

# Health Scrutiny Panel

06 June 2019

<b>Report title</b>	Update on Suicide Prevention	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal 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	
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<b>Report to be/has been considered by</b>	Public Health Leadership Team	14 May 2019

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## Recommendation(s) for action or decision:

The Scrutiny Panel is recommended to:

1. Provide feedback on progress of the Suicide Prevention Stakeholder Forum against the guidance issued by the Centre for Public Scrutiny.
2. Provide support to the Suicide Prevention Stakeholder Forum in addressing challenges highlighted in Table 1.

## Recommendations for noting:

The Scrutiny Panel is asked to note:

1. Progress of suicide prevention work in achieving the aims set out in the strategy and action plan.

## 1.0 Purpose

- 1.1 To provide members of the Health Scrutiny Panel with an update on the work of the Suicide Prevention Stakeholder Forum.

## 2.0 Background

- 2.1 In 2012 the government published the national suicide prevention strategy *Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*. Since then, four progress reports have been published, the most recent one being published on 22 January 2019<sup>1</sup>.

The national strategy has two key objectives:

- 1). Achieve a reduction in the suicide rate in the general population in England; and
- 2). Offer better support for those bereaved or affected by suicide.

Six key areas of action were identified to help achieve these objectives:

- a. reducing the risk of suicide in key high-risk groups
- b. tailoring approaches to improve mental health in specific groups
- c. reducing access to the means of suicide
- d. providing better information and support to those bereaved or affected by suicide
- e. supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- f. supporting research, data collection and monitoring

- 2.2 The strategy provides recommendations for local action, setting out the role Public Health should play in mobilising local efforts. The strategy recommends that local authorities conduct a suicide audit, produce a suicide prevention action plan and set up a multi-agency suicide prevention group.
- 2.3 The national data available for England and Wales shows that only 28% of suicides occur in people who are in contact with services i.e. 72% of those who died by suicide were not in touch with secondary mental health services within one year prior to death.

Therefore, the majority of people who take their life by suicide are not known to mental health services, or did not have recent contact with services, highlighting the need for a public health approach to suicide prevention. Prevalence data for those who are known to mental health services shows that the majority are cared for within the community setting, which further supports a public health approach.

- 2.4 Latest figures show that in 2017, 5821 suicides were registered in the UK, equating to 16 suicides each day. Whilst there was a reduction in male suicides in 2017, men continue to make up three quarters of all suicides. Suicide remains as one of the leading avoidable causes of death for young and middle-aged men and women. Suicide attempts

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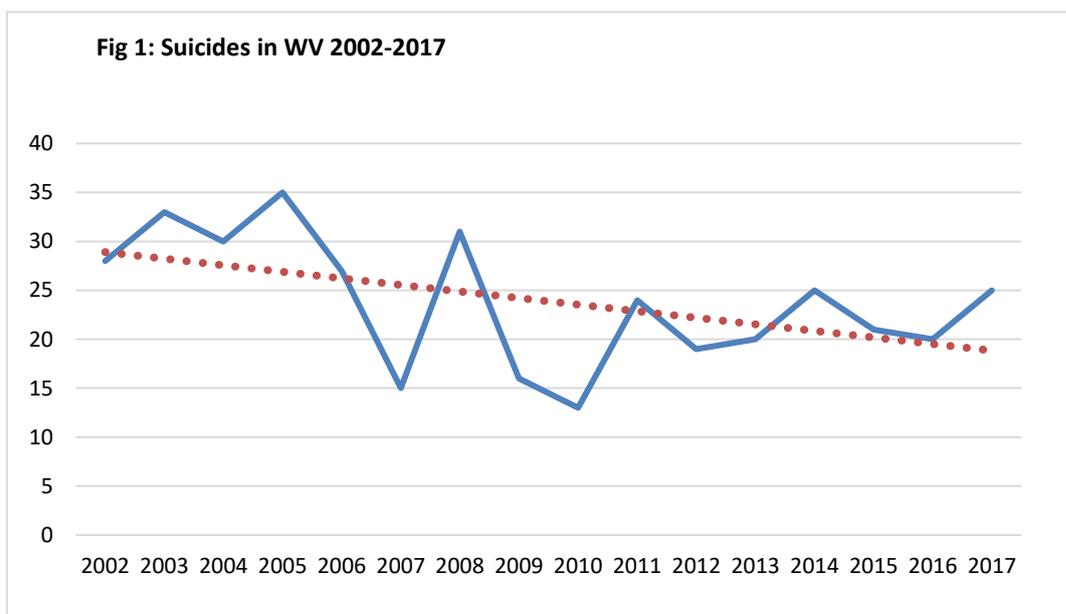
<sup>1</sup> <https://www.gov.uk/government/publications/suicide-prevention-fourth-annual-report>

