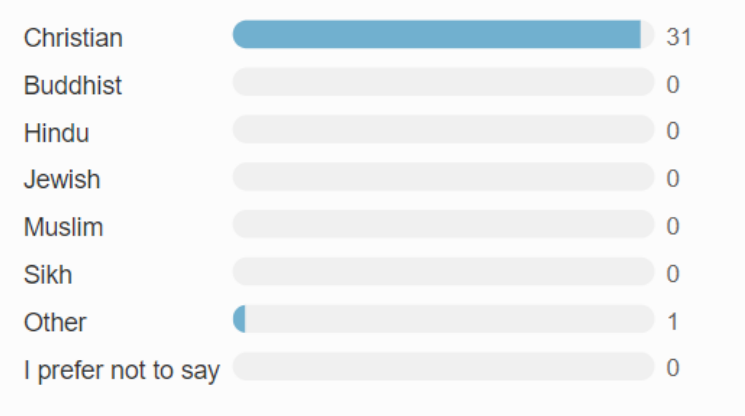
Q29. Which of these age groups applies to you? *Please select **one** option.*



Q30. Do you regard yourself as belonging to a particular religion or holding a belief? *Please select **one** option.*



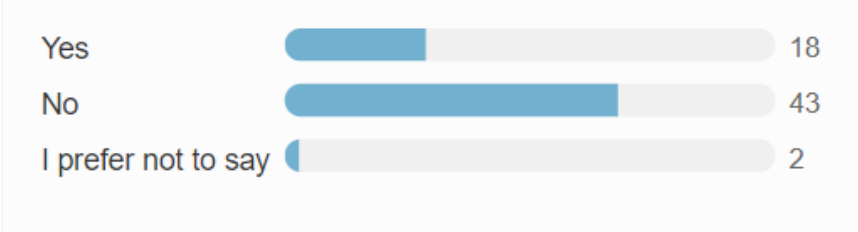
Q30a. If you answered 'Yes' to Q30, which of the following applies to you? *Please select **one** option.*



If you selected Other, please specify:

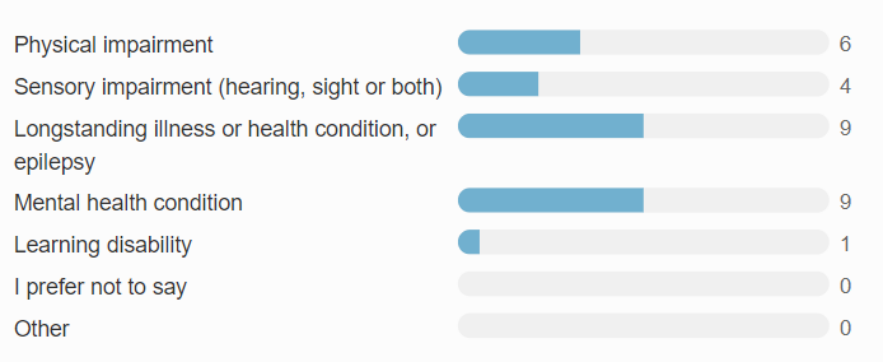
The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q31. Do you consider yourself to be disabled as set out in the Equality Act 2010? *Please select **one** option.*



Q31a. If you answered 'Yes' to Q31, please tell us the type of impairment that applies to you.

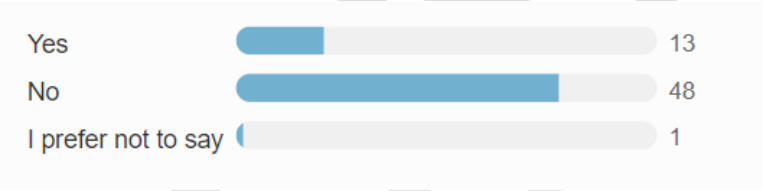
You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.



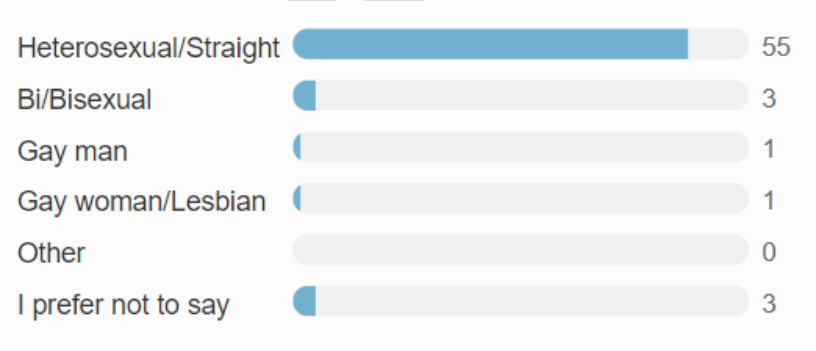
Other, please specify:

A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

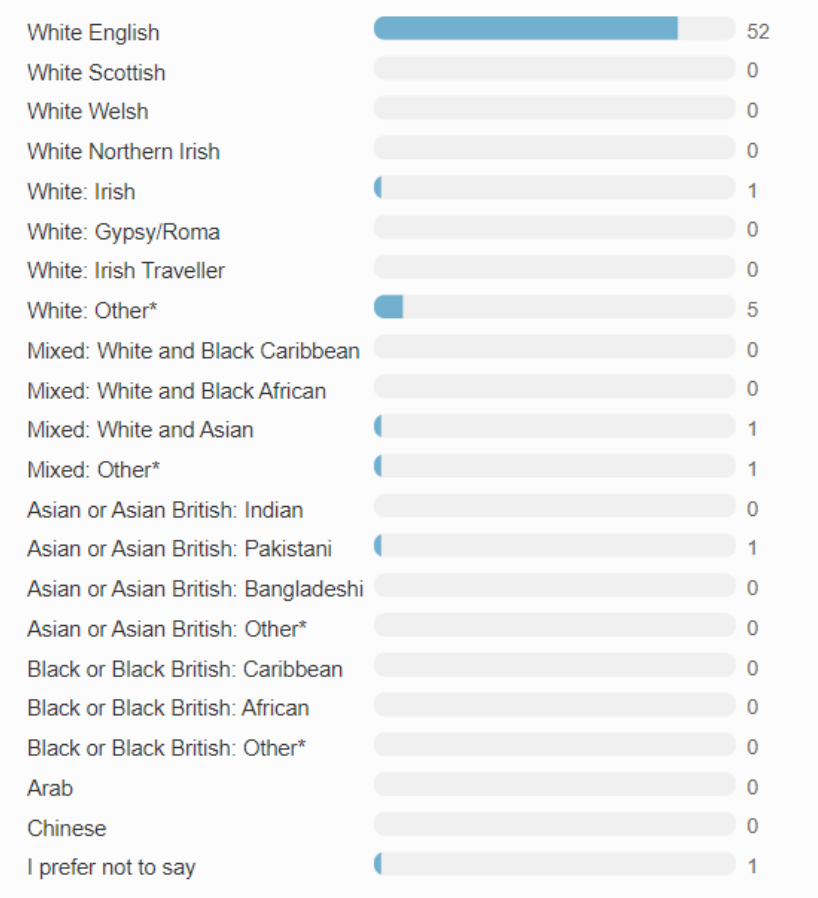
Q32. Are you a Carer? *Please select **one** option.*



