



Health and Wellbeing Together Board

17 October 2018

Report title	Update on Suicide Prevention	
Cabinet member with lead responsibility	Councillor Hazel Malcolm Public Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley – Director of Public Health	
Originating service	Public Health	
Accountable employee(s)	Lina Martino Tel Email	Consultant in Public Health 01902 558657 Lina.Martino@wolverhampton.gov.uk
	Parpinder Singh Tel Email	Senior Public Health Specialist 01902 555475 Parpinder.singh@wolverhampton.gov.uk
Report to be/has been considered by	Public Health SMT People Leadership Team Strategic Executive Board	18 September 2018 24 September 2018 02 October 2018

Recommendations for action or decision:

The Health and Wellbeing Together Board is recommended to:

1. Provide feedback on the work of the Suicide Prevention Stakeholder Forum
2. Endorse the key areas of action
3. Support and promote suicide prevention approaches within relevant future work streams, strategies and policies which fall within the remit of the Board

Recommendations for noting:

The Health and Wellbeing Together Board is asked to note:

1. The update on the delivery of the suicide prevention strategy and action plan
2. Performance against national recommendations

1.0 Purpose

- 1.1 To provide members of the Health and Wellbeing Together Board with an update on the delivery of the suicide prevention strategy and action plan in context of national and regional strategies and policies.

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, three progress reports have been published, the most recent one being in 2017.

The strategy has two key objectives:

1. a reduction in the suicide rate in the general population in England, and
2. 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. Health and Wellbeing Boards are recognised as being integral in making this happen. 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.

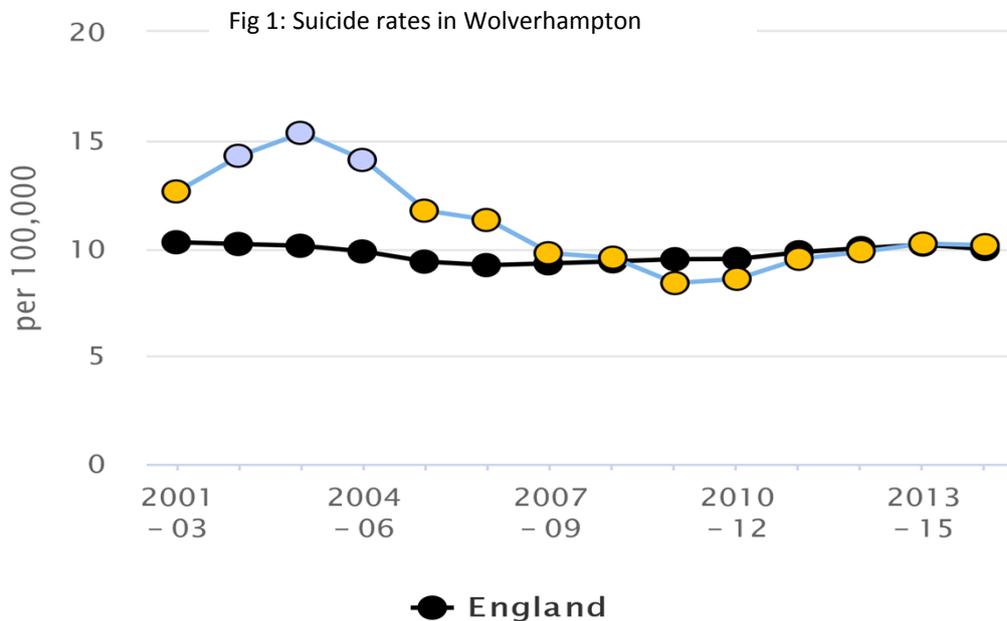
- 2.4 Latest figures show that in 2017, 5821 suicides were registered in the UK, equating to 16 suicides each day. Whilst there was a reduction in male suicides in 2017, men continue to make up three quarters of all suicides. Suicide remains as one of the leading

avoidable causes of death for young and middle-aged men and women. Suicide attempts 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 and friends. Furthermore, research estimates the cost of one suicide to be £1.7m, this consist 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' launched a zero-suicide ambition for the region. The NHS 'Five Year Forward View' has set a target of reducing suicides by 10% by 2020-2021.

