



# Health Scrutiny Panel

## 29 March 2018

<b>Report title</b>	Update on the work of the suicide prevention stakeholder forum	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Public Health and wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	John Denley, Service Director Public Health and Wellbeing	
<b>Originating service</b>	Public Health and Wellbeing	
<b>Accountable employee(s)</b>	Neeraj Malhotra	Consultant in Public Health
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<b>Report to be/has been considered by</b>	People's Leadership Team 19 March 2018	

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### 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. The update on the delivery of the suicide prevention strategy and action plan

## **1.0 Purpose**

- 1.1 To provide members of the Health Scrutiny Panel with an update on the delivery of the suicide prevention strategy and action plan.

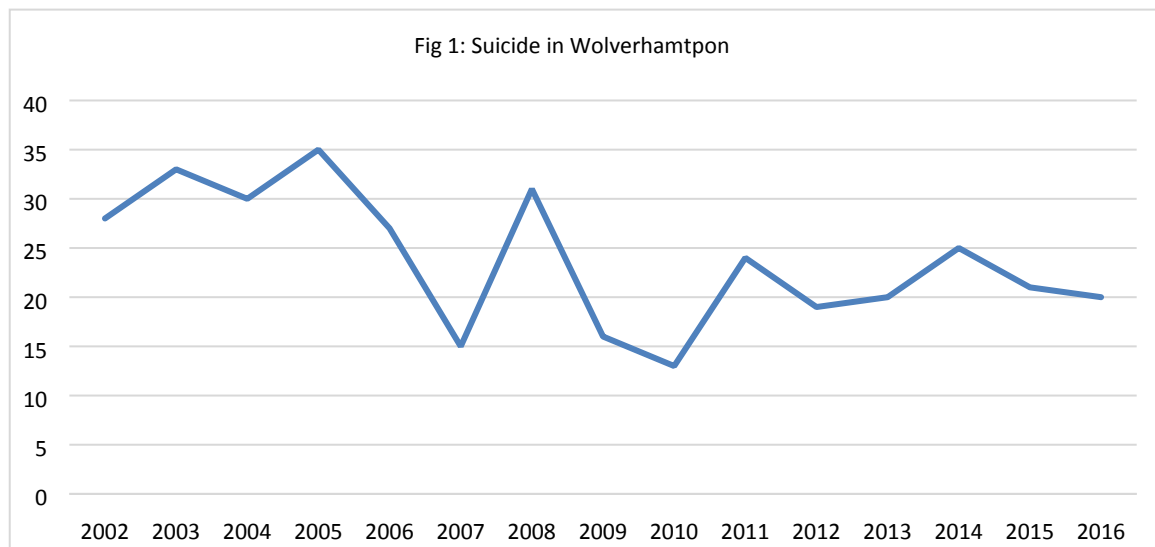
## **2.0 Background**

- 2.1 A report was submitted and considered at the Health Scrutiny Panel on 25 May 2017, which provided members with information on the approach being taken to reduce suicides across Wolverhampton. The report informed members of Wolverhampton's suicide prevention needs assessment, strategy and action plan.
- 2.2 In summary, a suicide prevention needs assessment was undertaken in 2015. This was a collaborative effort by Public Health and the Samaritans. More than 20 local organisations were consulted as part of this needs assessment. Following completion of the needs assessment, the suicide prevention stakeholder forum was established. This forum has overseen the development of a strategy and action plan and reports to the health and wellbeing board.
- 2.3 The suicide prevention stakeholder forum continues to meet quarterly. Attendance at each meeting is very positive with representation across various services spanning voluntary sector, local authority services, health services, police and education.
- 2.4 Nationally, the government published their suicide strategy in 2012, since then annual progress reports have been published. These have provided local areas with guidance on what should be happening at a local level in respect of reducing suicides.
- 2.5 Regionally, the West Midlands Combined Authority has established an action plan known as Thrive West Midlands which is implementing the recommendations from the mental health commission. Thrive aims to deliver better mental health and wellbeing in the West Midlands. The programme identifies suicide as a key concern and has taken a zero-suicide approach, effectively meaning one suicide is one too many. Wolverhampton Public Health remains engaged with this programme through regional meetings.

## **3.0 Prevalence**

- 3.1 Suicide is considered as a non-natural death which therefore requires the coroner to open an inquest. An inquest can in some cases be a lengthy process. Consequently, there is a time delay in the suicide prevalence data offered by the Office for National Statistics.
- 3.2 In 2016, there were 20 cases where suicide was concluded as the final underlying cause of death. For 2014 and 2015 this figure was 25, and 21 respectively.

Figure 1 below provides an illustration of suicides since 2002. Whilst there will always be fluctuations from year to year, there has been an overall downward trend since 2002.



- 3.3 Between 2014-2016 (3-year period) there were 66 suicides in Wolverhampton, this represents a suicide rate of 10.1 per 100,00. The England and West Midlands rate for the same period is 9.9 and 10.0 respectively.
- 3.4 Between 2013-2015 (3-year period) there were 66 suicides. From these, 58 were male and 8 female. The significantly higher number of males taking their life by suicide is in-line with national trends. In 2015, the highest suicide rate in the UK was for men aged 40–44. In the UK, men are around 3 times more likely to take their life by suicide than women.
- 3.5 It is recognised that suicide attempts are likely to be significantly higher than actual suicides.

#### 4.0 Progress against the plan

- 4.1 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. In 2016, Government produced the '[Local suicide prevention planning – a practice resource](#)' document, which provided local areas with guidance on implementation of recommendations set out in the national strategy.
- 4.2 The forum identified the need to benchmark local activity against the national guidance document. The benchmarking showed Wolverhampton to be in strong position with most recommendations in place and others in the process of being developed.
- 4.3 **Training:** The need to train professionals in understanding suicide, how to approach someone with suicidal thoughts and how to effectively respond was

identified in the national and local strategy. The forum has collectively carried out a range of activity to help upskill professionals.

