



## **HEALTH AND WELLBEING BOARD: 5 MAY 2016**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) SUICIDE PREVENTION STRATEGY and ACTION PLAN**

#### **Purpose of the Report**

1. This report provides an update on the work of the LLR Suicide Audit and Prevention Group and the progress on development of the next LLR Suicide Prevention Strategy and Action Plan (2016-19).

#### **Link to the local Health and Care System**

2. The work of the LLR Suicide Audit and Prevention Group feeds directly into the LLR Better Care Together work stream and the LLR Crisis Concordat.
3. Promoting positive mental health is a cross cutting priority of the current Leicestershire Health and Wellbeing Strategy.

#### **Recommendation**

4. It is recommended that
  - (a) The impact of death from suicide in Leicestershire is noted;
  - (b) The purpose and work of the LLR Suicide Audit and Prevention Group is noted;
  - (c) The current and emerging priorities of the LLR Suicide Audit and Prevention Group particularly in relation to development of the next LLR Suicide Prevention Strategy and Action Plan (2016-19) are supported.

#### **Policy Framework and Previous Decisions**

5. In 2013 the Leicestershire Health and Wellbeing Board agreed to support the approach outlined in his LLR Suicide Prevention Strategy and Plan (2013-2015) and to endorse and oversee the work of the Leicestershire, Leicester and Rutland (LLR) Suicide Audit and Prevention Group.

## **Background**

6. The Parliamentary All-Party Group on Suicide has called for each upper tier council to develop and implement a suicide prevention strategy and for Health and Well Being Boards (HWBBs) to:
  - Develop and support a local suicide prevention group.
  - Ensure that suicide and self-harm are addressed in the Joint Strategic Needs Assessment beyond being a measure.
  - Ensure that the local suicide prevention plan is written into the local Health and Wellbeing Strategy (HWBS) and includes specific measures to provide support for people bereaved by suicide, and addresses self-harm prevention.
  - Investigate opportunities for developing links with neighbouring local authorities to coordinate work through a regional group that could pool resources and expertise.
7. Death from suicide is a major public health concern. Whilst such deaths are a small proportion of overall mortality, they account for a disproportionate amount of years of life lost to premature death. This is mainly because suicide rates are higher in people aged between 35 and 54 years. It is also one of the most important contributors to inequality in premature mortality in LLR as it disproportionately affects the more disadvantaged members of our local communities.
8. Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events. The prevention of suicide has to address this complexity through concerted action and collaboration amongst services, communities, individuals and across society as a whole. This means there is a clear need to co-ordinate local plans and actions.
9. Depression is one of the most important risk factors for suicide. Timely identification and treatment of depression has a major role to play in suicide prevention across the whole population.
10. Tackling social factors linked to mental ill-health is critical in reducing suicide. These factors may include unemployment, debt, social isolation, family breakdown and bereavement. Reducing alcohol and drug dependence are also critical to reducing suicide.
11. There are several other specific groups at increased risk of suicide including children and young people who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system; survivors of abuse or violence, including sexual abuse; veterans; people living with long-term physical health conditions; lesbian, gay, bisexual and transgender people; and people from black and minority ethnic groups and asylum seekers.
12. The LLR Suicide Audit and Prevention Group was established to bring together key partners across the health and care systems with the purpose of tackling the causes and the impact of suicide locally (see Appendix 1 for terms of reference of the group). The group meets quarterly and develops and updates local suicide prevention strategies and

action plans in line with the national strategy. The group is in the process of updating its local strategy and action plan for 2016-19 and would welcome input from members of the Health and Wellbeing Board in relation to this.

13. A core principle of the LLR Suicide Audit and Prevention Group is that deaths through suicide are preventable. Modifiable social and economic factors, individual factors and access to health and other services can directly impact on people's vulnerability, or conversely, increase their resilience to adverse life events which may be linked to suicide.
14. The graph below shows that since 2001 the trend in the age standardised rate of suicide per 100,000 in Leicestershire initially reduced before increasing again following the recession.<sup>1</sup> The rates are measured on a 3 year rolling average. For 2001-3 the rate was 7.3 per 100,000 (95% CI 6.0, 8.6). The rate for 2010-12 was 8.6 per 100,000 (95% CI 7.3, 10.0). In 2012 the regional rate was 8.8 and the national rate 8.9. **This equates to roughly 60 people per year across Leicestershire.**