will be much higher, with research suggesting suicide attempts are tenfold in comparison to completed suicides.

- 2.5 The impact of suicide is profound. Each suicide impacts a significant number of family, friends, work colleagues and communities. Furthermore, research estimates the cost of one suicide to be £1.7m, this consists of costs to services and the economy i.e. time lost from work impacting productivity.
- 2.6 There are other key national and regional policies, which we need to be mindful of. Regionally the West Midlands Combined Authority has established a Mental Health Commission. The ensuing 'Thrive Action Plan<sup>2</sup>' launched a zero-suicide ambition for the region. The NHS 'Five Year Forward View<sup>3</sup>' has set a target of reducing suicides by 10% by 2020-2021. The more recent NHS Long Term Plan<sup>4</sup> reinforces these targets and also aims to put in place suicide bereavement support for families and staff working in mental health crisis services in every area of the country.

### 3.0 Prevalence

- 3.1 In Wolverhampton, 66 deaths were registered as suicides for the period of 2015-2017 (3-year period), of these, 54 (82%) were male.
- 3.2 In 2017, there were 25 cases where suicide was concluded as the underlying cause of death. For 2015 and 2016 this figure was 21, and 20 respectively. Figure 1 provides an illustration of suicides in Wolverhampton since 2002. Whilst there are fluctuations from year to year, there has been an overall downward trend.

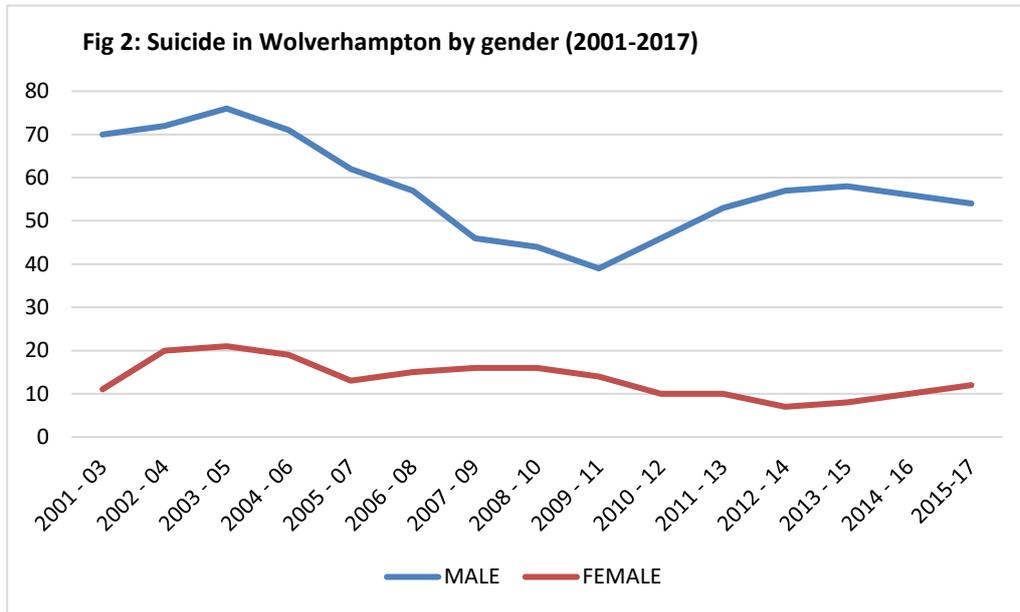


<sup>2</sup> <https://www.wmca.org.uk/media/1420/wmca-mental-health-commission-thrive-full-doc.pdf>

