



Health Scrutiny Panel

25 May 2017

Report title	Update on the work of the suicide prevention stakeholder forum		
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and wellbeing		
Wards affected	All		
Accountable director	Ros Jervis, Service Director Public Health and Wellbeing		
Originating service	Public Health and Wellbeing		
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Report to be/has been considered by			
	Public Health Senior Management Team	4 May 2017	
	People's Leadership Team	8 May 2017	

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Provide feedback on the work of the suicide prevention stakeholder forum

Recommendations for noting:

The Panel is asked to note:

1. Note the suicide prevention needs assessment, strategy and action plan
2. Note what has been undertaken in 2016
3. Note the 'benchmarking' assessment that has been completed, comparing the forum, strategy and action plan against the Parliamentary Health Committee recommendations

1.0 Purpose

- 1.1 To inform members of the Health Scrutiny Panel of the city-wide work that is going on to reduce the risk of suicides in the City of Wolverhampton.

2.0 Background

- 2.1 Between 2013-2015, there were 66 suicides in Wolverhampton i.e. roughly 22 per year. At a meeting with the coroner in January 2017, he reported that in 2016 there were 14 suicides. Whilst the decline is welcome, one suicide is too many and these numbers are subject to fluctuation.
- 2.2 A suicide prevention needs assessment was undertaken in 2015. This was a collaborative effort by Public Health and wellbeing and the Samaritans. More than 20 local organisations were consulted as part of this needs assessment. Key findings can be found in the executive summary attached to this briefing report (appendix 1).
- 2.2 Following completion of the needs assessment, the suicide prevention stakeholder forum was established. Members of the forum include:
A range of Council services including Public Health and Wellbeing, Educational Psychology, Adult Services, HeadStart, the Clinical Commissioning Group, mental health trust, acute trust, prison service, the police, Network Rail, university, college, Papyrus, Samaritans, and a wide range of voluntary sector organisations: Refugee and Migrant Centre, P3, Voiceability, Changing lives, Wolverhampton Voluntary Sector Council, Heanton and Midland Heart. The forum is chaired by the Samaritans. The Lesbian and Gay forum did initially attend but that forum has since folded.
- 2.3 This forum has overseen the development of a strategy and action plan. Progress against this plan is monitored on a quarterly basis. The latest version of the strategy and action plan is attached to this report (Appendix 2).

3.0 Progress against the plan

As a result of the strategy, action plan and forum being in place, progress is being made to take a city-wide approach to reducing the risk of suicides occurring. Key headlines include:

- 3.1 In 2016, 70 people have received basic suicide prevention awareness training. In partnership with the Clinical Commissioning Group, plans are now afoot to deliver suicide prevention awareness training to GPs.
- 3.2 Suicide prevention awareness week 2016: a range of activities took place: a summary document is attached (Appendix 3). In addition, the Council needed to respond to a 'campaign' led by the national Samaritans team. The Council's response is attached (Appendix 4).

- 3.3 Meeting with coroner: a meeting took place with the Director of Public Health and Wellbeing and the coroner. The coroner has agreed to inform the Council when suicide inquests are occurring so that representatives can attend. Additionally, he has indicated support for an audit of suicides to be undertaken in the future.
- 3.4 The forum oversees the information that is available to the public via the Wolverhampton Information Network and checks that it is up to date on a regular basis.
- 3.5 In December 2016, The Parliamentary Health Committee produced a report on suicide prevention which included a series of recommendations. The forum has reviewed how Wolverhampton is progressing against this set of recommendations. The full benchmarking report is available as an attachment to this report (Appendix 5).

4.0 Next steps

- 4.1 Roll out suicide prevention training to primary care practitioners.
- 4.2 Suicide prevention work for younger people: a programme of work in partnership with educational psychology to reduce the risk of suicide in young people has commenced.
- 4.3 Suicide prevention work with older people's services: a set of actions has been identified in partnership with adult services including training and embedding suicide prevention approaches into practice. Age UK will also be involved in this work.
- 4.3 Wolves in wolves: the arts project which will see 30 wolf sculptures placed around the city will include one that promotes mental wellbeing and seeks to reduce the stigma around mental ill-health including suicide. Members of the forum and their service users have been very involved in the design of this wolf.
- 4.4 Progress work to understand what is on offer for those bereaved by suicide and where possible and appropriate, involve those bereaved by suicide in the work of the forum.
- 4.5 Develop a stronger mechanism for the surveillance of suicides and self-harm by obtaining data on a routine basis such as self-harm admissions to hospital, mental health triage data, suicide information from the coroner.

5.0 Financial implications

- 5.1 £5,000 is available from the Public Health budget for 2017-18 to support both suicide prevention training and other general mental wellbeing activities.
[GS/04052017/X]

6.0 Legal implications

- 6.1 There are no immediate legal implications arising from this report.
[RB/17052017/S]

7.0 Equalities implications

- 7.1 Nationally, suicide is much more prevalent in males and there is a peak in the 30-34 years' age group. Stakeholder consultation identified migrants, men and deprived communities as being at the greatest risk of mental health problems locally. Sexual orientation is also a risk factor with the greatest risk being in gay men due to the discrimination that these groups may experience

8.0 Environmental implications

- 8.1 None

9.0 Human resources implications

- 9.1 None

10.0 Corporate landlord implications

- 10.1 None

11.0 Schedule of attached papers/documents

- Appendix 1 Needs assessment executive summary
- Appendix 2 Strategy and action plan
- Appendix 3 Summary of suicide prevention awareness week activities
- Appendix 4 Response to the national Samaritans 'campaign'
- Appendix 5 Benchmarking the strategy and action plan against the Health Committee recommendations