Q33. Are you …? *Please select **one** option.*



Q34. **To which of these ethnic groups do you feel you belong?** *Please select **one** option.* (Source 2011 Census)



*****Other - If your ethnic group is not specified on the list, please describe it here:

Appendix 2: Strategy questionnaire (CYP)

Consultation Questionnaire

We are keen to hear your thoughts as we further develop this draft strategy during formal consultation. We have provided this feedback questionnaire for you to give your comments.

What information do you need before completing this questionnaire?

We recommend that you view the consultation material online at kent.gov.uk/suicideprevention before responding to this questionnaire.

If you have any questions regarding these proposals, please email suicideprevention@kent.gov.uk

This questionnaire can be completed online at kent.gov.uk/suicideprevention

Alternatively, fill in this paper form and return to: suicideprevention@kent.gov.uk

Please ensure your response reaches us by midnight on 18 March 2021.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the General Data Protection Regulation and Data Protection Act 2018. Read the full Privacy Notice at the end of this document.

Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

1) Priorities for the new strategy.

The Suicide Prevention Steering Group believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

i. Reduce the risk of suicide and self harm in key high-risk groups of children and young people (CYP)
ii. Tailor approaches to improve mental health and wellbeing of all CYP in Kent and Medway
iii. Reduce access to the means of suicide
iv. Provide better information and support to those CYP bereaved by suicide
v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring
vii. Demonstrate system leadership and quality improvement in relation to CYP suicide and self-harm prevention

Q1a) Do you agree or disagree that we should continue to follow the national priorities as stated above?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't Know

If you selected 'tend to disagree' or 'strongly disagree' please tell us why below.

2) Reduce the risk of suicide and self-harm in key high-risk groups of children and young people (CYP).

The National Strategy has identified the high-risk groups of CYP, shown below, as priorities for suicide and self-harm prevention interventions.

Q2a) Are these the appropriate high-risk groups of CYP you think should be prioritised in the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy?

	Yes		No	Don't Know
Children and young people known to mental health services – including the 18-25 transition to adult mental health services.				
Children in care and care leavers				
Children in custodial settings				
Children and young people with neuro disabilities				
Children and young people who identify as LGBTQ+				
Children and young people who self harm or engage in other risky behaviour				
Unaccompanied Asylum-Seeking children and young people				
Children and young people impacted by Adverse Childhood Experiences (ACES)				

Q2b) If you have answered 'no' to any of the suggested priority groups, what changes would you like to see made?

.

Q2c) Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of these particular groups? (To help us with analysing

these results, please make it clear which priority group(s) you are referring to in your response).

3) Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

As a reminder, the actions in the Strategy are:

- We will work with partners to support implementation of the Kent and the Medway CYP Mental Health Local Transformation Plans.
- We will support the implementation of the Medway Self-Harm action plan and the KCC adolescent strategy.
- We will work with partners to ensure that all CYP have access to a range of easily accessible and evidence-based emotional wellbeing support services.
- We will support the HeadStart programme to increase resilience amongst CYP in Kent.
- We will encourage services to adopt a trauma informed care approach.
- We will pilot innovative new ideas to improve wellbeing and reduce self-harm amongst CYP.

Q3a) Do you agree or disagree with the actions above to improve the mental health and wellbeing of all children and young people in Kent and Medway?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't Know

Q3b) Are there any other actions you would suggest to improve the mental health and wellbeing of children and young people in Kent and Medway?

4) Reduce access to the means of suicide in children and young people.
(Reducing a suicidal person's access to lethal means) is an important part of a comprehensive approach to suicide prevention.

Q4a) How can we reduce suicides in children and young people in Kent and Medway by controlling access to the means of suicide?

5) Provide better information and support to those children and young people bereaved or affected by suicide.

Q5a) What is the best way of providing information and support to those children and young people bereaved or affected by suicide?

6) Support the media in delivering sensitive approaches to suicide.

Q6a) What is the best way of supporting the media in delivering sensitive approaches to suicide?

7) Support research, data collection and monitoring.

Q7a) Are there additional pieces of research that you believe we should be doing regarding suicide and self-harm prevention amongst children and young people?

8) Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention.

We will use this Strategy to raise the importance of suicide and self-harm prevention with partners and encourage every organisation, community and individual to play their part.

Q8a) What is the best way to demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention?

Q9) Please tell us if you have any other comments about the draft Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

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Public Health Commissioning
Health Reform Public Health Committee
September 2021

Public Health commissioning responsibilities

Health visiting since 2015 – 5 mandated visits*
Oral health since 2018 – statutory survey

Vision and Priorities

"Reducing health inequalities and improving the health of the population"

"Ongoing transformation to ensure efficacy, effectiveness and improved outcomes"

- Taking a preventative approach focused on those most in need
- Empowering service users to help themselves
- Collaboration and co-production
- Focused on improving systems and pathways
- Evidenced led and informed by data
- Enabling creativity and innovation, including embracing new technology
- Maximising spend on front line services and focused on the end goal/outcome
- Ability to adapt rapidly to the changing health and social care landscape
- Supporting localised delivery, enhancing social value and supporting a cleaner green Kent
- Can demonstrate impact

Commissioning Context

Demographics

Ageing and diversifying population, increasing birth rates and 40 – 74 population. Increasing mental health and substance misuse needs and drug deaths

NHS Long Term Plan

Calls for collaboration between organisations, formation of new health structure, digitalisation, focus on prevention - development of K and M 5 year plan

Sustainability and Transformation plans and development of Integrated Care Systems

Development of a Kent and Medway ICS, ICP and PCN's

Financial and contractual drivers

Significant ongoing cost pressures, lack of ongoing budget uncertainty and varied budget allocations

COVID

Redeployment of NHS workforce (cost of £1.5M), critical services delivered, many require significant catch up and varied levels of demand.

EU Post Transition

Concerns on the impact of drug prices, staffing and travel etc

Public Health System and PHE Reforms

National review of mandated programmes and functions.