<sup>3</sup> <https://www.england.nhs.uk/five-year-forward-view/>

<sup>4</sup> <https://www.england.nhs.uk/long-term-plan/>

3.3 Men account for the sizable proportion of suicides nationally. This is replicated locally with men making up approximately 80% of all suicides in Wolverhampton.



#### 4.0 Progress

4.1 The Centre for Public Scrutiny issued guidance in October 2018 titled *‘Providing a lifeline: Effective scrutiny of local strategies to prevent or reduce suicide’*<sup>5</sup>. The guidance states: *‘It is important for councils to be transparent about their progress on suicide prevention planning and a key way to achieve this is by involving overview and scrutiny functions in developing plans and monitoring outcomes. This guide provides advice for scrutiny committees about questions to ask as part of the local assessment and assurance process’*.

4.2 The guidance outlines ten key points that scrutiny functions should ask to assess whether suicide prevention approaches in the locality are fit for purpose, proportionate to local suicide risks and rates, and engage the right partners in the right actions. Table 1 provides a progress update against each of these key ten points.

**Table 1:** Wolverhampton’s suicide prevention progress against the key ten points outlined in The Centre for Public Scrutiny guidance *‘Providing a lifeline: Effective scrutiny of local strategies to prevent or reduce suicide’*

No.	Guidance	Wolverhampton progress
1	Is there a plan, strategy or agreed approach for the area?	A suicide needs assessment was undertaken in 2015. This formed the basis for the current Suicide Prevention Strategy and Action Plan (Appendix 1). The strategy and action plan was produced in conjunction with partners and directed by the multi-agency Suicide Prevention Stakeholder Forum. The

<sup>5</sup> <https://www.cfps.org.uk/wp-content/uploads/CfPS-Providing-A-Lifeline-WEB-final.pdf>

		strategy is aligned to the national strategy and broadly mirrors the key areas of action. Progress is monitored through the quarterly forum meetings.
2	Who are the partners and what are the governance arrangements?	<p>The Suicide Prevention Stakeholder Forum (SPSF) was established in 2015. SPSF is independently chaired and consists of multiple agencies. The suicide prevention membership consists of over 80 professionals, with a regular attendance of 20+ at each quarterly meeting. Attendees include representation from Public Health, University of Wolverhampton, Samaritans, Compton Care, Kaleidoscope, Wolverhampton Voluntary Sector Council, Clinical Commissioning Group, Education Psychology Service, Police, Wolverhampton Homes, Black Country Mental Health Trust, local authority mental health support, Safeguarding, Prison Service (this is not an exhaustive list).</p> <p>SPSF report to Health and Wellbeing Together, with the most recent update provided to the full board in October 2018. The forum has Terms of Reference to steer the group in its function.</p>
3.	Which individuals and organisations have been involved?	Partners outlined in section 2 were involved in the formation of the current action plan. The recently refreshed action plan was formulated through two planning sessions held in May and October 2018.
4.	Are there specific groups in the community that need help and support?	In line with the national strategy and various pieces of research and data there are a number of groups who are at higher risk of suicide ideation. Groups that are at increased risk are highlighted within the local action plan. For example, men make up over three quarters of suicide across the city. The plan therefore identifies the need to do more with men. This may take the form of targeted campaigns, engaging with partners to influence their activity and training/raising awareness amongst professionals. Similarly, refugees and migrants, and LGBT community are identified as being at increased risk, which is reflected in the local action plan.
5.	What support is available for people bereaved through suicide?	<p>SPSF has been working with Kaleidoscope Plus Group and Compton Care to establish bereavement support. Both groups are now running bereavement support services, with Kaleidoscope providing suicide bereavement specifically. Support takes the form of group work. Cruse Bereavement offer 121 support but operate at a regional level which naturally impacts response time.</p> <p>Organisations are being encouraged to provide the Help Is At Hand resource to anyone they engage who has been bereaved by suicide. Organisations such as the Police and</p>