- 4.4 The forum has promoted the new Zero Suicide Alliance's e-learning training across the partnership. This training has been cascaded to a number of services and positive feedback has been received from social workers, Citizens Advice Bureau staff, voluntary sector groups such as the Refugee Migrant Centre.
- 4.5 Media plays a key role in promoting positive messages around suicide. In response, a training workshop was delivered in conjunction with Samaritans on how to responsibly report suicide in media. Attended by a range of partners including journalists, Wolverhampton Homes, Wolverhampton College, Headstart, Starfish, Fire Service and Police the workshop was well received.
- 4.6 Through partnership working, suicide prevention training providers offered subsidised training for forum members. PAPYRUS, the national charity for the prevention of young suicide has delivered two Applied Suicide Intervention Skills Training (ASIST) workshops in Wolverhampton, both fully subscribed. This means there are now around 60 people in Wolverhampton who are ASIST trained and able to provide life-saving interventions with people at risk of suicide. PAPYRUS has also provided free training for a range of organisations in Wolverhampton, including Base 25 and The Way Youth Zone.
- 4.7 GPs play a critical role in early identification of suicidal thoughts and providing the appropriate support. The forum will be looking to deliver training to GPs in partnership with the CCG.
- 4.8 Colleagues from the University of Wolverhampton, who are part of the forum, delivered '3 minutes to save a life' training to various personnel throughout the University. The training continues to be delivered on a monthly basis and has been nationally recognised as best practice.
- 4.8 **Raising awareness**  
As part of this priority the forum has reviewed Information portals such as the Wolverhampton Information Network (WIN) to ensure information on suicide prevention and mental health support services is accurate.
- 4.9 National campaigns such as Suicide Prevention Day, World Mental Health Day, Time to Talk Day (mental health awareness) have been promoted locally with support from partners. For example, Wolverhampton Wanderers football club supported partnership efforts in raising awareness of suicide through a photoshoot with players displaying messages of support. Messages were shared during football matches and through the club's social media channels.
- 4.10 Through partnership working the Wolves In Wolves project dedicated one of the sculptures to promoting messages around suicide prevention and promoting good mental health. The project was a flagship initiative across the City attracting significant national and international coverage. BBC news specifically covered the suicide prevention sculpture.

#### **4.11 Tailored approaches for specific groups**

Research and evidence recognises some sections of the community are more vulnerable to poor mental health and risk of suicide. National guidance recommends tailoring approaches for specific groups such as children and young people, LGBT community, older people. Wolverhampton has established workstreams around vulnerable groups to ensure a more tailored approach is taken.

4.12 The LGBT task group has been reviewing the support available to young LGBT people and has been working with colleagues from Headstart, Education Psychology, Wolverhampton Homes to help increase support. For example, the task group has worked with the new LGBT Proud To Be Me alliance, in promoting suicide prevention messages within the training they deliver to teachers and other professionals.

4.13 The children and young people task group has been reviewing the response from schools when a suicide occurs. As a result the group has fed into the Schools Critical Incident Protocol. The group are also seeking to review data from the Hospital Youth Service, with a view to looking at trends on self-harm and working with Headstart to ensure the workforce development offer includes suicide prevention. Work is also taking place specifically around older people and migrant communities.

#### **4.14 Data and surveillance**

There is a time lag between suicides occurring and official suicide data being published. In order to be more responsive to what is happening locally, it is recommended that a relationship with the coroner is established to receive more 'real time' data. This would enable a more dynamic response should it be required such as a hotspot location for suicide.

4.15 Despite a very positive and constructive meeting between Wolverhampton's Director of Public Health and the Coroner in 2017, establishing an on-going relationship with notifications being received routinely has been problematic due to lack of resources in the coroner's office. A regional approach is now being adopted to ensure some uniformity of communication between the coroner and the local Public Health teams within the region. This is being led by colleagues from Public Health England (PHE) and ties in with the Thrive West Midlands zero suicide work.

4.16 As an interim measure, PHE carried out an audit of coroner data for the period of 2015-2016, Wolverhampton assisted with the audit and shared the findings with the forum.

### **5.0 Next steps**

5.1 The forum has been progressing well, this is evident when benchmarking progress against the national strategy and recommendations that came from the recent Health Select Committee's Inquiry into suicide prevention (2017).

- 5.2 Considering the good progress made, the forum is now at juncture where a review of the action plan is needed. A priority setting session is planned to take place within the forum's next meeting, taking place in May 2018.
- 5.3 The action planning will take stock of achievements to date and identify new priorities. Early discussion has focussed on the need to support middle-aged men.
- 5.4 Some areas of work such as receiving timely data from the Coroner will continue.
- 5.5 The current suicide prevention strategy for the City remains in place until 2019. Discussions will take place late 2018 to start the review and refresh process to ensure the strategy remains relevant.

## **6.0 Financial implications**

- 6.1 There are no financial implications.  
[MI/16032018/W]

## **7.0 Legal implications**

- 7.1 There are no legal implications.  
[Legal Code: TS/16032018/Q]

## **8.0 Equalities implications**

- 8.1 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. The action plan has established workstreams to enable a tailored response to different groups and the increased risk they face and will continue to do so in the year ahead.

## **9.0 Environmental implications**

- 9.1 None

## **10.0 Human resources implications**

- 10.1 None

## **11.0 Corporate landlord implications**

- 11.1 None

## **12.0 Schedule of background papers**

Health Scrutiny Panel - Update on the work of the suicide prevention stakeholder forum -  
25 May 2017