UK Health Security Agency (formerly National Institute for Health Protection)

Health inequalities and clustering of unhealthy behaviours

HI are increasing both locally and nationally with unhealthy behaviours more prevalent in areas of deprivation

Legislation and Commissioning Guidance

Working together to improve health and social care for all White Paper

Transforming Public Procurement Green Paper

Revised Healthy Child Programme Guidance

Our Focus

"Reducing health inequalities and improving the health of the population"

Kent County Council kent.gov.uk

Services

Start Well

- Health Visiting* inc. Infant Feeding
- School Public Health Service* inc. CYP Counselling Service
- Kent Epidemiology and Oral Health Promotion programme
- Targeted Relationships
- Young Person Drug and Alcohol Services
- Young Person Condom Programme

Live Well

- Sexual Health Services*
- Health Improvement/Lifestyle Services
- Drug & Alcohol Services
- Suicide Prevention
- NHS Health Checks*

Age Well

- Postural Stability
- Men's Sheds
- NHS Health Checks

*Mandated Functions

Co-commisoning and investment in KCC services

Kooth online counselling, Children's centres, Youth services, Family Drug and Alcohol Court, Live Well Kent, Domestic Abuse, Housing related support, Employment wellbeing, Bereavement Services, Kent Community Alcohol Parentship, VSC support etc

Start Well – Priorities

Early identification and support to prevent escalation of need

- Expedite response to SEND inspection actions and deliver Written Statement of Action
- Provide robust outreach that reaches children and young people who may be vulnerable and not known e.g. children educated at home
- Build greater relationships with educational settings, early years and maternity and co-ordinate communications to families
- Build resilience and support emotional wellbeing, reducing the impact of Adverse Childhood Experiences
- Support children and young people to live healthy lives including pro-actively reducing risk-taking behaviours

Phased recovery of services

- Finalise estate usage to enable increase in face to face sessions.
- Work with partners to support the re-establishment of diagnosis and treatment pathways
- Support a sustainable workforce and support them to adjust to ways of working

Service Enhancements

- Continue to embed co-production and quality improvement methodology into service development and delivery.
- Review and further enhance digital presence to provide more flexible access to support and services, where it is safe to do so.
- Support the sustainability of the Headstart Kent Programme
- Review the single point of access for children and young people's emotional wellbeing and mental health services
- Plan for the revised Healthy Child Programme Guidance and Continuity of Care guidance

Live and Age Well –Priorities

Building on innovation and lessons learned from the Covid-19 response

- Evaluation of new ways of working to ensure the service meets the needs of service users through service user surveys and analysis of performance data
- Review and further enhance digital presence to provide more flexible access to support and services, where it is safe to do so

Phased recovery of services

- Increase face to face appointments as lockdown restrictions ease
- Group work to be offered face to face for those who cannot access digitally; restriction on the numbers allowed in groups
- Health check catch up cohort

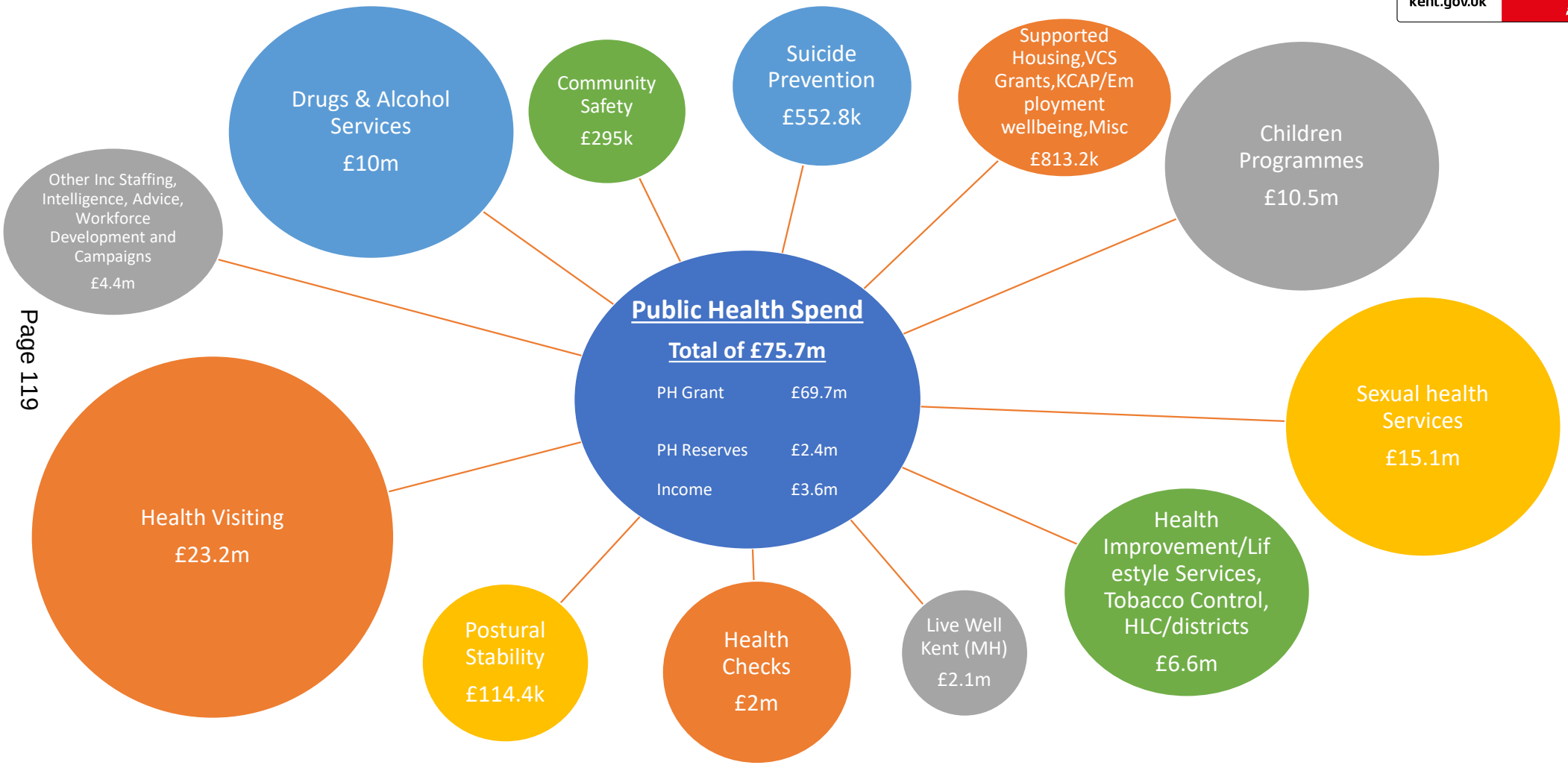
Service Enhancements

- PH received increase in budget in 21/22 to increase capacity in drug services, includes increasing naloxone, needle exchange, outreach posts
- Dame Carol Black review
- Implement any changes from National Health Check review

