Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 15 November 2024

Committee:
Health Overview and Scrutiny Committee

Date: **Monday, 25 November 2024**
Time: **10.00 am**
Venue: **Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click here to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel Here

Tim Collard
Assistant Director - Legal and Governance

Members of Health Overview and Scrutiny Committee

Jeff Anderson
Nicholas Bardsley
Bernie Bentick
Gerald Dakin
Geoff Elner (Chair)
Tracey Huffer
Heather Kidd (Vice-Chair)
Pamela Moseley
Peggy Mullock
Ed Potter
Edward Towers

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes (Pages 1 - 4)

To confirm the minutes of the previous meeting held on 23 September 2024.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 12 noon on Tuesday 19 November 2024.

5 Members Question Time

To receive any questions from Members of the Council. Deadline for notification is not later than 12 noon on Tuesday 19 November 2024.

6 Serious Mental Illness Excess Mortality (Pages 5 - 60)

To understand and scrutinise service provision and commissioning arrangements for Serious Mental Illness.

Contacts:

Paul Bowers, Head of Operations Shropshire, Telford & Wrekin Care Group MPFT

Anne MacLachlan, Clinical and Care Director MPFT

Lucy Stubbings, Quality and Governance lead MPFT

Claire Parrish, Service Manager MPFT

Maryan Davies, Community Mental Health Transformation Lead MPFT

7 Suicide Prevention Strategy

To understand and scrutinise service provision and commissioning arrangements for Suicide Prevention.

Members are asked to note the following - shropshire-suicide-prevention-strategy-2023.pdf

Contacts:

Gordon Kochane, Consultant in Public Health

Caroline Chioto, Mental Health Prevention Programme Lead Manager

Rachel Robinson, Executive Director of Health, Wellbeing and Prevention

8 Update on the actions from the Rural Proofing in Health and Care Report

To receive a verbal update.

Contact: Rachel Robinson, Executive Director of Health, Wellbeing and Prevention

9 Update from the Health and Wellbeing Board

To receive a verbal update.

Contact: Rachel Robinson, Executive Director of Health, Wellbeing and Prevention

10 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

To receive a verbal update.

Contact: Councillor Geoff Elner

11 Work Programme (Pages 61 - 62)

To receive a verbal update.

Contact: Sophie Foster, Overview and Scrutiny Officer

12 Date of Next Meeting

To note that the next meeting of the Health Overview and Scrutiny Committee is scheduled to take place on Monday 27 January 2025.

Shropshire Council

Committee and Date

Health Overview and Scrutiny Committee

25 November 2024

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 23 September 2024
In the Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND
10.00 am

Responsible Officer: Ashley Kendrick Democratic Services Officer
Email: ashley.kendrick@shropshire.gov.uk Tel: 01743 250893

Present
Councillor Geoff Elner
Councillors Nicholas Bardsley, Bernie Bentick, Tracey Huffer, Heather Kidd (Vice-Chair), Ed Potter and Edward Towers

14 **Apologies for Absence**

Apologies were received from Councillors Jeff Anderson, Peggy Mullock (who attended remotely) and Gerald Dakin (who attended remotely).

15 **Disclosable Interests**

There were no disclosable interests.

16 **Minutes**

RESOLVED: That the Minutes of the meeting held on 15 July 2024 be approved and signed as a correct record.

17 **Public Question Time**

There were no public questions received.

18 **Members Question Time**

There were no members' questions received.

19 **Adult Mental Health Services**

Members of the People Overview and Scrutiny Committee were invited to join the discussion for this item.

Following the presentation slides which had been circulated with the agenda, Cathy Riley, Managing Director (Shropshire, Telford & Wrekin Care Group MPFT), Paul Bowers, Head of Operations (Shropshire and Telford & Wrekin Care Group), and Jackie Robinson, Senior Integrated Commissioning Lead, discussed the current and future needs for adult mental health services.

Members emphasized the significance of community services in preventing hospital admissions, particularly for older adults, and the need for improved community support for functional mental health.

Challenges in funding for dementia services were addressed, noting the limitations of using mental health investment standards money and the need for prioritization within available resources.

Members discussed the necessity for early diagnosis pathways for dementia, with a focus on preparing for new dementia-modifying therapies and the associated need for mild cognitive impairment pathways.

The Executive Director for Health elaborated on the suicide prevention strategy, highlighting the need for targeted action to support vulnerable groups and the importance of communication in reducing the stigma around suicide. Members raised concerns about the standardised mortality rate for suicide in Shropshire, comparing it to the national average and discussing the implications of the audit on improvement strategies. A case study was presented to illustrate the impact of person-centred approaches in suicide prevention, demonstrating the benefits of small investments in community support services.

Questions were raised about suicide prevention strategies, the resources allocated to it, and how voluntary sector organisations are integrated into the service. The Executive Director of Health reassured members that this topic had not been neglected and was being considered separately, as a report was in the process of being finalised which would be shared with the committee once completed. This work had led to the identification of groups that we can work with to improve the service.

A query was raised regarding mental health ambulances and whether they were solely for mental health. Concern was expressed that the ambulance service was under extreme pressure and that they would be used for other health issues. It was confirmed that Jackie Robinson would forward a report to the Chair from West Midlands Ambulance Service regarding the new mental health ambulances, including details on their deployment and effectiveness following the meeting.

Members raised concerns about the capacity and support in emergency care, particularly at Redwoods, and the impact on patient admissions and discharges. Members were advised that the ICB and MPFT had commissioned an external company to do a bed modelling review and that this could be shared with the committee.

The importance of early intervention in schools to support children and young people's mental health was acknowledged. The discussion emphasized the need for clear pathways and support for young people transitioning from children's services to adult mental health services. Discussion also took place regarding support available to people who have been released from prison and the support available through the rough sleeping team.

A request was received for information on how Shropshire's mental health funding and service provision compare to other rural counties and details on local Key Performance

Indicators specific to rural Shropshire. It was also agreed that information on the number of home visits and virtual consultations conducted in rural areas would be provided.

20 Update from the Health and Wellbeing Board

The Executive Director for Health provided an update from the Health and Wellbeing Board from their meeting on 19 September 2024.

Members noted the main focuses were on the suicide prevention strategy, the inequalities plan, children and young people's JSNA, the cost of living dashboard and women's health hubs.

Members queried the agenda for the HWBB which had been circulated with the papers for the meeting. It was confirmed that the correct documents would be circulated after the meeting.

Members questioned whether statistics on previous suicide attempts being kept, and what interventions or strategies are used to help prevent further attempts. Members noted that detailed work was being undertaken to support individuals who have had previous suicide attempts, including additional funding for support. The effectiveness of interventions will be monitored and reported in future meetings.

In response to a request regarding the children and young people's JSNA report being available to members, particularly for Shrewsbury, members were advised that the thematic JSNA focusing on children and young people was available on the website. The place-based JSNA for Shrewsbury would be checked and reported back.

21 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

Members noted the last meeting of JHOSC focussed on the findings of the CQC report, particularly around urgent and emergency care. Members sought assurance that actions were being taken to alleviate overcrowding and address safety and safeguarding concerns highlighted in both the report and the documentary on Channel 4.

Emphasis was placed on the importance of transparency, communication, and the implementation of robust action plans with clear timelines. Members noted that it was agreed that the committee would work alongside the Integrated Care Board and hospital staff in an informal working group to focus on the trust's progress and the sustainable delivery of the must-use and should-use recommendations from the report.

Members were advised that the committee's next focus would continue to be urgent and emergency care, building on the work already undertaken and new learnings from the August meeting. Meetings had been arranged with West Midlands Ambulance Service to support this work, as well as with the Director of Public Health, Integrated Care Board, and hospital staff to understand work being done within the system on excess mortality.

Members' attention was drawn to the paper from NHS England regarding "transitional emergency spaces", together with concerns about the "freedom to speak up guardians" feeling reluctant to speak up due to their employment and reporting structure within the

hospital management. It was requested that these two areas were considered by the working group.

22 **Work Programme**

Members noted the work programme.

Suggestions for future topics of discussion included:

- Commissioning investment in local health services
- Housing and its impact on mental health
- A briefing on the children's JSNA (Joint Strategic Needs Assessment) to understand the outcomes and recommendations.
- Comparisons with other rural areas to understand funding and service delivery better.
- The importance of understanding local KPIs (Key Performance Indicators) and their relevance to rural Shropshire in terms of mental health commissioning.

23 **Date of Next Meeting**

Members noted that the next meeting was scheduled to take place on 25 November 2024.

Signed ..... (Chairman)

Date: .....