		<p>part of Children Services have, or are in the process of, starting to use this resource.</p> <p>The suicide prevention web-page within the Wolverhampton Information Network (WIN) also offers information on bereavement support. <a href="http://www.wolverhampton.gov.uk/suicide-awareness">http://www.wolverhampton.gov.uk/suicide-awareness</a></p> <p>The forum is also establishing a suicide specific website which will offer bereavement signposting and information.</p> <p>The NHS Long Term plan has committed to establishing suicide bereavement support for families and staff working in mental health crisis services in every area of the country. Locally, we are working with Black Country Partnership Foundation Trust to remain updated on this and the wider mental health trust suicide prevention plan.</p>
6.	Are there any barriers to sharing information between organisations?	<p>Some data is currently shared around suicide and suicide attempts. For example, Network Rail share information on incidents taking place in Wolverhampton stations. They also share information on interventions that have taken place in Wolverhampton stations and railway bridges. These interventions vary in detail and may include Network Rail staff, members of the public, relatives, friends, contractors or other such parties intervening in an act of potential suicide.</p> <p>Information sharing for real-time surveillance of suicide has been problematic. For real time surveillance to be effective, data from Police, Coroner and Ambulance Service needs to be shared on a regular basis. More recently, positive steps have been taken to implement real time surveillance at a regional level as data holders operate beyond local authority boundaries. This work is being led through the Black Country Sustainability and Transformation Partnership (STP) suicide prevention leads group.</p>
7.	What level of funding and resources exist to support the implementation of the plan, strategy or approach?	<p>Currently, no funding is aligned to the work of the Suicide Prevention Stakeholder Forum. However, Public Health allocate staff time to coordinate this work. Moving forward, the forum will be considering forming into a formal body such as a charity which will facilitate receipt of external funding.</p> <p>The Mayor of Wolverhampton has chosen the Suicide Prevention Stakeholder Forum as one the Mayor's charities for municipal year of 2019-2020. Money raised through the Mayor's office will be donated to the forum to fund suicide prevention activity.</p>
8.	Are there particular	<p>The Suicide Prevention Stakeholder Forum has been developing well as a multi-agency partnership and has</p>

	<p>challenges and successes in the area?</p>	<p>delivered various campaigns to raise awareness of suicide prevention (Appendix 2).</p> <p>E-training in suicide prevention has been promoted across various workforces, take up of the training and feedback has been positive.</p> <p>The forum has been successful in engaging various services and gaining their commitment to take action within their respective organisations. For example, the forum has engaged highways and transport to look at high risk locations such as bridges, prisons have been engaged to understand the measures being taken in secured estates to reduce suicide risk, children’s mental wellbeing services have been engaged to ensure suicide risk is understood and responses are appropriate. In 2016, the University of Wolverhampton, who form part of the Suicide Prevention Stakeholder Forum, won the Times Higher Award for outstanding student support for their innovative approach to suicide prevention. This included a commitment to train all staff in suicide awareness, self-harm awareness and emotional resilience and resourcefulness for self. This has gone on to form the basis of best practice within the higher education context<sup>6</sup>.</p> <p>However, there is still further development required in relation to engaging the coroner for data sharing, working within primary and secondary care to embed suicide prevention approaches and delivering targeted campaigns to high risk groups such as men, which require additional financial resource.</p>
<p>9.</p>	<p>How are ambitions for suicide reduction and prevention decided?</p>	<p>The overarching vision for Wolverhampton is to reduce the rate of suicide, which is in line with the national ambition. The Suicide Prevention Stakeholder Forum agree the key outcomes for this work and shape the prevention agenda. This plan of action is endorsed by all member partners and the Health and Wellbeing Together Board. The most recent action plan was formed in October 2018 and subsequently endorsed at the Health and Wellbeing Together meeting held on 17 October 2018.</p> <p>When setting the prevention agenda, the Suicide Prevention Stakeholder Forum considered all relevant policies, guidance and best practice. For example, the forum considered the national suicide prevention strategy<sup>7</sup>, Public Health England’s</p>