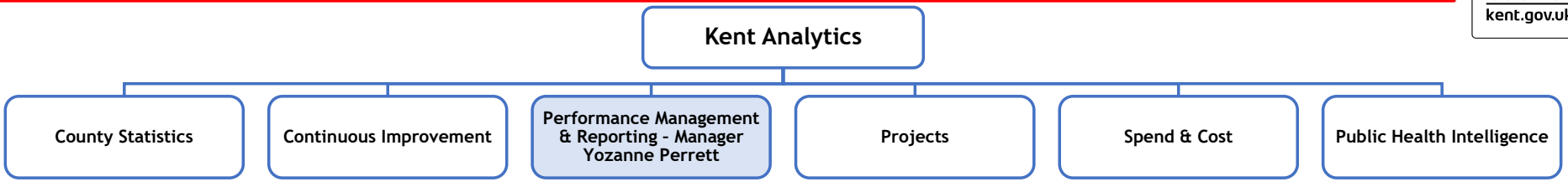
Public Health COVID-19 Grants

Surge Testing Op Barton	Test and Trace Grant	Contain Outbreak Management Fund (COMF)	Community Mass Testing Programme	Practical Support for those Self-Isolating
Surge testing grant at a particular site in Kent to control the spread of the COVID-19 virus	Utilised to provide local contact tracing	Utilised to support public health activities directly related to the COVID-19 response, such as testing, non-financial support for self isolation, support to particular groups, communications and engagement, and compliance and enforcement.	Utilised to deliver asymptomatic testing services across Kent County Council	Utilised to provide additional support to those self-isolating outside of direct financial support.

Public Health 2021/22 Budget



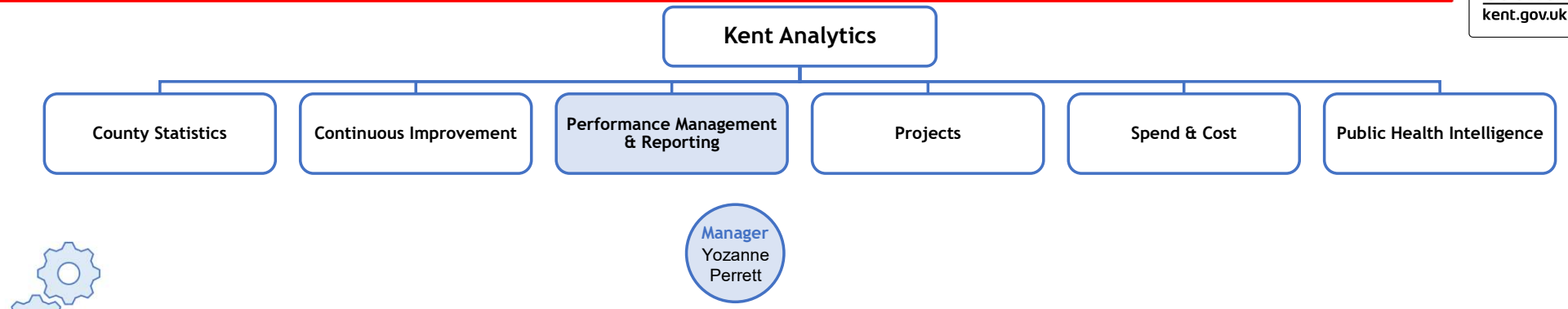
Performance Management & Reporting – Overview



The Performance Management & Reporting Team works across the Directorates of KCC to best represent the current and ongoing performance of commissioned services, and support service improvement through:

- Aligning monitoring with strategic planning across the organisation
- Identifying, measuring and reporting of key performance indicators and activity measures
- Setting measures against impact evaluation criteria and contracted service provision
- Consult on and build performance reporting for commissioned services
- Producing the Council's core performance reporting documents
  - Directorate Dashboards for Cabinet Committees
  - Quarterly Performance Report for County Council
  - Annual Performance Report for County Council
  - 0–25 Health and Wellbeing Board
  - Member performance and information packs
- Translating information into intelligence reports
- Communicating information and understandings

Performance Management & Reporting – Overview



Services Managed | Examples

Commissioned services the team monitor and report on include:

- Drug & Alcohol Service
- Health Checks
- Health Visiting
- Live Well Kent
- One You Kent
- Sexual Health Service
- Specialist Bereavement Service

Public Health Services across Kent

Appendix I

The Health Visiting Service (including infant feeding and Family Partnership Programme)

- For everyone with a new baby or child under 5.
- Lead the delivery of the Heathy Child Programme as part of an integrated approach.
- Universal offer delivers more than 71,000 mandated development reviews each year and provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.
- Family centred universal plus and universal partnership plus offer include a range of interventions such as maternal mental health, parenting support and safeguarding.
- Provision of twelve district duty lines, Healthy Child Clinics, infant feeding drop ins and digital support.
- Specialist infant feeding support for approximately 300 families a month.
- Enhanced support for vulnerable families – 22 one to one session during the child's first year of life.

"Becci supported me when I left an abusive relationship, liaised with social services and my GP and put me on the right path. All the health visitors have helped us so much."

- The Service consists of a workforce of specialist community public health nurses.
- The service is delivered Countywide by KCHFT
- Families can contact the service directly or be referred by a variety of practitioners. Further information is available online at www.kentcht.nhs.uk/service/kent-baby/health-visiting-service/ and in the child's red book.

School Public Health Service

- For Children aged 5 to 19 years, attending and not attending school.
- Works closely with schools, parents and young people to deliver early intervention and to optimise the health and wellbeing of children.
- Routine Screening for approximately 17,500 Year R and 17,500 Year 6; the National Child Measurement Programme (mandated), school entry vision and hearing screening and online health assessment.
- Tier 1 interventions are delivered each year alongside advice, support and guidance for; emotional health and wellbeing, continence and enuresis, weight management, behaviour and parenting.
- Support for schools to understand health needs, develop health plans, implement a whole schools approach to emotional wellbeing and obtain the Resilient School quality mark.

School Public Health Service

- The Service consists of a workforce of school nurses who are qualified nurses, with specialist training in Public Health

- The service is delivered Countywide by KCHFT

- This is a universal service. Referrals for specific interventions are made by a variety of practitioners and self –referrals can be made. Further information is available online at https://www.kentcht.nhs.uk/service/school-health/

"The whole family have made significant changes to their lifestyle which has had a positive impact on all. The young person has made healthier changes to his diet."

