



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 4th MARCH 2020

REPORT OF DIRECTOR OF PUBLIC HEALTH

LEICESTERSHIRE SUICIDE PREVENTION STRATEGY AND ACTION PLAN 2020

Purpose of report

1. The purpose of this report is to consult the Health Overview and Scrutiny Committee on the draft Suicide Prevention Action Plan for Leicestershire 2020-2023.
2. The report also provides an overview of what is known about suicide locally, including factors that impact on levels of suicide, identification of those who may be at higher risk and the evidence for effective prevention. The report also references recent developments and progress in our efforts to limit the impact of suicide amongst our communities.

Policy Framework and Previous Decisions

3. In April 2013 when Public Health transferred from the NHS into local government, suicide prevention became a local authority led initiative working closely with the police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sectors.
4. In December 2016 the Health Select Committee on Suicide Prevention recommended that health overview and scrutiny committees should be directly involved in ensuring effective implementation of local authorities' suicide prevention plans. A report on local suicide prevention was considered by the Overview and Scrutiny Committee in September 2018.
5. The cross-Government National Suicide Prevention Strategy for England was published in 2012 and was refreshed in January 2017. The strategy has highlighted six key areas for action:
 - Reducing the risk of suicide in high risk groups;
 - Tailoring approaches to improve mental health in specific groups;
 - Reducing access to means of suicide;
 - Providing better information and support to those bereaved or affected by suicide;
 - Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
 - Supporting research, data collection and monitoring; and
 - Reducing rates of self-harm as a key indicator of suicide risk.

6. The priorities align with the following outcomes from the Leicestershire County Council's Strategic Plan 2018-22 which was approved by the County Council on 6 December 2017:
- Wellbeing and opportunity: The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing.
 - Keeping people safe: People in Leicestershire are safe and protected from harm.

Background

7. Suicide is a devastating and tragic event which, though comparatively rare, affects a large number of people each time it occurs, sending ripples through families and communities.
8. From 2001 onwards, suicide rates in England had been steadily falling and reached historically low levels in 2009. The rate increased steadily until it started to drop again in 2015-2017. The most recent local rate for 2016-18 equates to 50 people dying from suicide per year across Leicestershire.

Graph 1
Suicide rates per 100,000 in Leicestershire V England 2001-2018

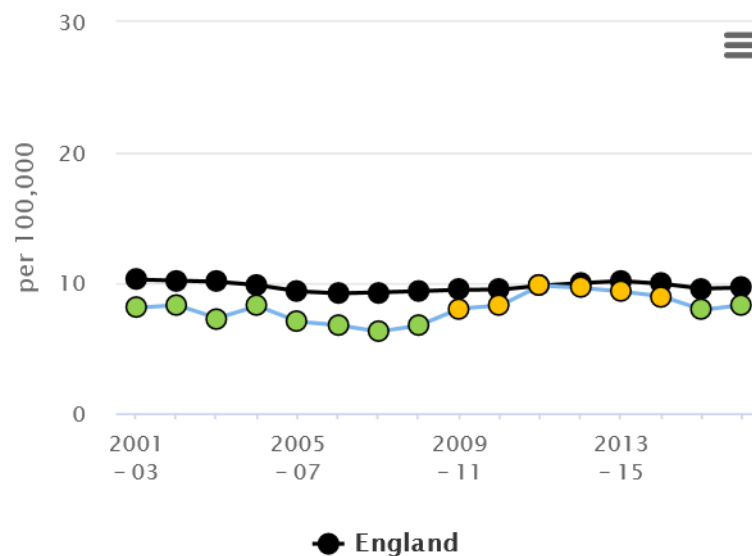


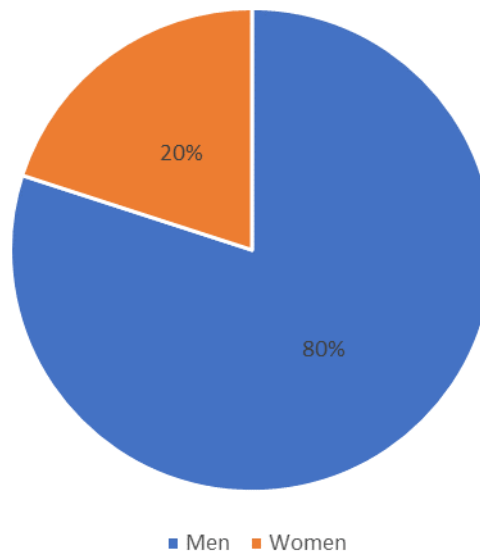
Table 1:

| Suicides in Leicestershire 2001-2018 | | |
|---|-------------------------|-----------------------|
| Year | 3-year aggregate | Yearly average |
| 2001 - 03 | 129 | 43 |
| 2002 - 04 | 132 | 44 |
| 2003 - 05 | 120 | 40 |
| 2004 - 06 | 138 | 46 |
| 2005 - 07 | 120 | 40 |
| 2006 - 08 | 115 | 38 |
| 2007 - 09 | 105 | 35 |
| 2008 - 10 | 114 | 38 |
| 2009 - 11 | 137 | 46 |
| 2010 - 12 | 143 | 48 |
| 2011 - 13 | 169 | 56 |
| 2012 - 14 | 168 | 56 |
| 2013 - 15 | 164 | 55 |
| 2014 - 16 | 161 | 54 |
| 2015 - 17 | 143 | 48 |
| 2016 - 18 | 151 | 50 |

9. Around 4/5 of all suicides in Leicestershire occur in men, but rates are rising in women. It remains the biggest killer of men under 50 and the leading cause of death in people aged 15–24. Suicides account for a disproportionate amount of years of life lost to premature death.

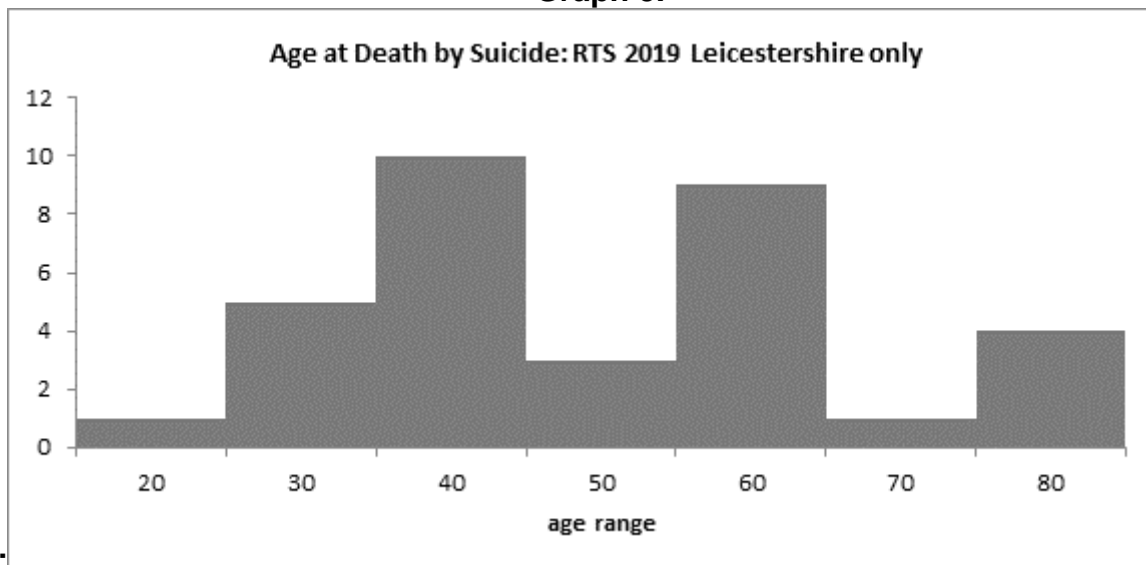
Graph 2:
Male: Female ratio is 4:1

Suicide Prevention Statistics



10. Age of suicide: Suicides are commonest in middle age.

Graph 3.



Specific groups at increased risk of suicide include looked after children, care leavers, offenders; 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.

11. The Mental Health Foundation estimates that 90% of suicides and suicide attempts are associated with a psychiatric disorder¹. Substance misuse, including alcohol are also significant underlying factors.
12. Whilst people who are in the care of Mental Health Services are at increased risk of suicide, the majority of those who take their own lives have not been in contact with mental health services within the previous 12 months. Sometimes suicides occur without warning.
13. Suicides are not inevitable. They are often the end of a complex history of risk factors and distressing events. Tackling social factors linked to mental ill-health is critical. These factors include unemployment, debt, social isolation, family breakdown and bereavement. Concerted action and collaboration is required amongst services, communities, individuals and across society, underpinned by clear local plans and actions.

Local Progress on Suicide Prevention in Leicestershire:

14. Leicestershire County Council (LCC) played a leading role in developing and launching the '*Start the Conversation, Suicide is Preventable*' website (<https://www.startaconversation.co.uk/>) and campaign to coincide with World Suicide

¹ Conwell, Y., Duberstein, P.R., Cox, C., Herrmann, J.H., Forbes, N.T., & Caine, E.D. (1996). Relationships of age and axis I diagnoses in victims of completed suicide: A psychological autopsy study. *The American Journal of Psychiatry*, 153(8), 1001–1008

Prevention Day, 10 September 2018. The key message is that 'suicide is preventable' and through raising awareness and talking openly we can prevent death by suicide and build suicide safe communities. Broadly the campaign aims to:

- Remove stigmas and myths and make it ok to have conversations about suicide;
- Provide information and advice to individuals at crisis point;
- Build safer communities through awareness raising;
- Help people maintain good mental health;
- Support those who have been bereaved by suicide.