<sup>6</sup> <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>

<sup>7</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/430720/Preventing-Suicide-.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf)

		(PHE) ' <i>Local Suicide Prevention Planning: a practice resource</i> ' guidance <sup>8</sup> , PHE and National Suicide Prevention Alliance's ' <i>Support after a suicide: A guide to providing local services</i> ' – amongst other key guidance documents available and promoted nationally.
10.	Does the plan, strategy or approach represent a 'whole system' approach to preventing or reducing suicide?	<p>The action plan represents a multi-agency approach and incorporates the involvement of various organisations. Positive progress has been made to democratise suicide prevention across the spectrum of services, from prevention to crisis. For example, social care workers have completed suicide prevention training enabling the identification of early signs of suicide ideation amongst vulnerable individuals, highways and planning are working with the forum to identify potential hotspot locations, the mental health trust is in the process of training all staff in suicide prevention and improving practices so staff and families are better supported following suicide bereavement. The University of Wolverhampton have set out suicide prevention as a strategic priority since 2014. This provides all staff groups with the opportunity to receive awareness training in suicide, self-harm, emotional resilience and resourcefulness for self. The training is offered monthly and to date over 800 staff and students have received this training. The University have also recognised that suicide mitigation and response remains a non-compulsory component of health professional curriculum and to that end are kneading the same modules in to the curriculum for undergraduate and post graduate nursing of all fields, physio therapy, paramedics, pharmacy. The vast majority of their students live in the city and go on to work locally.</p> <p>The forum is also working with the charity arm of Wolverhampton Wanderers Football Club by linking into the 'Heads For Health' project. This project has been funded through premier league funding with contributions made by the City of Wolverhampton Council and the Clinical Commissioning Group. The initiative works specifically with men with the aim to improve mental well-being. Through the forum connecting with Head For Health the project also now includes messages of suicide prevention, with plans to introduce suicide safety planning in the near future.</p> <p>The Mayor of Wolverhampton has pleasingly chosen the Suicide Prevention Stakeholder Forum as one the Mayor's charities for municipal year of 2019-2020, which will further</p>

<sup>8</sup> <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

		help with raising the profile of suicide prevention across the City.
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## **5.0 Next steps**

- 5.1 The suicide prevention strategy currently runs up to 2020. A process to review the city's approach and form a new strategy will commence in early 2020. This will take stock of new guidance, best practice and lessons learnt from the first strategy period.
- 5.2 The forum will continue to deliver on its action plan and will focus on raising awareness of suicide, promote training across workforces and strengthen bereavement support pathways.
- 5.3 Public Health is part of regional approaches to suicide prevention and will seek to maximise the opportunities this presents. For example, unblocking data sharing with the coroners officer, implementing real-time surveillance and galvanising campaign efforts on a regional footing.

## **6.0 Financial implications**

- 6.1 There are no financial implications arising from this report. [MI/08052019/Q]

## **7.0 Legal implications**

- 7.1 There are no legal implications arising as a result of this report. [Legal Code: TS/07052019/Q]

## **8.0 Equalities implications**

- 8.1 Suicide is significantly more prevalent in men, this peaks between the ages of 45-49. Research has shown there are also other cohorts within the community who could be more susceptible to suicide ideation. For example, the LGBT community, young people, migrant communities. The local action plan recognises this heightened vulnerability and aims to implement measures targeted at such specific sections of the community.

## **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**

### 12.1 Health Scrutiny Panel report suicide prevention March 2018

Appendix 1 - Suicide Prevention Strategy and Action Plan

Appendix 2 - Summary of activity World Suicide Prevention Day