Children and Young People's Counselling Service

- For Children aged 5 to 19 years, attending and not attending education.
- This service is part of the wider Children & Young People's Mental Health Services pathway. It has close links with the CAMHS service provider.
- 1-1 counselling sessions. The number of sessions each young person receives is based on need.
- The service ensures that children and young people with early help and specialist needs are able to maintain their resilience throughout recovery.
- The Service consists of a workforce of qualified counsellors.

"The mother was very happy with the outcome and was appreciative that a professional had ascertained her daughter's wishes and needs"

- Referrals are received into a Single Point of Access (SPA) where they are triaged and passed to the appropriate provider for an intervention.
- Self –referrals can be made.

Telephone: 0300 123 4496
Email: nem-tr.kentchildrenandyoungpeoplehealthservices@nhs.net

NHS
Kent Community Health
NHS Foundation Trust

Targeted Relationships and Sex Education and Emotional Resilience Intervention

- For young girls aged 10 – 16 year who have been exposed to adversities including; sexual exploitation, coercive and abusive relationships and familial domestic abuse.
- Long-term outcomes of the Service are to; reduce the rate of under 16 and under 18 teenage conceptions, increase social, emotional and mental health of young people/ building resilience, reduce emergency hospital admissions for intention self-harm, reduce the rate of STIs under 25-year olds, reduce young women who are not in education or training, reduce young women misusing substances.
- 6 - 8 sessions of individual or group based work, building young people's resilience.

"Ruth realised the impact her boyfriend had on her self-esteem."

"Emma has been in an unhealthy relationship in the past, so these sessions allowed her to reflect and think about what happened."

- The service is delivered Countywide by Barnardos.
- Referrals are made by a variety of practitioners and self – referrals can be made. The referral form and further information is available online at www.barnardos/org.uk/BeFree

Believe in children
Barnardo's

Kent Oral Health Promotion Programme

- For vulnerable adults and the parents of children identified as already experiencing poor oral health and/or at risk of experiencing poor oral health.
- For key workforce groups from health, education, social care and voluntary sector
- Delivery of the statutory Dental Epidemiology Survey to include dental examination of at least 3000 5 year olds.
- User-directed Oral Health Promotion. This includes providing targeted evidenced based oral health and healthy eating promotion interventions.
- Tailored training to key workforce groups .

- The service consists of a workforce of dentists and oral health promoters.
- The service is delivered Countywide by KCHFT.
- Further information is available online at https://www.kentcommunityhealth.nhs.uk/dental-services/

Kent Sexual Health Services
www.kent.gov.uk/sexualhealth

- Integrated specialist sexual health service delivering complex and universal provision across the districts. All age clinics and under 25 clinics provided by Maidstone and Tunbridge Wells Trust and Kent Community Health Foundation Trust
- Pharmacy sexual health service [aged 30 and under]
- Online STI testing
- 'Get it' condom programme [under 25] provided by Metro
- Psychosexual counselling
- Long-acting reversible contraception (LARC) in Primary Care

ONE YOU KENT

Kent County Council kent.gov.uk

Healthy Lifestyle Services For Adults 18 + who live across Kent

One You Kent provides information and a[CSSG3]ocal motivational support and services to help people improve their health in terms of healthy weight, eating well, moving more drinking less and help to stop smoking. **The One You Kent website** provides key information, a short health quiz and free apps to download.
https://www.kent.gov.uk/social-care-and-health/health/one-you-kent

Local motivational support is delivered by **One You Kent Lifestyle Advisors** working across Kent.

East Kent and Maidstone	**03000 123 1220**
West Kent and Dartford	**0300 0200636**
Gravesham	**01474 320123**

A short referral form is also available on the One You Kent Website
One You Kent also offers free advice and support to help you get healthier and feel better

I am a stone down and 14 cm smaller around the waist. I have fallen back in love with taking care of myself and my confidence has grown. I feel inspired and ready to make new goals but most importantly I feel I have the confidence to achieve them

Slide 20

CSSG3 Is this meant to say "and an app"?
Clare Stewart - ST GL, 25/08/21

ONE YOU KENT

Smoke Free Service Provides free, face-to-face support in local community Offering Quit Clubs and one-to-one sessions across Kent. Stop smoking medication such as patches, gum or tablets (Champix and Zyban) are available on prescription – if people don't pay for prescriptions then they are free!

Quitting when pregnant

Specialist help and support is available to help women to go smoke free, including home visits through a special NHS team with lots of experience who are dedicated to helping pregnant women and their families to quit smoking. Free patches or gum is available through a prescription to help through the difficult days – these are perfectly safe to use throughout pregnancy

https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking#Local-quit-smoking-support

A short referral form is also available on the One You Kent Website

One You Kent also offers free advice and support to become **smoke free.**

Phone 0300 123 1220 or text 'quit' to 87023

"I searched online and found the quit club and decided to give it a try. I was prescribed nicotine replacement therapy and this was key in helping to beat my cravings for cigarettes. It was a 12-week course but at 6 weeks I had already given up and I had no cravings and no withdrawal symptoms. It was fantastic. Quitting smoking was one of the best days of my life".

Young Person's Drug and Alcohol Services

We Are With You offers a specialist substance misuse treatment service to young people.

They offer information, advice and support to a core group of 11-18 year olds, and targeted support for individuals aged 18-24.

There are a number of referrals pathways including Integrated Children's Services, Youth Justice, CAMHs and Self or Family/friends referral.

The Service aims to support individuals sustain change to their drug or alcohol use through:

- **Peripatetic working** – meeting service users in locations which suit their needs.
- Offering **brief interventions**, **1-1 structured support** or **early intervention group work** based on the level of need.
- Delivering the **RisKit** programme in schools, to young people who are vulnerable to risk taking behaviour.
- Offering the **Kent Youth Drug Intervention Scheme (KYDIS)** programme to reduce the number of young people becoming criminalised for low level drug offences.

More Information at: https://www.wearewithyou.org.uk/services/kent-for-young-people/

"The help I've had has literally been life changing. I've had help with my anger issues and I've realised what the drugs were doing to me. I've been able to encourage my friends to stop too. My relationship with my parents is now much better and they're starting to trust me again. I'm reapplying for sixth-form and have a couple of job interviews lined up to keep me busy until then." Service user

Adult Drug and Alcohol Services - CGL West Kent Recovery Service

Change Grow Live (CGL) are a charity that supports people to change their lives for the better.

In West Kent CGL deliver an open access, recovery-orientated drug and alcohol treatment and harm reduction service for adults aged 18+. Areas include Maidstone, Tunbridge Wells, Gravesend, Tonbridge & Malling, Sevenoaks and surrounding areas.

There are several referrals pathways including Self referral, GP, Criminal Justice, and Psychiatry Services.