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Shropshire Health Overview Scruitiny Committee

Excess mortality and suicide prevention in persons with Serious Mental Illness

25 November 2024

Ambition Compassion Optimism Focus

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

ICB Commissioning Responsibilities and Excess Deaths

Jackie Robinson

Senior Integrated Commissioning Lead

November 2024

Principles of our approach to Commissioning Intentions

- Wherever possible, **we will do things once with flexibility in place** to deliver against specific areas of local need.
- Decision making will be devolved to **most appropriate place to maximise the delivery of the outcomes and improve access and patient experience.**
- **Integration of pathways and care will be a key focus across Place and Provider Collaboratives** and our approach to commissioning will be to facilitate this via commissioning for outcomes, giving freedom for design and coproduction across sectors.
- As a system, **we are fully committed to working with people with lived experience** and further developing our approach to coproduction.
- We will **drive efficiency & productivity, delivering best value, effective use of resources and cost out with the Commissioning Intentions forming a key part of the development of our FIP/CIP plans.**
- We will **reduce inequalities- wider determinants, health and social care inequalities, access and rural exclusion**.
- **Risk will be shared– clinical, financial and operational**.
- We will fully embed **evidence based shared decision making and contracting for outcomes**.
- We will be ambitious in our approach, **recognising the challenges we have alongside the breadth of opportunities we have as a system to improve our service offer to the residents** we serve whilst improving quality and releasing finances.

ICB Statutory Commissioning Requirements for people with SMI

- The ICB has a statutory duty to commission services for people with Serious Mental Illness - MPFT provide those services
- GP's care commissioned to provide physical health checks for those with SMI and provide 13 annual health checks which reduces the risks of premature death.
- Key indicators for planning and monitoring performance is the proportion of patients on GP held SMI registers who receive a full annual physical health check.
- Monitoring services is undertaken monthly via a Contract Review Meetings.
- Quality and performance team monitor annual target for the system is at least 60% of registered patients receiving a full physical health check within 12 months (PHC). Longer term NHS ambition is to increase to 75% +.
- The ICS for Shropshire, Telford and Wrekin attend a quarterly Regional SMI Forum. This includes representation from commissioners, primary and secondary care.

Classification of severe mental illness (SMI) excess mortality

National metrics

The OHID Fingertips tool presents five metrics on SMI excess mortality and in each case the SMI population is defined as **persons who have had a referral to secondary mental health services in the five years preceding death**. For other SMI related metrics, such as SMI health checks and Quality and Outcomes Framework (QOF) mental health register persons with SMI are defined as persons with **schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy**

Excess under 75 mortality rate in adults with severe mental illness (SMI)

Defined as the measure of excess premature mortality experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death.

Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)

Defined as the measure of excess premature mortality due to all cardiovascular diseases (including heart disease and stroke) experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death (ICD codes I00-I99)

Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)

Measure of excess premature mortality due to liver disease experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death (ICD codes B15-B19, C22, I81, I85, K70-K77, T86.4)

Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)

Measure of excess premature mortality due to cancer experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death (ICD codes C00-C97)

Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)

Measure of excess premature mortality due to respiratory disease experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death (ICD codes B15-B19, C22, I81, I85, K70-K77, T86.4).

severe mental illness (SMI) excess mortality rates

Excess mortality in persons with SMI

People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. Compared with the general patient population, patients with SMI are at substantially higher risk **of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD)** and **cardiovascular disease**. People with SMI make more use of secondary urgent and emergency care, and experience higher premature mortality rates and are at a higher risk of poor physical health.

National level analysis identified the top 10 physical health conditions among persons with SMI to be[1]:

- Asthma
- Atrial fibrillation (AF)
- Cancer
- Coronary heart disease (CHD)
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Heart failure (HF)
- Hypertension
- Obesity
- Stroke

1. Public Health England, Technical supplement Severe mental illness and physical health inequalities, September 2018, SMI and physical inequalities technical report August 2018

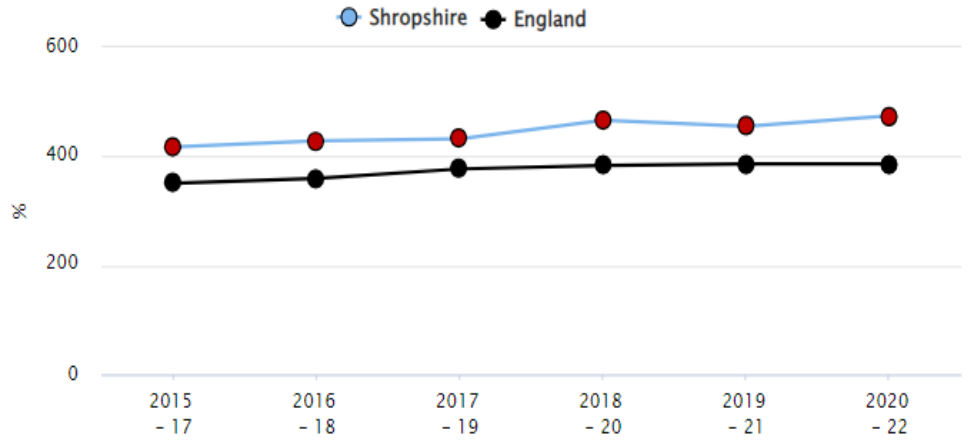
Excess under 75 mortality rate in adults with severe mental illness (SMI)

The latest excess under 75 mortality rates for adults with a SMI show that the Shropshire local authority to be statistically above the England national average, whilst Telford and Wrekin local authority has a rate that is in line with the national average.

Trend analysis show that whilst Telford and Wrekin are seeing an improvement, the rate is increasing in Shropshire.

Excess under 75 mortality rate in adults with severe mental illness (SMI)

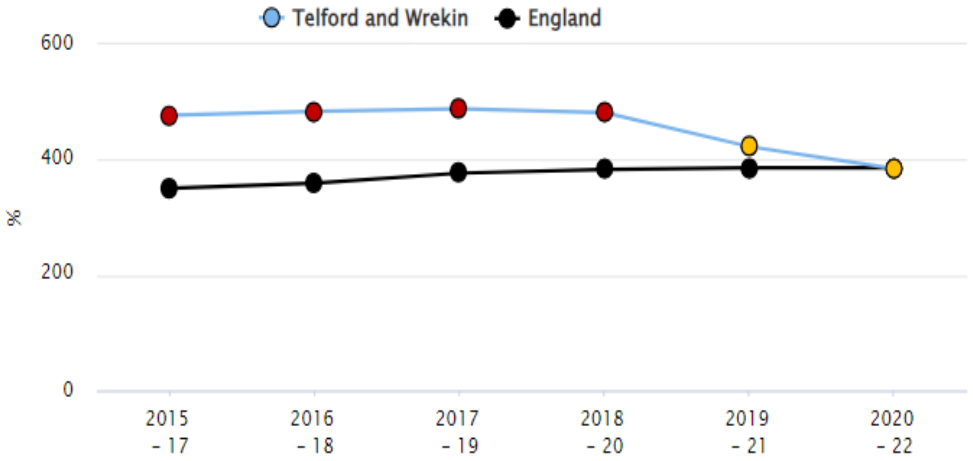
Excess risk - %



Recent trend: Could not be calculated

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17	●	-	417.2%	373.3%	465.1%	350.6%
2016 - 18	●	-	428.4%	383.9%	477.0%	359.7%
2017 - 19	●	-	432.3%	387.5%	481.3%	377.0%
2018 - 20	●	-	466.3%	419.9%	516.9%	383.5%
2019 - 21	●	-	455.1%	409.5%	504.7%	385.9%
2020 - 22	●	-	474.2%	428.3%	524.2%	385.9%

Source: NHS England and Office for National Statistics



Recent trend: Could not be calculated

Period		Telford and Wrekin Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17	●	-	477.6%	415.8%	546.7%	350.6%
2016 - 18	●	-	484.1%	423.8%	551.3%	359.7%
2017 - 19	●	-	488.2%	428.3%	554.8%	377.0%
2018 - 20	●	-	481.7%	423.6%	546.4%	383.5%
2019 - 21	●	-	423.0%	369.4%	482.6%	385.9%
2020 - 22	●	-	384.5%	335.4%	439.1%	385.9%

Source: NHS England and Office for National Statistics

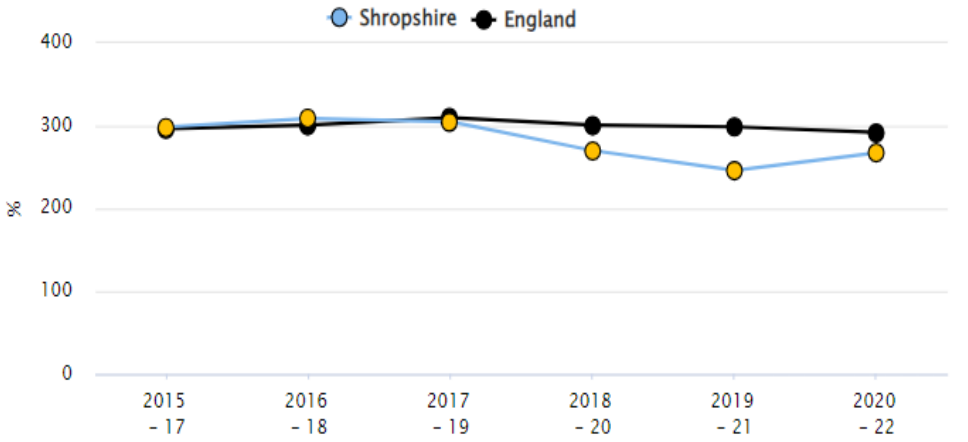
Excess under 75 mortality due to CVD rate in adults with severe mental illness (SMI)

The latest excess under 75 mortality due to CVD rates for adults with a SMI show that both local authorities have a rate that is in line with the national average.

