

## **HEALTH AND WELLBEING BOARD: 16 MARCH 2017**

## REPORT OF THE DIRECTOR OF PUBLIC HEALTH

# <u>LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) SUICIDE</u> <u>PREVENTION STRATEGY AND ACTION PLAN (2017-20)</u>

## **Purpose of report**

1. This report provides an update on the work of the LLR Suicide Audit and Prevention Group (SAPG) and seeks approval for the LLR Suicide Prevention Strategy and draft Action Plan (2017-20).

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

- 2. The LLR SAPG brings together key partners across the health and care system with the purpose of tackling the causes and the impact of suicide locally. The group has refreshed its local strategy and draft action plan for 2017-20.
- 3. The LLR SAPG is a sub-group of the LLR Sustainability and Transformation Plan (STP) Mental Health Partnership Group and it also feeds into the LLR Crisis Concordat.
- 4. The LLR SAPG reports to Unified Prevention Board of the Leicestershire Health and Wellbeing Board (HWBB) and its neighbouring HWBBs in Leicester and Rutland.
- 5. The Leicestershire Health and Wellbeing Strategy (2017-20) includes a key outcome focusing on giving equal priority to mental health and wellbeing and access to the right support for mental health issues across the life course.

#### **Recommendation**

- 6. The Health and Wellbeing Board is asked to:
  - (a) Note the purpose and work of the LLR Suicide Audit and Prevention Group;
  - (b) Approve the draft LLR Suicide Prevention Strategy and Action Plans (2017-20);
  - (c) Request the UPB to take forward Leicestershire specific work actions and report back to the Health and Wellbeing Board when appropriate.

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

7. The Five Year Forward View for Mental Health (2016) states: 'The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed annually thereafter and supported by new investment'.

- 8. The NHS Operational Planning and Contracting Guidance 2017-2019 requires local areas to reduce suicide rates by 10% against the 2016/17 baseline.
- 9. The Leicestershire Health and Wellbeing Board considered a report on suicide prevention from the Director of Public Health on 5<sup>th</sup> May, 2016. That report updated the Board on the work of the LLR SAPG and highlighted existing and emerging priorities.

#### **Background**

- 10. Although deaths from suicide are a small proportion of overall deaths, they have a disproportionate impact on years of life lost to premature death as suicide rates are higher in people aged between 35 and 54 years.
- 11. Since 2001 the trend in the age standardised rate of suicide per 100,000 in Leicestershire initially reduced before increasing again (table 1). The most recent rate for 2013-15 was 9.3 per 100,000 population, which was not significantly different from the regional rate of 9.9 and the national rate of 10.1. This equates to roughly 60 people per year across Leicestershire.
- 12. Local and national audits show there are links between death by suicide and deprivation. We also know that the biggest single group at risk is males aged 35-54. Substance abuse is a common associated factor. The majority of cases are death by hanging, in cases of overdose there has been a move away from paracetamol to use of anti-depressant medication.
- 13. There are some additional groups at increased risk e.g. prisoners, veterans; people living with long-term physical health conditions; lesbian, gay, bisexual and transgender people; people from black and minority ethnic groups; asylum seekers; looked after children; care leavers, and survivors of abuse or violence, including sexual abuse;
- 14. 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.
- 15. 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.

## **Proposals/Options**

- 16. The LLR SAPG works on behalf of local partners, organisations and people to reduce the impact of suicide locally. This work is evidence based and is aligned with the latest UK National Suicide Prevention Strategy. The LLR Suicide Prevention Strategy and Action Plans (2017-20) are attached as Appendix 1 and 2. The strategy and draft action plan target the following key actions:
  - Promote better mental health
  - Promote open discussion about suicide

- Support people bereaved or affected by suicide
- Deliver suicide awareness training
- Work to prevent suicide in health care settings
- Raise awareness with better data
- Influence service providers to implement NICE guidance for treatment of self-harm
- Target support at high risk groups
- 17. The work of the Unified Prevention Board can complement that of the SAPG by bringing an additional Leicestershire focus to the strategy and action plan. In particular the UPB would enable the inclusion of organisations not currently represented on the SAPG such as district councils and the wider voluntary and community sector.

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

18. The voluntary and community sector is represented at the SPAG 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**

19. The main resource implications relate to the time and input of representatives into the SAPG and associated actions by participant organisations in ensuring that tackling suicide is prioritised within plans according to local need.

#### **Conclusion**

 Preventing deaths through suicide requires co-ordinated action across a very diverse range of partners. The LLR SAPG harnesses the input of partners in developing a truly collaborative approach to tackling suicide across LLR.

## Officer to Contact

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#### **List of Appendices**

Appendix 1: LLR Suicide Prevention Strategy (as slides)

Appendix 2: LLR Suicide Prevention draft Action Plan