For more information call 0330 128 11133 or visit https://www.changegrowlive.org/

"I love my life now and am so thankful to have been given a second chance. I have learnt so my different ways of coping with my issues and feel that I am in full control of my life now." Zoe, Service User.

Adult Drug and Alcohol Services - CGL West Kent Recovery Service

The Service aims to support individuals sustain change to their drug or alcohol use through:

- **Screening and detailed assessment** of individuals who have a drug or alcohol treatment need.

- **Recovery planning** including access to evidence based pharmacological and psychosocial interventions. These include group-based work and 1-1 structured support.

- **Harm minimisation** interventions including access to needle and syringe exchange programmes, Blood borne virus testing, Hepatitis B vaccinations and referral for specialist Hep C treatment.

For more information call 0330 128 11133 or visit https://www.changegrowlive.org/

Adult Drug and Alcohol Services- East Kent The Forward Trust

- The Forward Trust are a charity that empowers people to break the often interlinked cycles of crime and addiction to move forward with their lives.

- In East Kent, Forward deliver open access drug and alcohol treatment and harm reduction services for adults aged 18+. Areas include Ashford, Canterbury, Dover, Folkestone, Thanet and Sittingbourne and the surrounding areas.

- There are a number of referrals pathways including Self referral, GP, Criminal Justice, and Psychiatry Services.

Adult Drug and Alcohol Services- East Kent The ForwardTrust

The service supports individuals through a range of interventions including:

- **Screening and detailed assessment** of individuals who have a drug or alcohol treatment need, this includes assessment for community and in patient detox.
- **Structured Support** through pharmacological and psychosocial interventions. These include substitute prescribing, clinical care and structured recovery pathways and programmes.
- **Harm Reduction** interventions including needle exchange, blood borne virus testing, vaccinations and referral for Hepatitis C treatment.

For more information visit www.eastkentdrugandalcohol.org.uk for each local office number.

Adult Drug and Alcohol Services - East Kent Residential Recovery Housing

CGL also deliver the Residential Recovery Housing service in East Kent.

This service is across 2 sites:

- Shepherd House in **Folkestone-** 11 Flats
- The Cedars in **Canterbury-** 7 Flats

The referral criteria for the service is to be abstinent and in recovery from drug or alcohol misuse and to have an accommodation need. There are several referral pathways including self referral, community drug and alcohol services, prison and residential rehab.

The Service supports individuals with:

Accommodation individuals will reside in self contained flats, with access to communal living space and 1-1 housing related including move on accommodation.

Structured Support the service provide a 3-stage structured program with psychosocial intervention and recovery support designed to support individuals to sustain their abstinence from drugs and alcohol. This includes group-based work and 1-1 structured support.

Life Skills including maintaining a tenancy, managing finances and filling life with meaningful activities including attending college, volunteering and working towards gaining employment.

For more information call 01303 220719 or visit www.changegrowlive.org/content/shepherd-house

Digital App

LOWER MY DRINKING
Get Healthier, Feel Better

BREAKING FREE™ Online

The digital interventions provided by Breaking Free Online deliver confidential and highly personalised support 24 hours a day. All residents with a Kent postcode over the age of 18 will have access to the Lower My Drinking triage site and application free of charge.

There are several referral pathways including self-referral, GP, Healthcare Professional, Hospital, One You Kent and Specialist Alcohol Services. Lower My Drinking can be used in conjunction with other services such as face-to-face interventions or as stand-alone support.

For more information visit https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/drink-less

Digital App

LOWER MY DRINKING
Get Healthier, Feel Better

BREAKING FREE™ Online

Lower My Drinking is a comprehensive digital platform for preventing alcohol-related harm and will:

- Increase awareness amongst Kent residents who engage with the interventions about the impact alcohol is having on their lives.
- Provide advice and support to Kent residents who are drinking above lower risk amounts in order to facilitate a reduction in consumption.
- Increase awareness of local services for those requiring a referral to services as they have identified as being potentially alcohol dependent.
- Provide a self-referral mechanism via the self-assessment and triage site to local services.

For more information visit https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/drink-less

Digital App

The My Quit Route application is available to all residents with a Kent postcode over the age of 18 free of charge and accessible 24 hours a day which delivers confidential and highly personalised support to quit smoking.

My Quit Route is a NCSCT-compliant application for facilitating smoking cessation that can be used as a stand-alone intervention or as continuous, on demand behavioural support in combination therapy with NRT, medication or e-cigarettes.

There are several referral pathways including self-referral, GP, Healthcare Professional, Pharmacist and One You Kent.

For more information visit https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking

Digital App

My Quit Route will:

- Increase awareness amongst Kent residents who engage with the interventions about the impact smoking is having on their lives including health and finances.
- Provide advice and behavioural support to Kent residents who want to quit in-conjunction with stop smoking services, or those who wish to quit independently.
- Provide specific advice and support for pregnant smokers attempting to quit.

For more information visit https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking

Mental Wellbeing services

- Live Well Kent is a service commissioned by **Kent County Council Adult Social Care, Public Health** and all **Kent CCGs**. The service was commissioned to support people's mental health and wellbeing. It is an open access service for people who reside in Kent who are over 17.
- The service has been commissioned to target people with common and serious mental health issues, and was set up to:
  - Transform fragmented delivery of different grant funded mental health services into a collaborative network
  - Support people to better manage their wellbeing within their local community, focusing on recovery and self-management.
  - Better understand and evidence the impact of the support that is provided.
- For more information, the website can be found at https://livewellkent.org.uk/

Specialist Bereavement Service for under 25-year-olds

CHUMS deliver the Specialist Bereavement Service for under 25-year-olds across Kent and Medway. The service is available to individuals from Preschool age (3 ½) up to 25 years old (until 26th birthday) who are registered with a Kent or Medway GP and require specialist bereavement support to cope with complex grief.

Referrals into the service are open access. Referral pathways include self referral, GP, mental health professionals and other bereavement support services/existing voluntary sector bereavement services.

For more information visit http://chums.uk.com/

Specialist Bereavement Service for under 25-year-olds

- The service delivers evidence-based specialist counselling.
- The interventions are age appropriate and take into consideration the family context to provide flexible levels of support to meet the needs of the bereaved person/s.
- Delivery of these sessions is via trained counsellors with experience in bereavement, delivered in venues suitable for the service user, such as at home, in school and youth clubs, and/or virtually.
- The overarching aim of the service is to support children and young people across Kent and Medway who are experiencing high levels of distress and grief by supporting them to manage the impact of their bereavement and reduce the risk factors associated with this event.

For more information visit http://chums.uk.com/

Kent Sheds Programme

Activmob are commissioned by KCC Public Health to help expand Kent's network of sheds by developing a further 38 sheds, whilst maintaining the current network of sheds which already exist.