Trend analysis show that whilst both areas have seen a recent improvement in their rates, the latest figures are similar to those recorded five years ago.

Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)

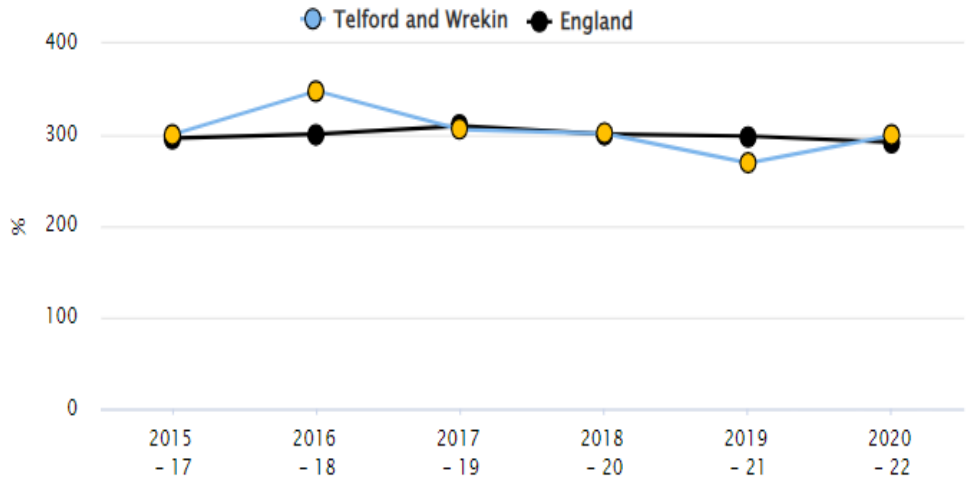
Excess risk - %



Recent trend: Could not be calculated

Period	Shropshire	Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17		-	298.7%	223.7%	391.2%	296.3%
2016 - 18		-	309.0%	233.1%	402.2%	300.8%
2017 - 19		-	304.9%	228.1%	399.7%	309.8%
2018 - 20		-	270.0%	199.4%	357.3%	301.0%
2019 - 21		-	246.2%	179.9%	328.3%	298.7%
2020 - 22		-	267.4%	200.6%	349.0%	292.2%

Source: NHS England and Office for National Statistics



Recent trend: Could not be calculated

Period	Telford and Wrekin	Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17		-	300.6%	208.3%	420.4%	296.3%
2016 - 18		-	348.1%	251.2%	471.6%	300.8%
2017 - 19		-	305.9%	216.6%	420.4%	309.8%
2018 - 20		-	301.5%	214.9%	412.0%	301.0%
2019 - 21		-	269.3%	188.3%	373.1%	298.7%
2020 - 22		-	299.5%	215.9%	405.1%	292.2%

Source: NHS England and Office for National Statistics

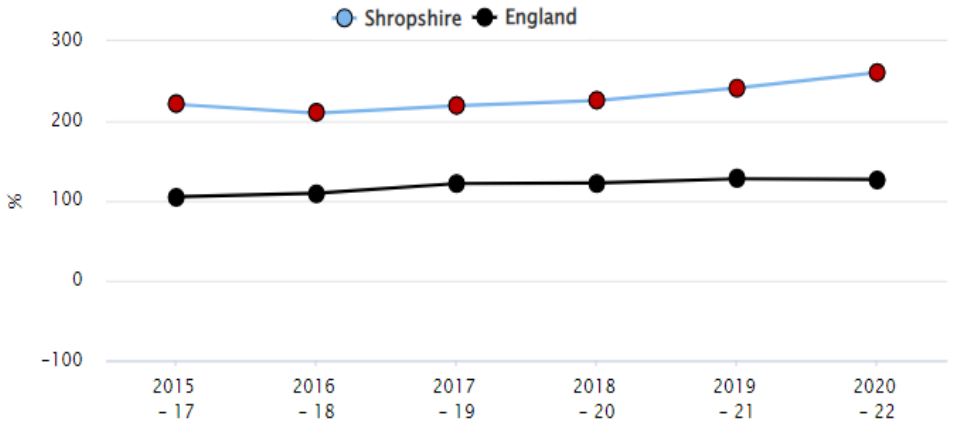
Excess under 75 mortality due to cancer rate in adults with severe mental illness (SMI)

The latest excess under 75 mortality due to cancer rates for adults with a SMI show that the Shropshire local authority to be statistically above the England national average, whilst Telford and Wrekin local authority has a rate that is in line with the national average.

Trend analysis show that whilst Telford and Wrekin are seeing an improvement, the rate is increasing in Shropshire.

Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)

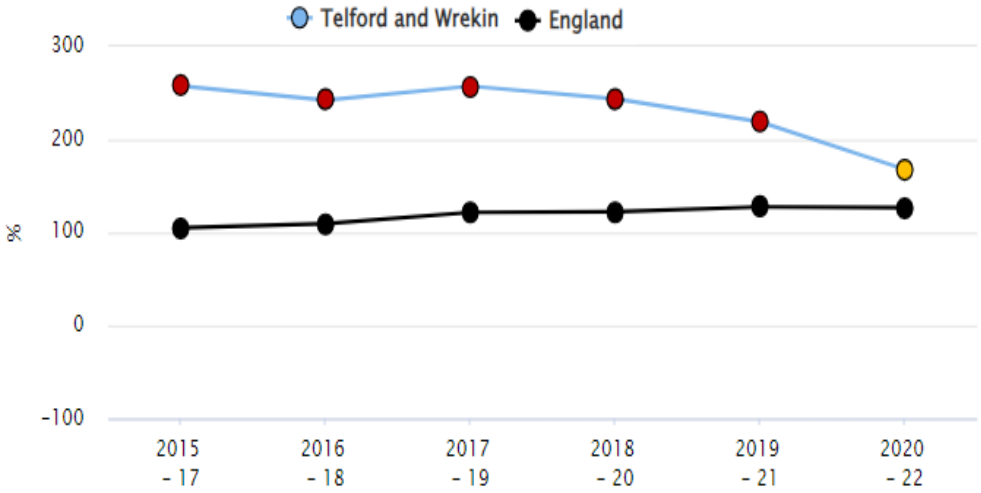
Excess risk - %



Recent trend: Could not be calculated

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17	●	-	221.0%	174.6%	275.3%	105.1%
2016 - 18	●	-	209.8%	164.2%	263.3%	109.7%
2017 - 19	●	-	219.1%	171.7%	274.8%	121.6%
2018 - 20	●	-	225.6%	176.8%	282.9%	122.4%
2019 - 21	●	-	241.3%	190.2%	301.4%	127.6%
2020 - 22	●	-	260.8%	207.7%	323.2%	127.0%

Source: NHS England and Office for National Statistics



Recent trend: Could not be calculated

Period		Telford and Wrekin Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17	●	-	257.9%	191.6%	339.3%	105.1%
2016 - 18	●	-	242.6%	180.4%	318.5%	109.7%
2017 - 19	●	-	257.5%	193.3%	335.7%	121.6%
2018 - 20	●	-	243.8%	182.6%	318.3%	122.4%
2019 - 21	●	-	219.2%	159.5%	292.8%	127.6%
2020 - 22	●	-	168.2%	116.7%	231.9%	127.0%

Source: NHS England and Office for National Statistics

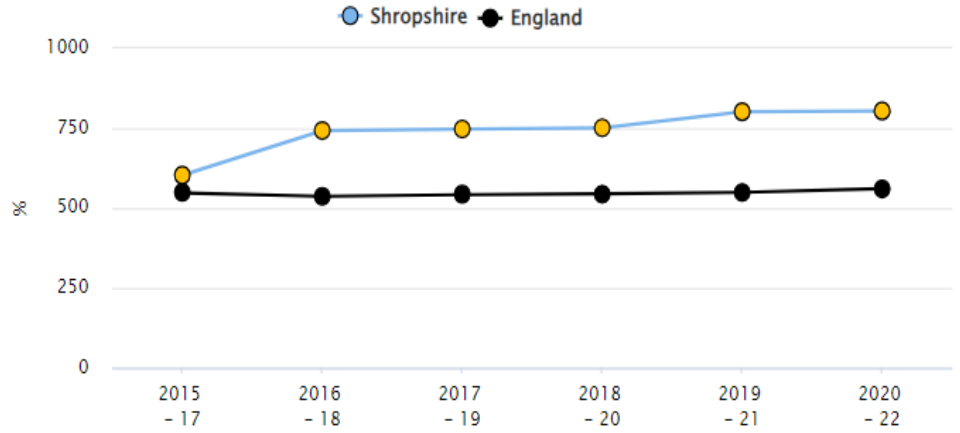
Excess under 75 mortality due to liver disease rate in adults with severe mental illness (SMI)

The latest excess under 75 mortality due to liver disease rates for adults with a SMI show that both local authorities have a rate that is in line with the national average.

Trend analysis show that whilst Telford and Wrekin have seen a consistent improvement in their rate over the past three financial periods, Shropshire is seeing a gradual increase.

Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)

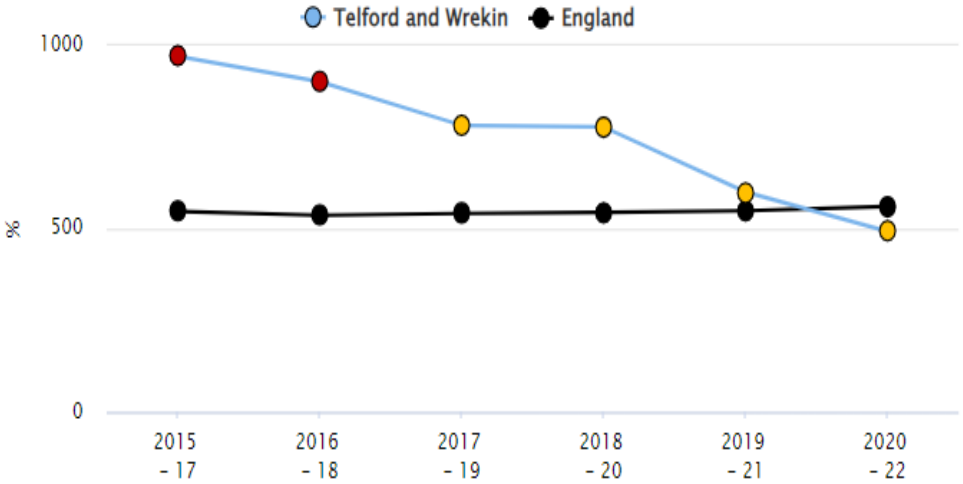
Excess risk - %



Recent trend: Could not be calculated

Period	Shropshire	Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17		-	602.9%	386.1%	916.5%	547.2%
2016 - 18		-	742.7%	489.8%	1,104.2%	536.7%
2017 - 19		-	747.8%	499.9%	1,098.2%	541.7%
2018 - 20		-	751.5%	516.7%	1,075.7%	545.1%
2019 - 21		-	801.8%	562.8%	1,126.9%	549.2%
2020 - 22		-	804.3%	566.8%	1,126.3%	560.9%

Source: NHS England and Office for National Statistics



Recent trend: Could not be calculated

Period	Telford and Wrekin	Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17		-	971.4%	617.4%	1,500.0%	547.2%
2016 - 18		-	901.6%	571.1%	1,394.9%	536.7%
2017 - 19		-	782.4%	483.3%	1,234.9%	541.7%
2018 - 20		-	778.0%	482.3%	1,224.0%	545.1%
2019 - 21		-	600.3%	351.7%	985.9%	549.2%
2020 - 22		-	492.8%	288.1%	805.4%	560.9%

Source: NHS England and Office for National Statistics

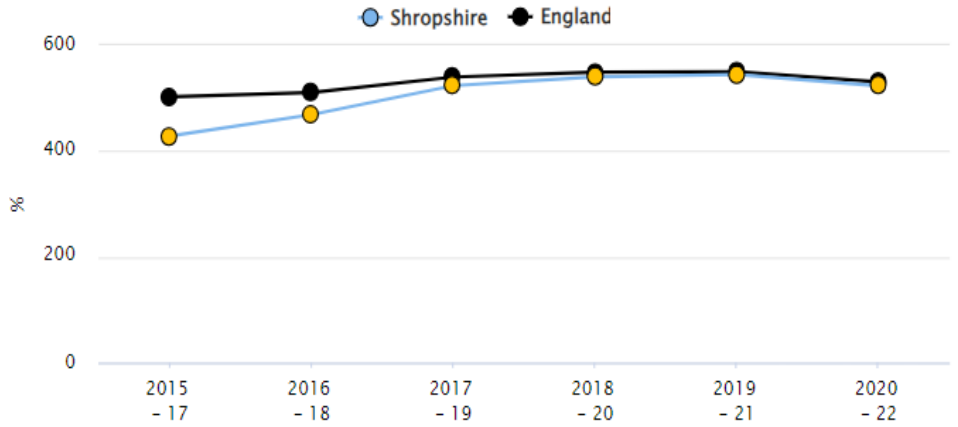
Excess under 75 mortality due to respiratory disease rate in adults with severe mental illness (SMI)

The latest excess under 75 mortality due to respiratory disease rates for adults with a SMI show that both local authorities have a rate that is in line with the national average.

Trend analysis show that whilst Telford and Wrekin have seen some improvement and Shropshire has been seeing an increase in their rate, the most recent trends have shown little movement.

Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)

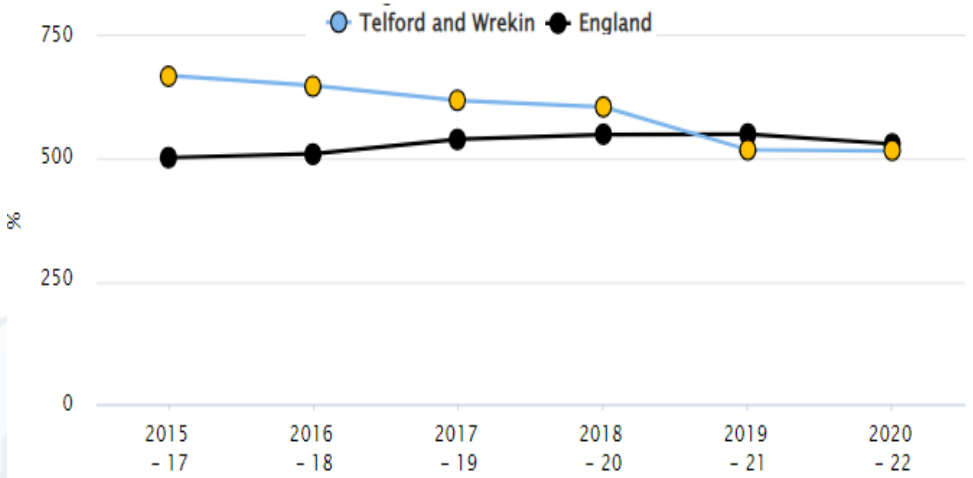
Excess risk - %



Recent trend: Could not be calculated

Period	Shropshire	Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17		-	428.7%	300.0%	598.9%	502.6%
2016 - 18		-	468.9%	331.3%	650.4%	510.6%
2017 - 19		-	523.6%	375.6%	717.8%	539.9%
2018 - 20		-	540.2%	381.7%	750.8%	549.4%
2019 - 21		-	544.6%	377.0%	771.1%	550.1%
2020 - 22		-	523.5%	351.5%	761.1%	530.5%

Source: NHS England and Office for National Statistics



Recent trend: Could not be calculated

Period	Telford and Wrekin	Count	Value	95% Lower CI	95% Upper CI	England
2015 - 17		-	669.9%	455.7%	966.6%	502.6%
2016 - 18		-	649.3%	444.3%	931.3%	510.6%
2017 - 19		-	619.2%	427.2%	881.1%	539.9%
2018 - 20		-	606.1%	411.9%	873.8%	549.4%
2019 - 21		-	518.4%	337.1%	774.8%	550.1%
2020 - 22		-	516.0%	332.2%	777.8%	530.5%

Source: NHS England and Office for National Statistics

The severe mental illness (SMI) population

Persons on the mental health registers

The latest mental health prevalence figures show that there are over 4,000 persons on the mental health register across Shropshire, Telford and Wrekin. Giving the area a prevalence of 0.83%, statistically below the England national average.

Further analysis shows that prevalence is highest among the following PCNs:

- South West Shropshire
- South East Telford
- Wrekin
- Shrewsbury
- Teldoc

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	608,896	0.96	0.96	0.97
NHS Shropshire, Telford and Wrekin Integrated Care Board - QOC	→	4,413	0.83	0.81	0.85
SW Shropshire PCN	→	372	1.02*	0.92	1.13
South East Telford PCN	→	390	1.00*	0.91	1.11
Wrekin PCN	→	314	0.95*	0.85	1.06
Shrewsbury PCN	→	976	0.93*	0.88	0.99
Teldoc PCN	→	575	0.88*	0.81	0.95
North Shropshire PCN	→	694	0.79*	0.74	0.85
Newport and Central PCN	→	433	0.72*	0.65	0.79
SE Shropshire PCN	→	363	0.61*	0.55	0.67
Shropshire Rural Alliance PCN	→	157	0.60*	0.51	0.70

Source: NHS England

Lower 95% | Similar | Higher 95% | Not compared

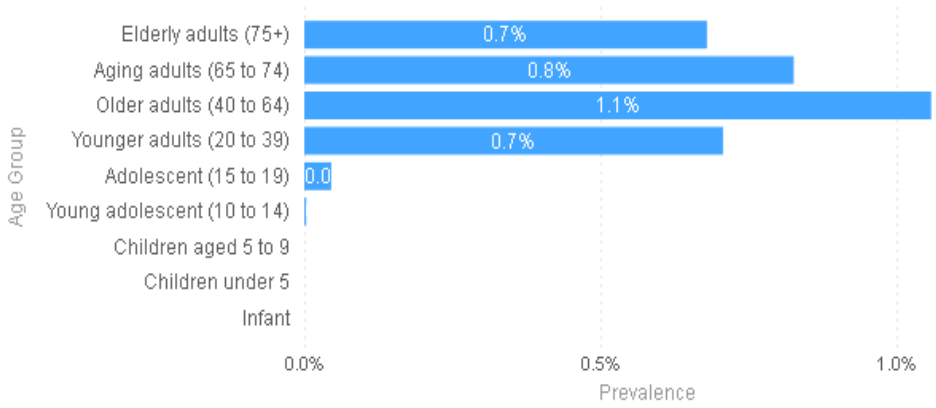
The register includes all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses to avoid a generic phrase that is open to variations in interpretation.