15. We now have a half-time suicide prevention co-ordinator/engagement officer within LCC public health team.
16. We get dedicated support commissioned from Rural Community Council to deliver further public engagement and training.
17. There has been close working between LCC and Loughborough University to address the mental health needs of students and staff.
18. We have developed a suicide bereavement support service that went live in October 2019 (delivered by the Tomorrow Project:
<https://www.startaconversation.co.uk/latest-news/2019/11/bereavementsupport>)
19. We undertook a deep dive into children and young people suicides in 2017/18 with recommendations shared with partners. This was followed by a conference 'Learning from when Young People take their lives' in May 2019 at De Montford University.

Proposals

20. Oversight and co-ordination of suicide prevention in Leicestershire sits under the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (LLR SAPG). The group is jointly led by Public Health departments in Leicestershire County Council and Leicester City Council. The group feeds directly into both the Health and Wellbeing Boards in each authority.
21. A task and Finish sub-group of the LLR SAPG has used the national strategy, real time intelligence on local suicides and input from key stakeholders and partners to shape the Action Plan (2020-2023).
22. The draft Leicestershire Suicide Prevention Action Plan is appended to this report. There are seven priorities that form the action plan. The priorities have been chosen by the SAPG and reflect areas where significant gaps and opportunities have been highlighted locally:
 - 1. Target support at key High-Risk Groups and at High Risk Settings:**
We have already started work with Network Rail, British Transport Police and East Midlands Railways to address the risk of suicide on our railways.
 - 2. Protect people with a history of self-harm:**
Following an act of self-harm, the rate of suicide increases to between 50 and 100 times the rate of suicide in the general population. We will work to implement NICE guidance on self-harm locally.

3. Support Primary Care to Prevent Suicide:

Ninety per cent of people who take their lives have seen their GP in the previous 12 months. We will support primary care to better identify and help patients at risk of suicide.

4. Engage with Private Sector to Enhance Their Efforts to Prevent Suicide:

We recognize we need to do much better at engaging with the private sector as a route into wider society to augment efforts to reduce the burden of suicide in LLR.

5. Support Provision of Enhanced Suicide Awareness Training:

We will continue to tackle stigmatizing attitudes to suicide, to raise general awareness about suicide risk and to help people to feel more confident in talking about suicide.

6. Better use of media to manage messages about suicide:

We will work with and utilize different media platforms and opportunities to ensure that reporting of suicides is done sympathetically and safely and that awareness raising, and preventive opportunities are maximized.

7. Raise awareness with better data and better use of data:

It is critical that we continue to evolve and refine our collection of timely information about death by suicide as a way of providing appropriate support for people bereaved by suicide, and to effectively respond to suicide hot spots and clusters.

Consultation

23. The Action Plan will be presented to the Health and Wellbeing Board in April prior to being considered for approval by Leicestershire Cabinet in May or June 2020.

Conclusions

24. Timelines for achievement and accountability for each priority in the Action Plan reflect the reality that suicides are the end point of a complex history of risk factors and distressing events. The prevention of suicide must address this complexity through concerted action and collaboration amongst services, communities, individuals and across society as a whole.
25. The Health Overview and Scrutiny Committee is asked to comment on the draft Suicide Prevention Action Plan for Leicestershire 2020-2023.

Background papers

Report to the County Council – 6 December 2017 – Strategic Plan 2018 – 22
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=5104&Ver=4>

Cabinet 22nd October 2019, Leicestershire Suicide Prevention Programme, ‘Start a Conversation’ and the Bereavement Support Service. Report from the Director of Public Health

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List of Appendices

LLR Suicide Prevention Action Plan

Relevant Impact Assessments**Equality and Human Rights Implications**

Suicide disproportionately impacts on socially excluded groups and overall approaches to suicide prevention must ensure that this health inequality is targeted and addressed. The Strategy and Action Plan will be considered by the Leicestershire Equalities Group and the Strategy and Action Plan will be subject to an Equality and Human Rights Impact Assessment.

Crime and Disorder Implications

People and groups who experience social disadvantage are more likely to be victims of suicide and of crime. Suicide Prevention approaches must be aligned with efforts to reduce violence e.g. through the Violence Reduction Network.

Environmental Implications

None

Partnership Working and associated issues

Tackling suicide requires concerted action and collaboration amongst services, communities, individuals and across society as a whole.

Resource Implications:

Additional funding for specific aspects of 'Start a Conversation' and in Suicide Bereavement Support has already been committed from the public health grant.

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