Sheds are spaces designed for men to connect, converse and create. They are designed to help reduce loneliness and isolation in a population who are difficult to reach through other community based interventions. Through participating in sheds it is hoped that a participant would:

- Improve Physical Health
- Have a raised self-esteem and confidence
- Be given the tools to find employment
- Have improved social networks and a restored sense of worth
- Develop community leadership skills

Sheds operate all across the county, with more information available here: https://www.kentsheds.org/

Support Service for People Bereaved by Suicide (all ages)

Listening Ear deliver the Support Service for People Bereaved by Suicide (all ages) across Kent and Medway. This service is available to anybody currently living in Kent and Medway, no matter where the death by suicide occurred. Children under the age of 18 are able to access the service at a level depending on their need and the service will work closely with the Specialist Bereavement Service for under 25.

Referrals into the service are open access, but the main referral route is via a formal pathway between Kent Police, the Kent Coroner Service, Kent and Medway Public Health Teams and Listening Ear. The service works closely with other bereavement support services across Kent and Medway.

For more information visit https://listening-ear.co.uk/

Support Service for People Bereaved by Suicide (all ages)

- The service helps people who have been bereaved by suicide.
- The service provides a person/family centred approach and delivers evidence-based interventions.
- There are three main cohorts of people that the service supports:
    1. Close family members of the individual who died
    2. Friends, colleagues, witnesses, and other people affected by a suicide
    3. People who are supporting, or who are spending time with, people bereaved by suicide
- The aim of this service is to help family and friends both in the initial days and weeks after the death, as well as signposting support for people who have been bereaved by suicide in previous years.

For more information visit https://listening-ear.co.uk/

Postural Stability – KCHFT (east Kent) &

Involve (west Kent)

Postural Stability Services offer chair-based exercise classes to individuals aged 65+ (50+ with a supporting statement from a medical professional) who require support with strength, balance and mobility due to a risk/fear of falling. Courses last for 36 weeks at various locations across Kent.

Postural Stability is delivered by two providers:

- KCHFT in east Kent
- Involve Kent in west Kent

The service is aimed at individuals who have had only a few falls or are starting to experience issues with falling. CCG's commission a service for individuals who experience falls more frequently or have an underlying health condition which is leading to a greater number of falls. This support is known as Falls Prevention.

Both Postural Stability and Falls Prevention services are accessible through a referral form hosted on the KCC website.

NHS Health Checks

- For adults in England aged 40 to 74. It's designed **to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia**. Eligible population invited by letter by GP (text messaging is being explored)
- **Universal and targeted approach** to increase take up in lower deciles (who are less likely to attend but more at risk of CVD (cardio vascular disease)
- **Outreach** - KCHFT deliver community outreach health checks; workplace, events to target harder to reach communities
- **System** – Health Options software identifies cohort, sends invitations, records results of a check and reports on outcomes; no. of referrals to OYK or diagnosis. System review to start Jan 2021
- **App** – helps track health check results, provides advice, based on results, to support people to make the change to a healthier lifestyle.

NHS
Kent Community Health
NHS Foundation Trust

Website

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Allison Duggal, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

12th October 2021

Subject: Performance of Public Health commissioned services

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report.

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators (KPIs) for Public Health commissioned services. In the latest available quarter, eleven of fifteen KPIs were RAG rated Green, two Amber, and two Red.

The two Red KPIs are the delivery of the NHS Health Checks Programme which was paused due to the Coronavirus pandemic (COVID) between March 2020 and August 2020. Public Health and the provider are working on a future recovery plan. The other Red KPI is Young People exiting specialist substance misuse services in a planned way. A high number of these young people reported abstinence, and a plan has been put in place to reduce unplanned exits.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2021/22.

1. Introduction

1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.

1.2. This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous 5 quarters.

2. Overview of Performance

2.1. Of the fifteen targeted KPIs for Public Health commissioned services eleven achieved target (Green), two were below target but achieved the floor standard (Amber), and two did not achieve the floor standard (Red). These KPIs relate to the delivery of the NHS Health Checks Programme and the number of Young People exiting specialist substance misuse services in a planned way.

3. Health Visiting

3.1. The Health Visiting Service delivered 18,693 mandated universal contacts in Q1 2021/22, an increase of 4.4% when compared with the same quarter of the previous year (17,902). All five mandated contacts were on or above target.

3.2. In Q1 2021/22, approximately half of the new birth visits in Maidstone were delivered slightly later than usual (15–21 days after birth rather than 10–14 days after birth) due to temporary staff absence and changes in administrative process. All were delivered within the target of 30 days and will be delivered within 10–14 days in Q2 2021/22. Face-to-face delivery has increased from 11.7% in Q1 2020/21 to 41% in Q1 2021/22. The number of healthy child clinic attendances has increased from 835 in Q4 2020/21 to 1,248 in Q1 2021/22. Calls to the duty line (11,856), and specialist infant feeding service referrals remain high in Q1 2021/22. The service continues to ensure vulnerable families or those with identified health needs receive a face-to-face contact in a clinic or at home.

4. Adult Health Improvement

4.1. The NHS Health Check Programme continues to recover after the service resumed delivery in Q2 2020/21 following a nationally mandated pause in March 2020 due to COVID. In Q1 2021/22, just over a third of GPs (63) actively participated in the programme and the provider core team continued to provide Health Check clinics across Kent. There were 2,851 Health Checks carried out in the quarter, which exceeds the target of a 20% quarterly increase in checks by 1,073 and indicates that capacity is increasing. The outreach team continued to establish and maintain relationships with key groups, employers and organisations, to engage with vulnerable and hard to reach communities.

4.1. In Q1 2021/22 the smoking cessation service continued to offer the majority of interventions via telephone and video appointments, with some being offered face-to-face where PPE or social distancing would allow. In addition to this, 11 GP practices and 23 Pharmacies resumed their one-to-one offer. The waiting list continues to be monitored and has been 0 since the third week of Q1. Lifestyle advisor secondments have been continued through to the end of November 2021 to allow sufficient time for GPs and Pharmacies to resume delivery and for the provider to recruit further advisors to avoid a waiting list developing.

4.2. The One You Kent adult healthy lifestyle service referrals remain lower when compared to 2019/20. This is largely due to a reduction in GP referrals and limited outreach delivery. Referrals are continuing to increase each quarter since the pandemic began, with a large percentage being seen by a lifestyle advisor (72%). District councils delivering the One You Kent services have started to plan face-to-face delivery whilst still offering a virtual/digital offer.