Persons on the mental health registers

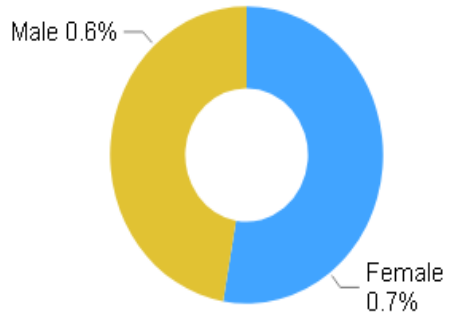
Population segmentation analysis of patients on the mental health register shows that prevalence is highest among those aged 20+, who have a White British ethnicity and are living within a neighbourhood that falls within the 20% most deprived communities in England (IMD2019).

It can also be seen that 67% of these patients have 2-4 chronic conditions.

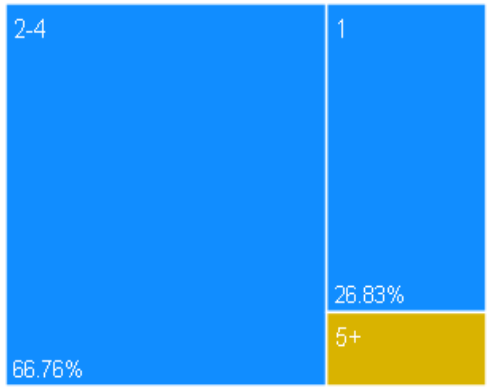
Prevalence by age group



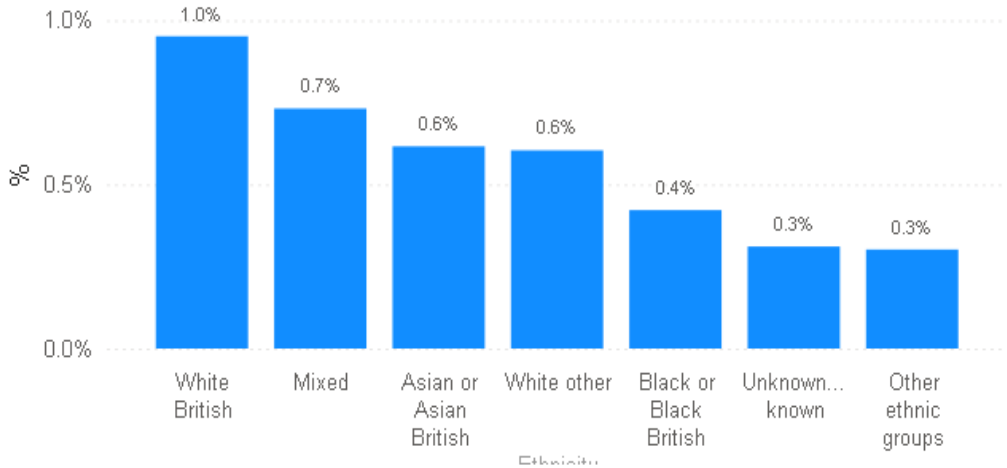
Prevalence by Patient sex



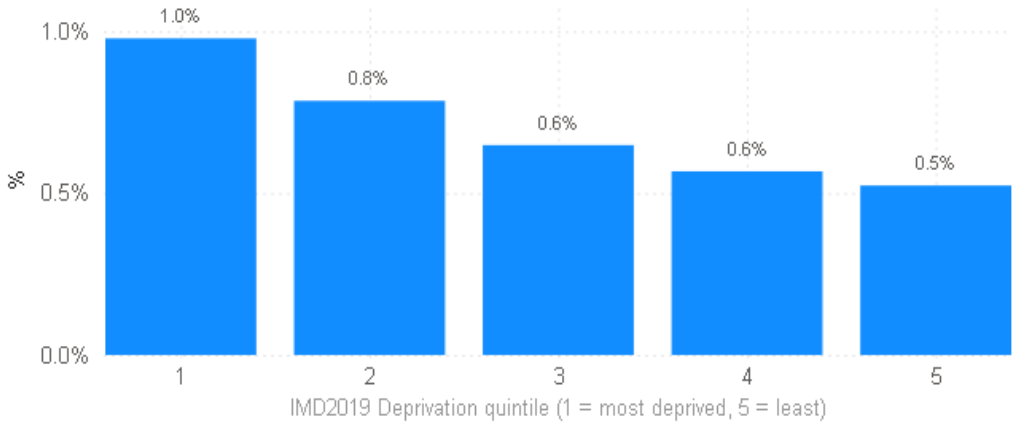
Proportion of patients by chronic condition count



Prevalence by ethnicity (data quality issues)



Population by IMD Quintile



Shropshire Council

Shropshire Suicide Prevention

Rachel Robinson
Director of Public Health
Shropshire Council

Suicide Risk

Factors Increasing Suicide Risk

- Reasons for suicide are complex - there is no 1 reason why someone may take their life
- However, evidence has identified common risk factors including;
  - Previous suicide attempt
  - Mental health conditions (such as depression)
  - Traumatic experiences at any age (including abuse and violence)
  - Substance use
  - Social isolation and loneliness
  - Job or financial difficulty
  - Relationship problems
  - Serious illness or chronic pain
  - Barriers to support or care (including stigma)
  - Harmful gambling
  - Access to means
- Risk factors do not predict risk of suicide at a single point in time but indicate increased risk over the lifetime – knowledge and effective use of **safety planning** resources are key
- A multi-agency and systems approach is needed
- **Suicide Prevention does not sit in isolation – it is everyone's responsibility**

Higher Risk Cohorts of Suicide Compared to the General Population

- **Anyone can be at risk of suicide**
- **Men**: are 3 times more likely to die by suicide than women - suicide is leading cause of premature mortality in men under 50 years and
- **Children and Young People** – although nationally low rates compared to other age groups, suicide is leading cause of death among young people aged 20 – 34 years in the UK.
- **People with a neurodiverse condition** – autistic adults are 9 times more likely to die by suicide than the general population
- **LGBTQ+** - 1 in 8 people aged 18 – 24 years have attempted to take their own life
- **People bereaved by suicide** – are 3 time the risk of making a suicide attempt themselves
- **People who have self-harmed** – not everyone who self-harms will have suicidal thoughts but is associated, with highest rates in the year following hospital discharge for self-harm
- **People in contact with Mental Health services** – represent roughly a third of all suicide deaths
- **Military Veterans**
- **Those living in rural and farming communities**
- **Occupational risk:** including health professionals, males in lowest skilled occupations, low skilled labourers, building and finishing trades, culture/media/sport and carers
- **Note: a person may still be at risk of suicide even if not in a high-risk group**

Suicide Deaths in Shropshire: Themes

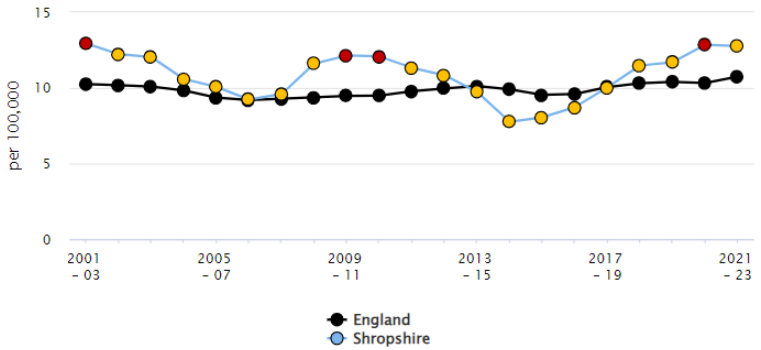
Data Intelligence: Suicide Deaths in Shropshire

Suicide rate (Persons, 10+ yrs) **New data**

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: Could not be calculated

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	England
2001 - 03	●	96	12.9	10.5	15.8	10.3
2002 - 04	●	91	12.2	9.8	15.0	10.2
2003 - 05	●	90	12.0	9.7	14.8	10.1
2004 - 06	●	81	10.6	8.4	13.2	9.8
2005 - 07	●	79	10.1	8.0	12.6	9.4
2006 - 08	●	74	9.2	7.2	11.6	9.2
2007 - 09	●	78	9.6	7.6	12.0	9.3
2008 - 10	●	94	11.6	9.4	14.2	9.4
2009 - 11	●	98	12.1	9.8	14.8	9.5
2010 - 12	●	98	12.1	9.8	14.8	9.5
2011 - 13	●	94	11.3	9.1	13.9	9.8
2012 - 14	●	90	10.8	8.7	13.4	10.0
2013 - 15	●	81	9.7	7.7	12.1	10.1
2014 - 16	●	64	7.8	6.0	9.9	9.9
2015 - 17	●	67	8.0	6.2	10.3	9.5
2016 - 18	●	72	8.7	6.8	11.0	9.6
2017 - 19	●	84	10.0	8.0	12.5	10.0
2018 - 20	●	96	11.5	9.3	14.1	10.3
2019 - 21	●	99	11.7	9.5	14.3	10.4
2020 - 22	●	108	12.9	10.4	15.3	10.3
2021 - 23	●	110	12.8	10.3	15.2	10.7

