Dr Sarah Wollaston  
Chair, Health and Social Care Select Committee  
House of Commons  
London  
SW1A 0AA

14th February 2019

Dear Sarah,

I am writing following the Health and Social Care Select Committee (HSC) session on 22 January, on suicide and self-harm prevention. I am conscious that the session was interrupted by Divisions in the House, so I thought it would be helpful to write to the Committee to summarise the points that were made during the session, the actions we will be taking and additional information relevant to this issue.

**National Suicide Prevention Strategy**

As Minister for Suicide Prevention I am personally committed to addressing the devastating and enduring impact that suicide has on families and communities, and will be working across national and local government, and our delivery agencies to drive implementation of the National Suicide Prevention Strategy.

As you are aware, we have taken a number of steps to improve the delivery and governance framework of the National Suicide Prevention Strategy (NSPS), following the recommendations made by the HSC in its 2016 inquiry. We have reviewed the terms of reference of the National Suicide Prevention Strategy Advisory Group (NSPSAG), to ensure the group continues to provide the best support for implementing the National Strategy. We have broadened the membership to include key voluntary groups with expertise in young people’s mental health and self-harm, and strengthened its role in providing challenge and oversight across the system to go further in preventing suicides. I am delighted to be co-chairing the Advisory Group (NSPSAG) with Professor Louis Appleby, so that I can personally oversee progress in implementing the Cross-Government Strategy.
In 2018, we established a National Suicide Prevention Strategy Delivery Group (NSPSDG), which comprises of lead policy officials across Government and delivery agencies, including the voluntary and charitable sector through the National Suicide Prevention Alliance (NSPA). The Delivery Group (NSPSDG) has overseen the development of the first Cross-Government Suicide Prevention Workplan which we published on 22nd January alongside the fourth progress report for the National Suicide Prevention Strategy.

The Workplan sets out our priorities for implementation of the National Suicide Prevention Strategy up to 2020. It includes clear actions, deliverables and timescales. Its publication ensured transparency, enables progress to be tracked and owners to be held to account. The Delivery Group (NSPSDG) will be responsible for tracking, monitoring and reporting on the implementation of the Workplan and will report regularly to the Advisory Group (NSPSAG) on progress.

National Suicide Prevention Strategy Delivery Group (NSPSDG)

I know that concerns were raised during the HSC session on 22nd January about the membership of the NSPSDG and particularly in relation to representation from the Department for Work and Pensions (DWP) and the Department for Environment, Food and Rural Affairs (DEFRA). As outlined in my response on the day, I can provide assurance that both departments are represented on the Delivery Group. The membership of the National Suicide Prevention Strategy Delivery Group will be reviewed regularly to ensure that it continues to reflect the strategic direction and priorities of the strategy.

I know that some concerns were also raised about the Delivery Group lacking the authority to ensure delivery of the commitments made in the cross-government Workplan. The Delivery Group will continue to meet regularly to discuss progress and hold its members to account. The Chair of the group, Public Health England’s Mental Health and Wellbeing Strategic Adviser, will meet with its members individually during 2019. They will discuss each Department’s work streams and progress against commitments outlined in the Workplan. However, I am clear that, where necessary, I will raise issues on behalf of the Delivery Group both bilaterally and with the Inter-Ministerial Group for Mental Health, which I will use to ensure the support of my colleagues across Government and to hold Government to account.

The Workplan is a living document, as it evolves it will capture new commitments and workstreams and will be published annually alongside future progress reports to the National Suicide Prevention Strategy.
Local Authority suicide prevention plans

I know that another key area of interest for the HSC is the effectiveness of Local Authority suicide prevention plans. We know that two thirds of people who take their own lives are not in contact with mental health services. This makes it a significant public health issue and shows the central role that local government has in our ambitions to reduce suicide. I am delighted that that 150 local authorities have their plans in place, and the remaining two are in the process of developing theirs. Public Health England is supporting the final local authorities to have their plans in place as soon as possible.

I share your views that it is vital that these plans are effective and meet the needs of our increasingly diverse communities. As you know, we are therefore working in collaboration with national partners and the local government sector to ensure the effectiveness of these plans by identifying what works well, and areas for improvement. Last autumn, local authorities were invited to complete a voluntary self-assessment, which will identify where further support would help strengthen local delivery and upon which a local government sector-led improvement offer can be developed. Local authorities have responded positively to this process.

An independent researcher is analysing the results of this self-assessment, alongside local plans. An expert panel held its first meeting to discuss those results earlier this month. We will publish a report in Spring which shows a detailed analysis of the self-assessment results with best practice and areas for improvement.

I am aware of concerns that the findings from this process will not be published at local authority level. We recognise that each local authority may be at a different stage in their journey and we want to work collaboratively with local authorities to bring all suicide prevention plans up to a high standard and ensure they are on a sustainable footing in the longer term. The sector-led improvement support process, which we are currently developing with Public Health England, the Local Government Association (LGA), and the Association of Directors of Public Health (ADPH), will support this.

The report we are publishing in Spring will include an assessment of plans at a regional level for each of the nine local authority regions, and we have also asked all local authorities to increase the transparency around their plans by publishing them online and submitting them to their Overview and Scrutiny Committees.
I will write to the HSC again once that report has been published with details of the outcome and next steps.

We also spoke about suicides in those who are in contact with mental health services. We know that the rate of suicide in this group continues to reduce, but they still account for around a third of all suicides in England and are arguably some of the most preventable.

As you are aware, we are continuing to roll out £25 million investment in suicide prevention over the next three years, which is supporting local areas to improve their suicide prevention plans and the ambition for zero suicides in mental health inpatients announced last year. We have asked every mental health trust to implement a zero suicide policy by the end of March.