5. Sexual Health

5.1. The new sexual health indicator seeks to provide assurance that new patients to the service are being offered a full sexual health screen, where it is appropriate to do so, with the purpose of improving detection rates. Service providers and commissioners are working together to improve the proportion of new attendees to the service that are being offered a full sexual health screen by ensuring all staff are offering a screen across all types of appointments. Furthermore, work is underway to ensure the IT system has appropriate mechanisms to enable the offer of all new attendee screens to be recorded. A full sexual health screen can be completed through the home testing service or at clinic. In Q1 the indicator recorded 85% being offered a full sexual health screen which is still below the target of 92%.

6. Drug and Alcohol Services

6.1. All clinical aspects of Adult Community Drug and Alcohol service delivery have resumed with the services continuing to offer virtual and face-to-face appointments based on service user risk, vulnerability, and individual preference. Planned exits remain stable for Q1 with 28% of service users leaving structured treatment in a planned way. Referrals to Adult Community Drug and Alcohol have increased in Q1 and alongside this new treatment starts have also increased.

6.2. The Young Person's Service received 91 referrals in Q1, which is slightly lower than Q1 last year (97). The amount of young people exiting treatment in a planned way has decreased from Q4 to 71%; of this number 27% of the young people reported abstinence. A plan has been put in place to reduce unplanned exits, including closer working with Youth Justice and a focus on case management in supervision. Young people that exit in an unplanned way are all sent a survey to understand the reasons behind it.

7. Mental Wellbeing Service

7.1. In Q1 2020/21 there has been an increase in participants returning to the Live Well Kent Service, which is thought to be due to COVID and the gradual opening of face-to-face interventions. The number of new participants each quarter remains high. The service has responded effectively to this need, with service user satisfaction rates remaining above target this quarter.

8. Conclusion

8.1. Eleven of the fifteen KPIs remain above target and were RAG rated green.

8.2. Public Health and the Commissioners continue to explore other forms of delivery, for example digital services, to compliment traditional delivery mechanisms, to

ensure current provision is fit for purpose, meets user needs and able to account for increasing demand levels in the future.

9. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2021/22

10. Background Documents

None

11. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

12. Contact Details

Report Authors:

- Yozanne Perrett: Performance & Analytics Manager, Strategic Commissioning
- 03000 417150
- Yozanne.Perrett@kent.gov.uk

- Sharon Dene: Lead Commissioner - Public Health
- 03000 422055
- Sharon.Dene@kent.gov.uk

Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPI's	Target 20/21	Target 21/22	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	69,073 (g)	69,440 (g)	70,445 (g)	71,932 (g)	72,763 (g)	⇧
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	3,095 76% (g)	2,877 70% (g)	2,727 68% (g)	2,821 72% (g)	3,061 83% (g)	⇧
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	3,868 97%(g)	4,061 99%(g)	3.965 99%(g)	3.815 99%(g)	4,036 99%(g)	⇔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,447 89%(g)	3,711 90%(g)	3,685 90%(g)	3,474 92%(g)	3,764 93%(g)	⇧
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,646 51%*	1,851 51%*	1,855 50%*	1,739 48%*	2,540 63%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,669 89% (g)	3,420 81% (a)	4,011 89% (g)	3,745 91% (g)	3,647 92% (g)	⇧
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,269 72% (a)	3,028 70% (a)	3,754 84% (g)	3,911 87% (g)	3,735 91% (g)	⇧
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	55 77%(a)	42 91%(g)	38 78%(a)	40 85%(g)	44 71%(r)	⇩
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,320	1,312	1,350	1,362	1,411	⇔

				27% (g)	27% (g)	27% (g)	28% (g)	28% (g)	
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	9,546	29,046 (r)	17,449 (r)	9,596 (r)	3,490 (r)	6,341 (r)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	246 57% (g)	559 62% (g)	851 63% (g)	905 65% (g)	910 59% (g)	⇩
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	283 47% (r)	260 51% (a)	300 42% (r)	307 47% (r)	317 54% (a)	⇧
Sexual Health	PH24 No. and % of all new first time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	-	70%	2943 69%(r)	4960 75%(a)	5391 87%(a)	4321 87%(a)	6,014 85%(a)	⇩
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends or someone in a similar situation	90%	90%	308 99.7% (g)	490 99.4% (g)	401 99.3% (g)	462 100.0% (g)	433 98% (g)	⇩

*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

Commissioned services annual activity

Indicator Description	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	97% (g)	97% (g)	93% (g)	95% (g)	nca	nca	⇔
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	96% (g)	94% (g)	nca	nca	⇔
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	115,232	157,303	198,980	36,093	76,093	79,583	-

Indicator Description	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	DoT
PH06: Number of adults accessing structured treatment substance misuse services	5,462	4,616	4,466	4,900	5,053	4,944	⇩
PH07: Number accessing KCC commissioned sexual health service clinics	73,153	78,144	75,694	76,264	71,543	58,457	⇩

Key:

RAG Ratings

(g) GREEN	Target has been achieved
(a) AMBER	Floor Standard achieved but Target has not been met
(r) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

**Relates to two most recent time frames

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

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Last updated: 4 October 2021

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2021/22

Items to every meeting are in italics. Annual items are listed at the end.

23 NOVEMBER 2021
• ***Verbal Updates*** • ***Update on COVID-19*** • ***Risk Management report (with RAG ratings)*** • ***Work Programme*** • Annual Report on Quality in Public Health, including Annual Complaints Report • COVID grants update •
20 JANUARY 2022
• ***Verbal Updates*** • ***Update on COVID-19*** • ***Risk Management report (with RAG ratings)*** • ***Work Programme*** • Budget and Medium-Term Financial Plan • Update on Public Health Campaigns/Communications • Update on PHE additional funding • Live Well Kent Commissioning Strategy
9 MARCH 2022
• ***Verbal Updates*** • ***Update on COVID-19*** • ***Risk Management report (with RAG ratings)*** • ***Work Programme*** • NHS Health Check (dependent on the confirmation of national review) • Public Health Performance Dashboard
9 JUNE 2022
• ***Verbal Updates*** • ***Update on COVID-19*** • ***Risk Management report (with RAG ratings)*** • ***Work Programme*** • Public Health Performance Dashboard • Update on Public Health Campaigns/Communications Bereavement Service Update

Last updated: 4 October 2021

REGULAR ITEMS	
Meeting	**Item**
January	• Budget and Medium-Term Financial Plan • Update on Public Health Campaigns/Communications • Public Health Performance Dashboard
June/July	• Update on Public Health Campaigns/Communications • Public Health Performance Dashboard
September	• Public Health Performance Dashboard
November	• Annual Report on Quality in Public Health, including Annual Complaints Report

FUTURE ITEMS
• Sexual Health Services • Place-based health – healthy new towns • Population Health Management with ICS