Source: Office for National Statistics

- New data 2021-2023 identifies a slight reduction in suicide rate – statistically similar to England average
- 12.8 per 100,000 in Shropshire compared to 10.7 per 100,000 nationally
- 3rd highest rate in West Midlands but in middle range when compared to NHS England statistical LA neighbours with a similar profile to Shropshire

Suicide Audit Initial Messages

- 114 inquests with verdict of suicide reviewed 2020 – 2023
- Majority male
- Majority aged 35 to 54 (none aged under 18)
- No significant difference by deprivation (based on usual address post code)
  - Do recognise deprivation is associated with high risk of inequalities which are also associated with suicide risk
- 50% were in employment (including self-employment)
  - Agriculture/forestry/fishing, Manufacturing, Building & Construction, Professional/scientific/technical, health
- 25% were retired
- Majority of deaths occurred at home
  - Other location themes included woodland/parks, railway/rail crossing or river

Audit Initial Messages

- Risks and Life Events prior to death included
  - Previous suicide attempt or self-harm attempt (in 12 months prior to death)
  - Relationship breakdown
  - Bereavement
  - Financial concern
  - Physical decline in health
  - Co-occurring/multiple physical or mental health conditions
  - Common physical illness reported at time of death include;
    - Asthma, chronic pain, chronic kidney disease, hypertension, osteoarthritis, type 2 diabetes, cancer
  - Adverse childhood experiences
- Contact with Services
  - Majority of last contact with a GP followed by Mental Health services
  - Just under a third were known to MH services

Initial response to the Audit

- **Small numbers** mean it is challenging to identify clear reasons of changes to the recent suicide rate
- Themes identified are **similar to national evidence of suicide risk**, there appears to be no outlier local risk. Many of the themes are represented within the Shropshire Suicide Prevention Strategy.
- Although audit data did not identify higher association of suicide in higher areas of deprivation, it is recognised **deprivation is linked to increased health and social inequalities which can be risk factors of suicide**. As such further system work to address inequalities remains priority.
- History of trauma was identified as a risk theme. This highlights the importance of the **system trauma informed work** and opportunity for the workforce to be aware of adopting approaches to recognise trauma risk, utilise stigma free language and consider environments that could promote better engagement.
- **Enhanced system recording and reporting of possible suicide attempts and intentional self-harm** to better understand local risk. Also opportunity to review integrated offers of support and safety planning procedures when risk identified.

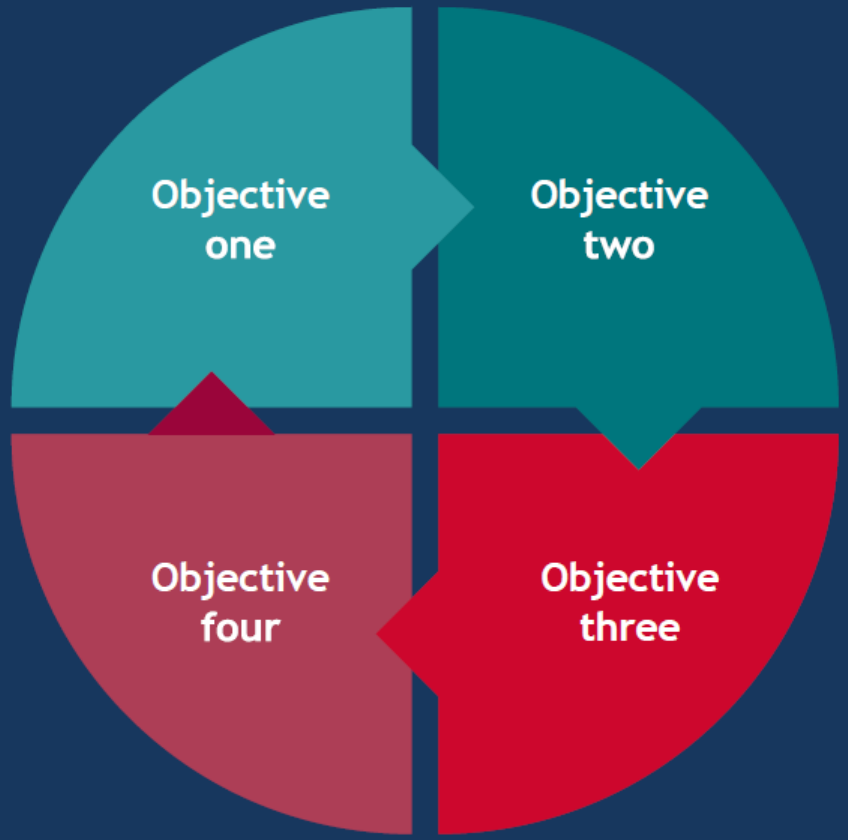
Shropshire response to mitigate suicide risk

Shropshire Suicide Prevention Strategy

Objectives

This strategy intends to reduce the number and rates of suicides across Shropshire through the following commitments;

Improve the quality of data and intelligence on suicide and suicide risk, utilising tools such as Real Time Surveillance to better understand and respond to demographic need and emerging trends. Implement learning reviews and audits with partners to ensure recommendations are implemented.



Improve the mental wellbeing and social outcomes for people bereaved by suicide through timely connection and support. This includes bereavement and practical support as well as ongoing opportunities to access postvention services as required. This will include review of the sustainability and evolution of existing models for long-term investment.

Enhance the universal offers to mitigate suicide and self-harm risk to raise awareness of suicide. This builds upon the previous Strategy and involves close partnership with representatives from high risk cohorts to co-produce targeted offers and messages for suicide risk mitigation.

Ensure that all professionals, partners and volunteers across Shropshire are suicide risk aware, and have the knowledge, skills and confidence appropriate to their role.

1. Improve data quality + intelligence
2. Improve outcomes for people bereaved
3. Embed suicide aware workforce
4. Enhance offers to mitigate suicide risk and targeted approaches

Strategy available at : shropshire-suicide-prevention-strategy-2023.pdf

Delivered by multi-agency Shropshire Suicide Prevention Action Group

SUICIDE IS EVERYONE'S

Actions linked to mitigating suicide risk

Improving Data and Intelligence to identify risk and themes

- Evidence based targeted early interventions: Recent recruitment of Real Time Surveillance co-Ordinator to monitor probable/possible recent suicide deaths and connect to identify if known to services

New workstreams subgroups of Action Group

- Stakeholder knowledge and experience to identify challenges and opportunities to mitigate suicide risk in high suicide risk groups – to include within the action plan or influence wider system transformation work
    - People known to services, Men, Rural communities, Military veterans, Wider determinant social risk, Children & Young People

Actions linked to mitigating suicide risk

Connections with rural and farming community

- Farming rural health check programme staff trained in Suicide First Aid. Continued exploration to connect with others that work closely with the farming community to raise awareness of suicide risk and how to appropriately intervene

Support for bereavement by suicide

- Established suicide bereavement suicide across STW. 75 Shropshire resident referrals during 2023/24
- 2 Survivors of Bereavement by Suicide (SOBS) peer support groups established for adults impacted by suicide loss
  - Regular groups held in Shrewsbury and Oswestry

Suicide Prevention

Suicide Prevention Activities and Response

- **New GP and Primary Care Suicide Prevention Toolkit**
  - Launching soon and developed by the STW Suicide Prevention Network along with GP named Safeguarding leads
  - Focus on identifying risk, engaging language with example conversations, safety planning focus, involving family/carers and being aware of risk in self or other professionals
- **Signage around Waterways**
  - Samaritans signs are being installed on bridges in Shrewsbury
- **Continued promotion of suicide prevention resources**
  - World Suicide Prevention Day (10th September)
  - Pick up the Phone You Are Not Alone
  - STW Suicide Prevention Resources webpage: Suicide and suicidal thoughts - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)
  - Shropshire Healthy Lives: Concerns about suicide: Suicide concerns and prevention | Shropshire Council

Mental Health and Wellbeing Support in Shropshire - downloadable resource

Available on Healthy Shropshire webpage at:
https://next.shropshire.gov.uk/media/wh4jii4u/mental-health-resource-pack.pdf

First point of contact signposting information including;

- Online resources for keeping mentally well
- Listening ear and emotional wellbeing support
- Community support
- Children & young people offers
- Mental Health services
- Bereavement support
- Help for suicidal thoughts
- Money worries and financial support
- Employment
- Health and Social Care needs
- Families and unpaid carers
- Impacted by abuse

Suicide Prevention Activities and Response

Promoting a suicide risk aware workforce with skills and confidence to respond to concerns of suicide

