

# Health and Wellbeing Board

## 27 April 2016

<b>Report title</b>	Update on Suicide Prevention	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Public Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders People	
<b>Originating service</b>	Public Health and Wellbeing	
<b>Accountable employee(s)</b>	Ros Jervis	Director of Public Health
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<b>Report to be/has been considered by</b>	People Leadership Team	16 November 2015

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### Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Endorse the overall partnership approach taken to suicide prevention.
2. Approve the establishment of a Suicide Prevention Stakeholder Forum.
3. Approve the suicide prevention action plan.
4. Endorse the suicide prevention work as an additional workstream within the crisis concordat programme.

### Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The suicide prevention needs assessment.
2. Compliance with national requirements for a suicide audit/needs assessment, stakeholder forum and action plan.
3. Early progress made to date on the action plan tasks.

## 1.0 Purpose

- 1.1 This report is to inform the Health and Wellbeing Board of the progress made in relation to the requirements outlined in the national suicide prevention strategy *Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*. In particular, progress in relation to the Mental Health and Suicide Prevention Needs Assessment, completed jointly with Wolverhampton Samaritans, the establishment of a multiagency Wolverhampton Suicide Prevention Stakeholder Forum and the development of a Suicide Prevention Action Plan for Wolverhampton.
- 1.2 In addition to gain the Board's approval for the approach being taken and the action plan, including any comments the Board has to make.

## 2.0 Background

- 2.1 In 2012 the government published *Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*. 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. This strategy has been followed up with annual reports – the latest being a two year follow up published in 2015.
- 2.2 The development of a local suicide action plan is one of the recommendations in the strategy and Public Health England (PHE) has issued guidance for developing a local suicide prevention action plan. However, an All-Party Parliamentary Group (APPG) on Suicide and Self-harm Prevention conducted a survey on Local Suicide Prevention Plans which found that:
- around 30% of local authorities do no suicide audit work;
  - around 30% of local authorities do not have a suicide prevention action plan;
  - around 40% of local authorities do not have a multi-agency suicide prevention group.
- 2.3 Suicide prevention should be set into the context of the fact that:
- 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, most people who commit suicide are not known to mental health services, or had not had recent contact with services, highlighting the need for a public health approach to suicide prevention.
- 2.4 Following the public health transfer from the NHS into local government in April 2013, suicide prevention consequently became a local authority led initiative working closely with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sectors. This report outlines the progress made in Wolverhampton on the

suicide prevention agenda and seeks the board's input into the program and approval of the draft action plan.

## 2.5 Suicide in Wolverhampton

2.5.1 Suicide is a potentially preventable cause of death and is a significant cause of death in young adults. When someone takes their own life, the effect on their family and friends is devastating and many others involved in providing support and care will also feel the impact. In England, one person dies every two hours as a result of suicide. Table 1 below, from the latest version of the Public Health Outcomes Framework (downloaded 5 April 2016) shows the overall numbers and rates per 100,000 population for suicides and injury undetermined over a three year period from 2012 to 2014. Over this period, there were 64 deaths registered in Wolverhampton (aged 15 and over), the majority (89%) being males. (Note that the Office for National Statistics does not include the under 15s in suicide figures due to the difficulty in determining the cause of death in young people.)

2.5.2 The overall (persons) suicide rate in Wolverhampton is at the England average and lower than the West Midlands average. However, this latest data now shows that the rate for males is higher (but not statistically significantly higher) at 15.9 per 100,000 compared to 14.1 per 100,000 for England.

Table 1 Suicide rates in Wolverhampton

Compared with benchmark: ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

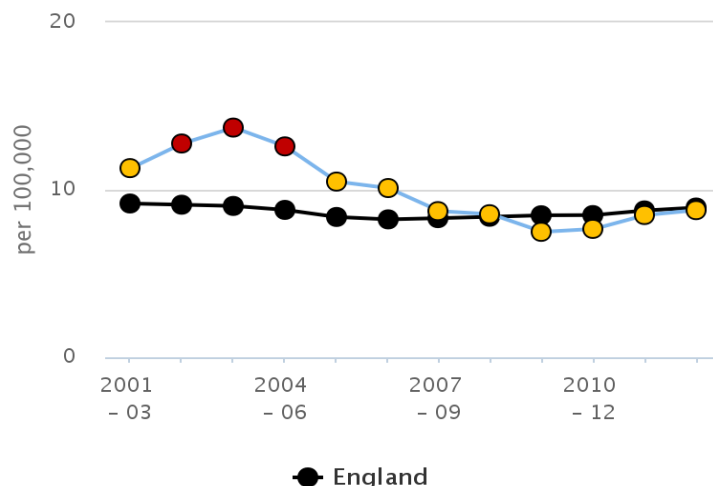
Benchmark Value  
 Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Wolves		Region England		England		
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
4.10 - Suicide rate (Persons)	2012 - 14	64	8.8	9.1	8.9	15.7		4.5
4.10 - Suicide rate (Male)	2012 - 14	57	15.9	14.8	14.1	25.3		7.2
4.10 - Suicide rate (Female)	2012 - 14	7	*	3.7	4.0	-	Insufficient number of values for a spine chart	-

2.5.3 This increase is reflected in the trend data shown in Figure 1 below where it can be seen that Wolverhampton rates have been decreasing and were lower than the England average but recent trends suggest an increase. This may be due to the effects of the economic downturn or other factors, however, caution must be exercised as suicide rates can show natural fluctuations.