15. In all respects the pattern of deaths from suicide in Leicestershire is not significantly different to the national and regional picture. For instance rates are higher in males than females. However, at 33.4 per 10,000, the years of life lost to suicide in Leicestershire were slightly higher than the regional value (31.3 per 10,000) and the England value (31.9 per 10,000). Although this figure was not significantly different, it indicates that on average cases of suicide in Leicestershire were younger than those for the region and England.
16. Prevention of suicides requires concerted action at many levels, so the LLR Suicide Audit and Prevention Group in line its 2013-15 Strategy and Action Plan currently targets the following key outcomes:
- To develop and inform the local strategic direction for suicide prevention across LLR;
  - To influence commissioning responsibilities and structures across the wider partnerships in LLR to ensure that opportunities to prevent suicide are optimised;

- To promote collaborative arrangements across LLR and where appropriate to establish task and finish groups to complete reviews and develop commissioning plans for specific service areas;
- To encourage responsible reporting of suicide in the media;
- To promote mental well-being in the wider population;
- To engage with commissioning organisations, such as Clinical Commissioning Groups, Local Authorities and others.

17. The LLR Suicide Audit and Prevention Group Strategy and Plan (2013-15) are geared to working collaboratively with partners and stakeholders, to map current practice and address service provision with any gaps. Progress in 2014/15 includes:

- Good engagement amongst key partners;
- Regular suicide audits carried out and analyzed;
- Progress on suicide reporting/real time surveillance and working with local coroner's office to enable suicide data to be accessed faster. The group is working with Leicestershire Police on a pilot project to support real time surveillance of suspected suicide cases. The aim of the pilot is to have information about potential cases available as early as possible. This will enable commissioners and providers to plan appropriate and timely responses to emerging trends and to manage potential suicide clusters;
- Suicide awareness training is offered across LLR including bespoke training and support for school staff in identifying and managing pupils who self-harm;
- Mental Health First Aid training now offered to key partners;
- Suicide awareness raising exercises carried out e.g. 'Finding Hope' <https://www.youtube.com/user/findinghopeleicester> and events linked to International Suicide Prevention Day;
- Wider mental health/illness awareness raising and anti-stigma work e.g. 'Time to Talk' October, 2015;
- Initial discussions re 'zero suicide approach' linked to preliminary development of personal safety plans;
- Advocacy: Input into Parliamentary All-Party Group on Suicide leading to key recommendations on the overall governance of plans and strategies to reduce the impact of suicide: <http://uk-sobs.org.uk/wp-content/uploads/2014/02/Future-of-local-strategies.pdf>
- Establishment of formal links with Survivors of Bereavement by Suicide (SOBS) organization.

### Proposals/Options

18. The future direction of the LLR Suicide Audit and Prevention Group and development of LLR Suicide Prevention Strategy and Action plan (2016-19) will be closely aligned with *Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives* ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/405407/Annual\\_Report\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf))

19. Additional areas of local focus will include:

- Further development of suicide reporting/real time surveillance plus working with local coroner's office;

- Creation of a unified approach to city and county audits with enhanced data through linkages with primary and secondary care health services and an enhanced report to Health and Wellbeing Boards 6 monthly outlining progress of actions;
- Build on mental health awareness, suicide awareness and anti-stigma campaigns;
- Renew interest and effort in suicide awareness training
- Communication strategy involving voluntary sector and other relevant stakeholders on the need for training, awareness and use of personal safety plan;
- Identification of resources from partner organisations to help facilitate the work of the group make the above happen?
- Consideration of how to embed appropriate elements of 'zero suicide' approach locally including introduction of personal safety plans;

### **Consultation/Patient and Public Involvement**

20. The voluntary and community sector is represented through the Samaritans, and the Rural Community Council (RCC). Other attendees have included regional suicide prevention representation, primary care professionals, researchers into hate crime, representatives of lesbian, gay, bisexual and transgender people, local universities and elected members

### **Resource Implications**

21. The main resource implications relate to the time and input of representatives into the Suicide Audit and Prevention Group. Individual partners may also need to ensure that tackling suicide is prioritised within commissioning plans according to local need.

### **Officer to Contact**

Dr Mike McHugh, Consultant in Public Health, Leicestershire County Council  
0116 3054236  
[Mike.McHugh@leics.gov.uk](mailto:Mike.McHugh@leics.gov.uk)

---

This page is intentionally left blank