- **Suicide awareness and intervention training**
  - Subsidised offer for some (frontline workers, those with greatest reach to higher risk cohorts, VCSE and those without a usual training budget)
  - Targeted at services providing offers linked to higher risk factors
  - Almost 200 delegates from across Shropshire during 2023/24 accessed
  - Agencies include;
    - VCSE counselling services and mental health support, faith groups, sexual and domestic abuse support services, fire & rescue services, carer support, Community Hospital, NHS (including NHS mental health services), RESET rough sleeping team, Shrewsbury Ark, refugee support services, Shrewsbury Colleges, foodbanks, Healthy Lives Social Prescribers, Community Hub staff, Shropshire Recovery Partnership, Housing team, Social Care staff
- **Continued Zero Suicide Alliance Training promotion**
  - Continue to advocate to be included as mandatory training
  - New specialist groups linked to taxi drivers, veterans, prisons, probation and universities
- **Suicide risk awareness built into taxi driver safeguarding sessions for license applications**

Zero Suicide Alliance – free online training

www.zerosuicidealliance.com/training

NEW Suicide-Awareness-Training

Autism and Suicide Awareness Training

Suicide Awareness Training – gateway module (5 to 10 minutes)

Suicide Awareness Training – veteran edition

Suicide Awareness Training - taxi driver edition

Suicide Awareness Training - prison edition

Social Isolation Training – step-up module

Suicide Awareness Training – Welsh edition

Suicide Awareness Training – university student edition

Suicide Awareness Training - probation staff edition

Show accessibility tools

Working together to mitigate suicide risk

Suicide Prevention Activities and Response

Multi-agency Action Group and Workstreams

- Contact Caroline.Chioto@shropshire.gov.uk or Gordon.Kochane@shropshire.gov.uk if stakeholders are able to support

Integrated working between mental health, substance use and domestic abuse services

- A task & finish group is exploring how the above service can work in a more integrated way to ensure those presenting with co-occurring need achieve the best outcomes
- Intention to create a joint working protocol with systematic approaches to joint assessment, joint care planning, sharing information, communicating treatment progress and jointly managing risk

New Suicide Death Review Panel

- New process being designed to invite system partners to thematically review suicide deaths
- Aim for establishing learning and recommendations to address any identified system gaps or opportunities to mitigate similar future risk

Promotion of suicide prevention in policy and strategy

Continued promotion of training within partner organisations and teams

- Recognising protected time to access training and identification of team members best placed to disseminate learning

Link with System Transformation Programmes

- Integration with system programmes including mental health transformation, trauma informed, social prescribing, CYP integration, Community and Family Hubs (One Shropshire) etc promoting subsidised suicide prevention intervention training to the workforce

Partnership Policy and Strategy

- Partner policies and strategies aimed at supporting vulnerable and higher risk of suicide cohorts, encouraged to include reference to identification of suicide risk and response

STW Mental Health Fund Grant for Adult Suicide Prevention

- Local multi-agency panel reviewing VCSE grant applications with emphasis on supporting adults at higher risk of suicide

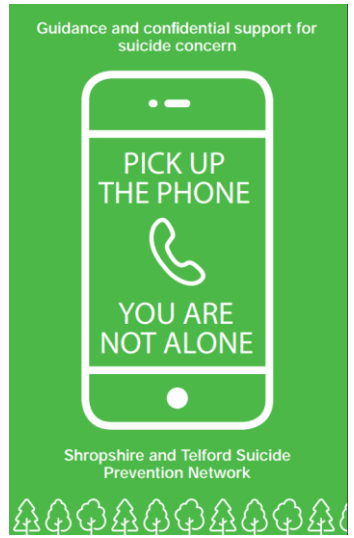
Support for Suicidal Thoughts

SAMARITANS

shout 85258

PAPYRUS PREVENTION OF YOUNG SUICIDE

- Call Samaritans for free – 116 123
- For anyone struggling to cope Text SHOUT – 85258
- For young people under the age of 35 or concerns a young person is thinking of suicide Call Papyrus Hopeline247– 0800 068 4141 or Text 07860 039967



SHROPSHIRE MHS Mental Health Support

- **Shropshire MHS**: immediate support for anyone one with an emotional or mental health need – **01743 368 647**
- **Healthy Lives Shropshire** Healthy Shropshire | Shropshire Council

Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – MPFT's role in:

- Physical Health and Severe Mental Illness
- Suicide Prevention

November 2024

MPFT

@mpftnhs

Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – Access to MPFT mental health services

Paul Bowers Head of Operations

MPFT

@mpftnhs

Access to Mental Health Services

Within Shropshire, Telford and Wrekin we have a single point of access service for our adult, and children and young people services. The service is available 24 hours a day 365 days a year.

People can self-refer, be referred by their families/carers or by another service/professional involved in their care. We do ask that the person is aware that they are being referred, although do recognise that there are sometimes occasions when it can be difficult to get the person's consent, so will consider this with the person who is making the referral. Referrals can be made by telephone or by email.

The urgent mental health line is also delivered by the Access Service and since March 2024, in line with national protocol, MPFT has been delivering the NHS 111 mental health option across Shropshire, Telford & Wrekin. The service aims to provide easy access to crisis support for individuals who are experiencing a mental health crisis. Again, both lines are available 24 hours a day 365 days a year.

Within Shropshire, Telford and Wrekin we also have our Talking Therapies Service which is a free NHS Service. They provide a range of recommended therapies for common mental health problems, such as post-traumatic stress, depression and anxiety. Although GPs can refer, we do encourage people to self-refer by telephone or by visiting Shropshire, Telford and Wrekin Talking Therapies website to speak to Limbic, our robot referral assistant, or people can complete the online self-referral form also available on the website.

NHS
Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – Physical Health/Severe Mental Illness (PH/SMI)

Claire Parrish. Service Manager

MPFT

@mpftnhs

Physical Healthcare for People with SMI

- Full physical health checks as per NICE guidelines for all patients Initiated on an antipsychotic and or mood stabiliser medication for all adults in secondary care.
- Affinion machines and other digital technology being used to improve efficacy- can get HB1aC and Lipid results during review through the Affinion machines so can alert GPS and prescribers to any raises immediately rather than waiting for blood results to return.
- Lifestyles coaches working into clinics in Telford offering smoking cessation and healthy living advice.
- Links with social prescribers in Shropshire.
- Both LAs are actively involved in the SMI agenda and also attend the monthly operational group.
- Involved in research – Diamond Project for Diabetes in SMI.
- Specific SMI physical activities in place with Tennis weekly available for anyone with an SMI which is free, couch to 5k run by secondary services for anyone in secondary MH with an SMI. Have pulled together a proposal bid with Energize, mind and the local authorities to provide a package of sports for SMI client group including football, the Nuffield want to offer low impact seated exercise and cricket.
- Links with SATH for breast screening for those eligible in the SMI cohort where we are working with the breast screening team to identify service users who meet the criteria but have not attended for their screening.
- Providing outreach physical health checks for patients that DNA appointments, cannot attend clinics for multiple reason – dedicated outreach staff member.
- Links with rough sleeper team and physical health checks carried out for this cohort of patients.
- Psychiatrist now linked into SMI clinics on a sessional basis to provide advice and guidance to SMI teams around ESCAs, and medication advice to reduce service users having to come back into secondary care when they are well and don't need or want to.
- Have an Advanced Pharmacist working in team 3 days a week supporting practices and clinicians around complex prescribing of patients on physical and psychiatric medication.
- Active members of the regional SMI/PH NHSE forum.
- Positive feedback from GPs on how effective the SMI clinicians are to the practices and this cohort.
- In 23/24 scored highest in region for our maturity review based on our offer.
- Won the trusts Brilliant you awards for the SMI/PH team.

Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – Support for homeless people with SMI

Claire Parrish. Service Manager

MPFT

@mpftnhs

Homeless People with SMI

- The team supports the ‘no wrong door approach’, the principle of advancing equalities and ensuring a strong MDT approach.
- This team is an example of the transformation to multiagency MDTs, with the CMHS and care planning forums which included VCSE, drug & alcohol services, employment, secondary mental health services and other partners. The integration with the Rough Sleepers Task Force underpins the principle of individuals not having to repeat their story and getting the most appropriate support in the timeliest manner.
- Addressing health inequalities through links with SMI/PH pathway within MPFT.
- Prescribing – joint clinics with medics. Benefits include improved compliance with medication, reduction in number of DNAs, improving outcomes.
- Supporting this client group receiving flu and Covid vaccinations ensuring physical health monitoring and advice for those on the edge of SMI.
- Reduction in numbers presenting to A&E with Mental Health needs. Not all attendance to A&E is due to mental health needs.
- Working closely with Mental Health Liaison team to support those attending A&E who are rough sleeping/those at risk of rough sleeping/homelessness.
- Close working relations with SRP and Stars, as well as funded staff member within RESET in Shropshire.
- Active member of the Telford Rough Sleepers Task Force.
- Close links with AXIS, housing, LA and the ARK.

Plans for Future

- Continued expansion of Specialist Community Mental Health Rough Sleeper MDT to be responsive to meet needs of rough sleepers to include nurses, OT, social workers, peer support, medic.
- Continued work alongside housing associations with further plans of an assessment centre.
- Working with Police to increase knowledge and education and joint working with this client group.