**Workforce**

The HSC has quite rightly highlighted the importance of health professionals, including GPs, having the appropriate knowledge and awareness of suicide and self-harm. You heard Professor Tim Kendall set out during the session the work that NHS England is doing with the Royal College of GPs and Health Education England (HEE) to increase mental health training for junior doctors. You may also be aware that HEE commissioned a bespoke toolkit to upskill the primary care workforce in mental health and wellbeing needs. HEE is working with NHS England to ensure this toolkit is widely shared.

You also heard about the Suicide Prevention and Self-Harm Competency Frameworks that HEE published in October 2018. These frameworks set out the competencies required for effective interventions by all professionals, across all settings. Following on from this, HEE is reviewing existing suicide training provision against the competency frameworks, to inform the development of a compendium of training resource for the workforce and potential commissioning of future training.

You will also be aware that last year, we announced £2 million investment in the Zero Suicide Alliance, which is working to improve suicide awareness and training across the NHS and wider communities.

**Consensus Statement**

I would now like to turn to concerns raised about the Consensus Statement and sharing of information with family members. We hear from Royal Colleges that there
are varied levels of confidence and knowledge across health professionals about what information they can share about suicide risk, particularly when a patient has asked that information is not passed on.

Since the recommendations made by the HSC, the National Suicide Prevention Strategy Advisory Group has engaged the Royal Colleges to look at what further is needed to promote and embed the Consensus Statement. We know there is much more we must do to ensure that all health professionals are aware of the Consensus Statement and feel confident in their knowledge when it comes to sharing information about suicide risk. We also spoke during the session about helping health professionals to understand the best way to approach conversations with patients about sharing information with trusted family members.

Improving awareness around information sharing is a vitally important piece of work and, as stated during the HSC follow-up session last month, if it is not working in its current format, then we will look at the Consensus Statement again. We have committed to discuss with NHS England possible next steps in this process. I am happy to write to you again in future to update you on progress on this.

**Bereavement Support**

We also spoke about bereavement support for those who lose a loved one to suicide. As you know, providing better information and support to people bereaved by suicide is a key area for action in the Cross-Government Suicide Prevention Strategy. However, I recognise that more needs to be done to ensure there are good quality suicide bereavement services available for all people affected by suicide, wherever they live in the country.

I welcome the focus in the NHS long-term plan on suicide bereavement support for families and staff working in mental health crisis services in every of the country. We spoke about the importance of having real-time surveillance in place in local areas to enable early identification of those who have been bereaved by suicide. I know there will need to be further discussion on these issues with partners over the coming months and I look forward to publication of the Long-Term Plan Implementation Programme, which will provide further detail on the roll-out of bereavement support services.

There are also a number of other welcome commitments included in the NHS long-term plan, which will see a comprehensive expansion of mental health services, with an additional £2.3bn in real terms by 2023/24. I am delighted that crisis care is a key
element of the long-term plan. This includes establishing a national single point of contact for anyone experiencing mental health crisis through the NHS111 services, meaning that people in crisis will be able to access a trained mental health professional when they need it.

The long-term plan also reaffirms the NHS’s commitment to make suicide prevention a priority over the next decade, and sets out further measures for suicide prevention including providing full coverage across the country of the existing suicide reduction programme, establishing a new national safety programme in mental health hospitals and exploring the use of decision support tools and machine learning to enhance the ability to deliver personalised care and predict people at risk of self-harm or suicide.

As you know, since the HSC inquiry, we have also published our Children and Young People’s Mental Health Green Paper to transform children and young people’s services. This will see mental health support teams being implemented across the country and we announced the first 25 trailblazer sites to implement these teams last year.

**Suicide rate**

The suicide rate in England has reduced for the third consecutive year and is now at its lowest for seven years; for men, the suicide rate has reduced for four consecutive years and is now at the second lowest level recorded. However, it is looking like we may see an increase in suicides after 2017 and I have asked the Office for National Statistics and the NSPSAG to consider the implications of this provisional data.

I believe we have made some important progress since the HSC inquiry, but there is still much more we must do. The stark reality is that 13 people still take their own life every day in England. It is important that we make collective efforts across Government, business, civil society and within communities to change how we address suicide. After all, suicide prevention is everybody’s business and we must look to whole-community approaches.

We must continue to address the highest risk groups, including middle-aged men, and I will also be looking at other vulnerable groups such as people with learning difficulties and autism, to look at what more may be done to understand and address their specific needs to reduce their risk of suicide. Of course, we must also look to address the worrying increases we are seeing in suicides and self-harming amongst young people.
I will prioritise tackling societal drivers of suicide such as indebtedness, gambling addiction and substance misuse, and I am keen to tackle the impact of harmful suicide and self-harm content online. You will be aware that the Secretary of State for Health met internet and social media providers earlier this month, and they have committed to step-up their efforts to protect their users from harmful suicidal and self-harm content online. We want to work with internet and social media providers to address this problem and we will hold them to their commitment. We will also take tougher action where needed through the forthcoming joint Home Office and Department for Digital, Culture, Media and Sport (DMCS) Online Harms White Paper.

I welcome the continued scrutiny of the HSC on suicide prevention which has helped highlight several important issues and recommendations which we are committed to implementing. I am absolutely committed in my role as Minister for Suicide Prevention to ensuring fewer families and communities experience the deep and long-lasting impact of suicide.

I understand that you have offered to meet the NSPSAG again later this year, which I am grateful for, and which I hope will be an opportunity for us to discuss further progress made over the coming months.

JACKIE DOYLE-PRICE