Figure 1 – Trend in suicide rates

4.10 - Suicide rate (Persons) - Wolverhampton



## **Progress made to date**

3.1 The following progress has been made on the three elements required in order to meet the national requirements concerning suicide prevention, i.e.:

### **3.2 Suicide prevention audit**

A mental health and suicide prevention needs assessment, co-produced with Wolverhampton Samaritans, more than fulfils this requirement by providing a robust evidence base for future suicide prevention work. The executive summary is provided as Attachment 1. This needs assessment was discussed at a special workshop with members of the Wolverhampton Mental Health Stakeholder Forum where members agreed with, and added to, the recommendations of the report. The findings from the needs assessment informed the suicide prevention action plan. At a subsequent meeting of the Mental Health Stakeholder Forum it was agreed that a separate partnership led stakeholder forum was needed to develop and deliver the action plan.

### **3.3 Suicide prevention stakeholder forum**

A multi-agency Suicide Prevention Stakeholder Forum has been established to oversee the delivery of the Wolverhampton Suicide Prevention Action Plan 2015. The forum will take a public health approach to suicide prevention. It will bring together key stakeholders in the city to focus action on suicide prevention, address the national strategy and develop and deliver the Wolverhampton Suicide Prevention Action Plan. The group had its first meeting on 10 December 2015 and will meet quarterly.

Membership of the forum includes organisations/networks likely to have the greatest impact on reducing suicides in Wolverhampton and includes representatives from Black Country Partnership Foundation Trust, CCG, Police, local authority adult, children's and public health teams, Network Rail, British Waterways and a wide range of voluntary sector organisations.

The group is in its early stages of development and is currently exploring how to make links to CAMHS, HeadStart and the wider children's services agenda. This is an ongoing development and the meeting to be held on 7 April will have a focus on suicide and young people including a presentation from PAPYRUS, a national charity for the prevention of young suicide.

### **3.4 Suicide prevention action plan**

The suicide prevention needs assessment and additional stakeholder views from the Wolverhampton Mental Health Stakeholder Forum form the basis of the draft Suicide Prevention Action Plan (Attachment 2). The plan is organized by the 6 key areas for action outlined within the *Preventing Suicide in England* strategy. These are:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide

5. Support the media in delivering sensitive approaches to suicide and suicidal behavior
6. Support research and data collection.

The plan complies with the requirements set out in Public Health England's *Guidance for developing a local suicide prevention action plan*.

The action plan is a changing and dynamic document and reflects the progress that has been made in the last 12 months. It will be constantly updated.

To strengthen the work of the forum, the board is asked to endorse the suicide prevention work as an additional workstream within the crisis concordat programme.

### 3.5 **Action plan progress to date**

The group is in its early days of development, however two areas where progress is being made are reported below:

#### 3.5.1 Key area: reducing the risk of suicide in high risk groups (gatekeeper training)

Action: Ensure that frontline staff, in health and non-health occupations, including the voluntary sector who come into contact with people who are homeless, unemployed, on benefits, socially isolated or otherwise vulnerable are confident and competent in recognising signs of mental distress and know how to support people appropriately and know where to refer onwards if necessary.

3.5.2 Progress: the availability of suicide prevention training has been researched and a programme of safeTALK suicide prevention training has been offered across Wolverhampton organisations.

3.5.3 The safeTALK :Suicide Alertness for Everyone course is a half-day (3.5 hours) training course designed to widen the net of suicide alert helpers to ensure that thoughts of suicide aren't missed, dismissed or avoided. The course gives practical steps to enable everyone to offer immediate help to someone having thoughts of suicide. Two sessions are planned for 21 March 2016 and will be offered to a total of 60 participants.

3.5.4 Action: Workplaces should be encouraged to sign up to policies that support positive mental health, as outlined in NICE guidance 'promoting mental wellbeing at work' (NICE Guidance PH 22)

3.5.5. Progress: We are developing a schedule to help workplaces to support national mental health and suicide awareness days with planned and coordinated action across Wolverhampton. In the meantime, the suicide prevention stakeholder forum and partners has supported the following national awareness days with a range of activities:

- World Suicide Prevention Day – September 10 2015

- Time to Change - Time to Talk day on February 4 2016.

3.5.6 The Time to Change campaign highlighted the fact that many people are still afraid to talk about mental health and suicide. So getting people talking can break down stereotypes, improve relationships, aid recovery and reduce stigma.

3.5.7 To support this campaign an article appeared in City People and leaflets and resources were distributed around the Council (including buildings outside the Civic Centre). The Healthy Lifestyles team had a presence in the Civic Centre foyer to talk about overall healthy lifestyles and provide information about mental wellbeing. In addition, Wolverhampton Community & Wellbeing Hub also had a presence in the Civic Centre Foyer, promoting their service and also offering resources and information on mental wellbeing. The Community & Wellbeing Hub also ran its own Time to Talk event at Epic Café.

#### **4.0 Financial implications**

4.1 The Public Health grant for 2015/16 is £21.9 million and any subsequent activity arising from this action plan will be implemented within existing resources. [GS/13042016/X]

#### **5.0 Legal implications**

5.1 There are no direct legal implications arising from this report 11042016/S

#### **6.0 Equalities implications**

6.1 Some of the most disadvantaged in society are at increased risk of suicide and the needs assessment takes this into consideration and examines their particular needs. A Stage 1 equalities analysis has been completed and forwarded to the Equalities Team on 7 March. A Stage analysis 2 is not needed.

#### **7.0 Environmental implications**

7.1 None

#### **8.0 Human resources implications**

8.1 None

#### **9.0 Corporate landlord implications**

9.1 None

#### **10.0 Schedule of background papers**

10.1 People Leadership Team 16 November 2015: Suicide Prevention Needs Assessment and Draft Action Plan