NHS
Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – Intensive ans Assertive Community Treatment

Lucy Stubbings. Quality and Governance Lead

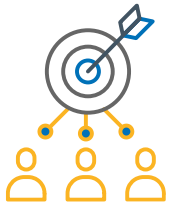
MPFT

@mpftnhs

Intensive and Assertive Community Treatment

NHS England has asked all ICBs to review policies and practices regarding the care of people with severe mental illness who require treatment but where engagement is a challenge.

Short-Term Actions: *agreed following MPFT internal review*



1. Identification of the Target Cohort: Develop a comprehensive risk and complexity matrix aligned with new national guidance, ensuring responses to identified risks and complexities are tailored to the specific needs of individuals and adhere to evidence-based practices.

2. Data Capture: Update RiO to capture essential information required for effective risk assessment, care planning, and outcome monitoring, as outlined in the national guidance.

3. Standard Operating Procedures (SOPs): Create or revise SOPs to ensure consistent and efficient capture, review, and removal of risk/complexity factors, adhering to the guidance's recommendations for data management and quality assurance.

4. Caseload Management: Implement a robust caseload management solution that supports effective workload allocation, prioritisation of high-risk individuals, and timely interventions, in accordance with the guidance's principles of individualised care.

5. Multidisciplinary Team (MDT) Approach: Establish clear guidelines for MDT collaboration, ensuring that all relevant professionals are involved in decision-making and care planning, as recommended in the national guidance.

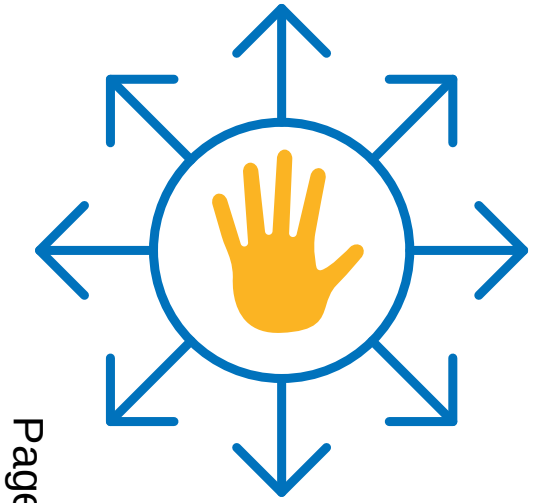
6. System Leadership and Partnership: Foster strong system leadership to bring together key stakeholders, including RCPC representatives, to discuss implications of the new guidance and define the role of system partners in supporting intensive and assertive outreach (I&AOT) coordinated approaches.

7. Staff Training: Provide comprehensive training to staff on the new national guidance, ensuring they have the knowledge and skills to implement evidence-based practices, manage risk effectively, and deliver high-quality care.

8. Reporting and Governance: Establish a robust reporting system to monitor progress, identify areas for improvement, and ensure compliance with the national guidance. Integrate reporting into Trust governance processes to ensure accountability and transparency.

9. Risk Management: Implement a comprehensive risk management framework to identify and mitigate risks associated with the I&AOT program, aligning with the guidance's emphasis on safety and quality.

Long-Term Actions: *agreed following MPFT internal review*



1. Assertive Outreach Teams:

MPFT to conduct a thorough evaluation of the need for assertive outreach teams, considering resource implications and the specific needs of the population served. Align any decision regarding the establishment of a I&AO team in line with the recommendations in the national guidance.

2. Tracking of Non-Engaged Individuals:

MPFT to conduct a thorough evaluation of the need for assertive outreach teams, considering resource implications and the specific needs of the population served. Align any decision regarding the establishment of a I&AO team in line with the recommendations in the national guidance.

What happens after reviews have been completed?

ICBs & Services

Using the outcomes of reviews ICBs should develop longer term action plans to address gaps and present these at their next local public board meetings after 30 September.

Regions

Regional NHS England teams will lead the review of the returns and continue to work with ICBs where gaps in provision have been identified to ensure alignment with national guidance.

National Team

The National NHS England team will collate national trends from the reviews, and use it to inform future policy, as well as communicate the outcomes to the CQC and Department of Health and Social Care.

NHS
Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – Multi-agency Care Planning Forums for people with SMI

Lucy Stubbings. Quality and Governance Lead

MPFT

@mpftnhs

Multi-Agency Care Planning Forums for People with SMI

- Care planning forums were set up as part of Community Transformation, the pilot site being North Shropshire.

- The purpose of the Care Planning Forums:
  - *Unsure how to support the patient, have tried several different approaches, could benefit from a wider case discussion. Patients who are frequent attenders, problems appear fixed and difficult to resolve.*
  - *Unsure of the best treatment pathway for a patient and/or difficulty in establishing where their needs best fit. For example, patient may not fit criteria for IAPT due to complexity of trauma, but also not meet criteria for secondary care.*
  - *Advice from multi-organisation/multi-agency colleagues might avert an avoidable referral and associated waiting and disruption (for example prescribing advice from a psychiatrist to avoid the patient needing to wait for a full review where this is the sole need).*
  - *Patients with multiple and complex needs but being held in primary care where the patient might benefit from a broad range of expertise and input OR several different agencies involved, unclear as to the plan from other organisations and agencies, would like to develop a shared plan of care. Difficulties accessing and engaging with services, e.g. chaotic attendance, mild learning difficulties, co-morbid drug and alcohol issues causing a barrier to accessing mental health services, excluded groups such as refugees.*
  - *Older adults who may have mental health needs but not be well suited to usual treatment options (for example IAPT referral, psychology groups' etcetera).*
  - *People who have been discharged by services and are struggling with the adaptation, for example patients previously under BeeU service and struggling to adapt.*

- The PCN forums are multi-disciplinary and multi-agency, each PCN has one, so in Shropshire there is North PCN Care Planning Forum, Shrewsbury East Care Planning Forum, West and Rural CPF, South East CPF and South West CPF.

- Membership varies dependant on area but within all Care planning forums there are:

  - Team leads from Secondary CMHS, PCN ARRS workers (Mental Health Practitioners), PCN Psychologists, Social Prescribers, Enable IPS, SRP, Social Care, along with other VCSE and other statutory services dependant on who is being presented such as AXIS, Talking Therapies and any other VCSE such as Designs in Mind in the North.

- Through this MDT approach a plan is created on how best to support that person that has been referred into the forum for discussion; consent needs to be gained from the person for their care to be discussed and from the meeting there will be an agreed outcome and plan. Patients can be bought back to the forum if things change and or the plan agreed needs to be reviewed.
- Currently they occur monthly in all areas.

Midlands Partnership University
NHS Foundation Trust

Adult Mental Health Services – Suicide Prevention and Local Authority/VCSE Partnership Work

Maryan Davies. Community Mental Health Transformation lead

MPFT

@mpftnhs

Shropshire, Telford and Wrekin Community Mental Health Fund for Adults

The Community Mental Health Framework for Young Adults and Older Adults (CMHF) model means that NHS community mental health services will be developed with community organisations working together in a seamless way, with people who use services at the centre of service provision and much more involved in their own care and support.

This programme will support voluntary, community, and social enterprise (VCSE) organisations that encourage engagement with and provide training and interactive training materials to secondary care mental health service users.

Grant Round 3 is open now!

This round of funding focuses on Suicide Prevention.
Organisations working together with adults with significant mental illness living within Shropshire, Telford and Wrekin.

https://shropshire.foundation/grants-2/communitymh/

Grant Round 3 Suicide Prevention

- Every life lost to suicide is an enormous tragedy, which leaves devastating impacts on family, friends and communities.
- The recently published Suicide Prevention Strategies for Shropshire and Telford & Wrekin (which have been developed by the multi-agency STW suicide prevention network) has shared the ambition to reduce the harm caused by suicide and to do all we can to prevent the preventable.

Shropshire Suicide Prevention Strategy Telford & Wrekin Suicide Prevention Strategy	These are available upon request

- Focus on communities where evidence identifies greater risk of suicide compared to the general population.
- Shropshire is a demographically and geographically diverse county.
- There are common risks and unmet needs relating to suicide and suicide risk that sit across both of the Local Authorities.
- However, there are also priorities which are more specific to each Council area.
- Applications are welcome from across Shropshire, Telford and Wrekin.

This page is intentionally left blank

Date	Item	Responsible Officer	Briefing	Briefing and decision by Members to go to committee	Straight to committee
25th November	SMI Excess Deaths Suicide Prevention Rural Proofing Update	MPFT/ICB RR,GK,CC, RR			✓
December-March	Local Care Programme: Following on from the 24th April session with a focus on Neighbourhoods and One Shropshire (Transformation and MTFS)			✓	
March	Public Health Provision Annual Update	RR	✓		

Other identified areas of interest from Committee discussions:

ESHIA-Impact of Medium-Term Financial Strategy (MTFS)
Review of prevention approach across health and LA
Dental Access
Housing and Health in conjunction with economy and environment
Monitoring of Shropshire Health and Wellbeing Outcomes

This page is intentionally left blank