3.0 Suicide in Wolverhampton

- 3.1 In Wolverhampton, 66 deaths were registered as suicides for the period of 2014-2016 (3 year period), of these 56 (85%) were male.
- 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 2001. Whilst there are fluctuations from year to year, there has been an overall downward trend since 2002.



- 3.3 Recognising the role of Public Health in suicide prevention, a suicide needs assessment was carried out 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.

- 3.4 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.

4.0 Progress

- 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, older people services, voluntary sector groups such as the Refugee Migrant Centre.
- 4.5 Media plays a key role in promoting positive messages. A workshop was delivered in conjunction with Samaritans on how to responsibly report suicide. The training was attended by a range of partners including journalists and media professionals.
- 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. .
- 4.7 GPs play a critical role in identification of suicidal thoughts and providing the appropriate support. The forum is seeking 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 is delivered on a monthly basis and has been recognised as best practice.

4.9 **Raising awareness**

The forum has regularly reviewed Wolverhampton Information Network (WIN) to ensure information on suicide prevention and mental health support services is accurate.

4.10 National campaigns such as Suicide Prevention Day, World Mental Health Day, Time to Talk Day 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.

4.11 The Wolves In Wolves project dedicated one of the sculptures to promoting messages of suicide prevention and 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.

4.12 **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.

4.13 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.

4.14 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 and migrant communities.

4.15 **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 for events such as a hotspot location for suicide.

4.16 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 local Public Health teams within the region. This is being led by colleagues from Public Health England (PHE).

4.17 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.

From the 280 sample cases viewed across the West Midlands Combined Authority footprint, key findings included a notable level of alcohol and substance misuse, high levels of unemployment, skilled trades being the highest recorded profession, majority of suicides took place in the home and by hanging, high level of mental health diagnosis with depression cited as the most common, relationship breakdown cited as trigger in a fifth of cases.

5.0 Next steps

- 5.1 The forum is now at juncture where a review of the action plan is needed. A priority setting session took place in May where broad objectives were agreed. A further session will take place in October where these objectives will be progressed into SMART actions.
- 5.2 The revised objectives broadly remain in line with the previous action plan and the key areas of action outlined in the local and national strategies. However, early discussions have been around the need to focus on men, particularly for ages 40-44 where male suicides are at the highest. The statistics already set out the reasons why men in particular require a focussed approach in regard to suicide prevention. However, within Wolverhampton there are other public health related issues such as alcohol misuse and unemployment, which are more pertinent to men, therefore a coherent approach to men which addresses employment, lifestyle, behaviours and wellbeing is likely to yield more benefits.
- 5.3 There is further work needed to strengthen partnership working with acute trusts in regard to suicide prevention. Black Country Partnership Foundation Trust has now produced their suicide prevention strategy and policy with commitment of delivery at senior level. The Forum is seeking to align this work and remain informed of the mental health trust's progress, particularly given that the combined authority audit identified that 25% of suicides in Wolverhampton were known to the mental health trust. This indicates that support for these patients needs to be done in partnership with other organisations.

6.0 Financial implications

- 6.1 There are no direct financial implications arising from this report.
[MI/19092018/A]

7.0 Legal implications

- 7.1 There are no immediate legal implications arising from this report.
[RB/19092018/T]

8.0 Equalities implications

- 8.1 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 previously completed and forwarded to the Equalities Team. A Stage analysis 2 is not needed.

9.0 Environmental implications

9.1 There are no environmental implications arising from this report.

10.0 Human resources implications

10.1 There are no human resources implications arising from this report.

11.0 Corporate Landlord implications

11.1 There are no Corporate Landlord implications arising from this report.