



CABINET – 23 JUNE 2020

**LEICESTER, LEICESTERSHIRE AND RUTLAND SUICIDE
PREVENTION STRATEGY AND ACTION PLAN (2020-2023)**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to seek the Cabinet's support for the Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2020-2023 and associated Action Plan (both appended to this report) which have been developed by the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group (LLR SPAG).
2. Local authorities play a key role in tackling suicide. Oversight and co-ordination of suicide prevention in Leicestershire sits under the LLR SAPG, which is jointly led by the Public Health departments in Leicestershire County and Leicester City Councils.
3. This 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 references recent developments and progress in efforts to limit the impact of suicide, particularly in the light of the Covid-19 pandemic.

Recommendations

4. It is recommended that
 - a) The comments of the Health Overview and Scrutiny Committee and the members of the Health and Wellbeing Board on the draft Strategy and Action Plan, and changes made as a result, be noted;
 - b) The Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2020-2023 and associated Action Plan be supported.

Reasons for Recommendation

5. The Strategy builds on recent actions bringing together co-ordinated suicide prevention work across the Leicester, Leicestershire and Rutland area. The Leicester Leicestershire and Rutland Suicide Audit and Prevention Group

seeks to reduce death by suicide and to support the bereaved. The Strategy will assist multi-agency work in raising awareness of risks and influencing policy and seeks to promote open discussion and support services for vulnerable people.

Timetable for Decisions (including Scrutiny)

6. The draft Suicide Prevention Strategy and Action Plan were considered by the Health Overview and Scrutiny Committee on 4 March 2020 and were circulated to members of the Health and Wellbeing Board in March 2020 for comment (as the scheduled meeting was cancelled due to the Covid-19 outbreak). Feedback is given in Part B of this report.
7. The Suicide Prevention Strategy and Action Plan have also been discussed within equivalent committees in Leicester City Council and Rutland County Council, local Clinical Commissioning Groups (CCGs) and by other key partners.
8. The Strategy and Action Plan will also be considered by the appropriate member bodies at Leicester and Rutland Councils prior to its publication later in the summer.

Policy Framework and Previous Decisions

9. In April 2013 when Public Health transferred from the NHS to local government, suicide prevention became a local authority-led initiative working closely with the police, CCGs, NHS England, the Coroner's Service and the voluntary sector.
10. The National Suicide Prevention Strategy for England, published in 2012 and refreshed in January 2017, highlights the following key areas for action:
 - i. Reducing the risk of suicide in high risk groups;
 - ii. Tailoring approaches to improve mental health in specific groups;
 - iii. Reducing access to means of suicide;
 - iv. Providing better information and support to those bereaved or affected by suicide;
 - v. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
 - vi. Supporting research, data collection and monitoring; and
 - vii. Reducing rates of self-harm as a key indicator of suicide risk.
11. The County Council's Strategic Plan 2018-2022 sets out five strategic outcomes deemed to be essential for a good quality of life for Leicestershire residents. The Suicide Prevention Strategy for Leicester, Leicestershire and Rutland (LLR) aligns with two of these:
 - 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.
12. The Cabinet at its meeting in October 2019 supported work taking place to tackle suicide through the 'Start a Conversation' website and programme and noted the launch of the Suicide Bereavement Support Service.

Resource Implications

13. Additional funding for specific aspects of 'Start a Conversation' and in Suicide Bereavement Support has already been committed from the public health grant. This is equivalent to £50,000 per annum.
14. Implementation of aspects of the Strategy and Plan will be covered by the Council and its partners using existing budgets where relevant. This includes a suicide prevention co-ordinator/engagement officer (half-time) in the Council's Public Health Team.
15. The Director of Law and Governance and Director of Corporate Resources have been consulted on this report.

Circulation under the Local Issues Alert Procedure

None.

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PART B

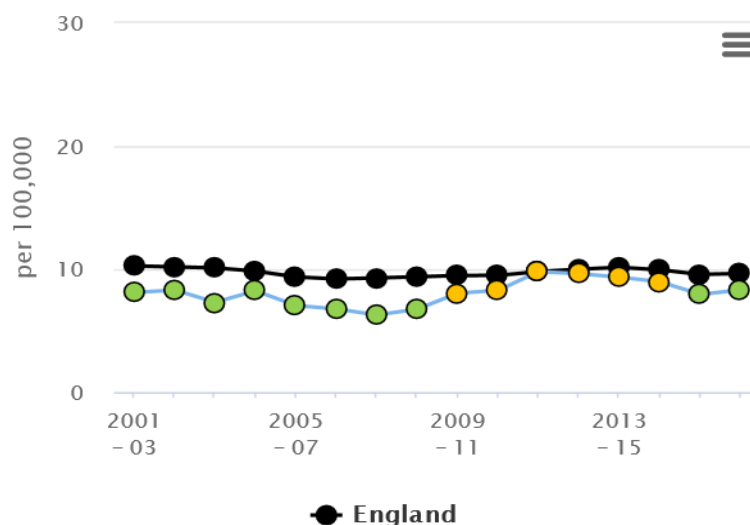
Background

16. Suicide is a devastating and tragic event which, though comparatively rare, affects a large number of people each time it occurs, creating a profound impact on families and communities.
17. Suicides are often the end point of a complex history of risk factors and distressing events, but they are not inevitable. The prevention of suicide must address this complexity through concerted action and collaboration amongst services, communities, individuals and across society as a whole. 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.
18. Leadership on suicide prevention at a local level sits with the local authority (Public Health) and involves close partnership with the police, CCGs, NHS England, and Coroner's Service, the voluntary sector, and local residents.
19. Oversight and co-ordination of suicide prevention in Leicestershire sits under the LLR SAPG, which feeds directly into Health and Wellbeing Boards in each local authority via annual and interim reports. The Strategy and Action Plan consolidate and articulate the collective effort.

Local Data

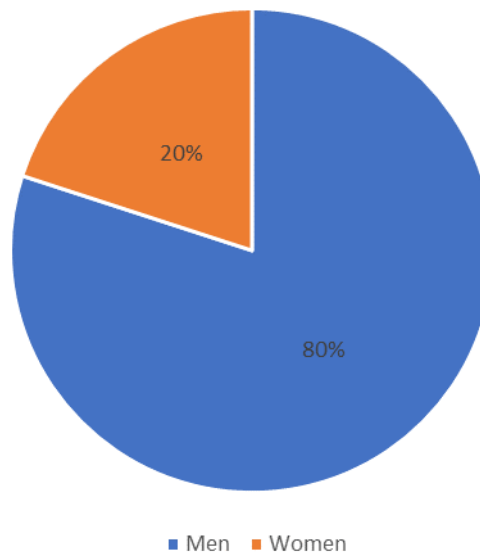
20. From 2001 onwards, suicide rates in England had been steadily falling and reached historically low levels in 2009. The rate then increased gradually until it started to drop again in 2015-2017. The most recent local rate for 2016-18 equates to 50 people dying from suicide per year across Leicestershire.

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

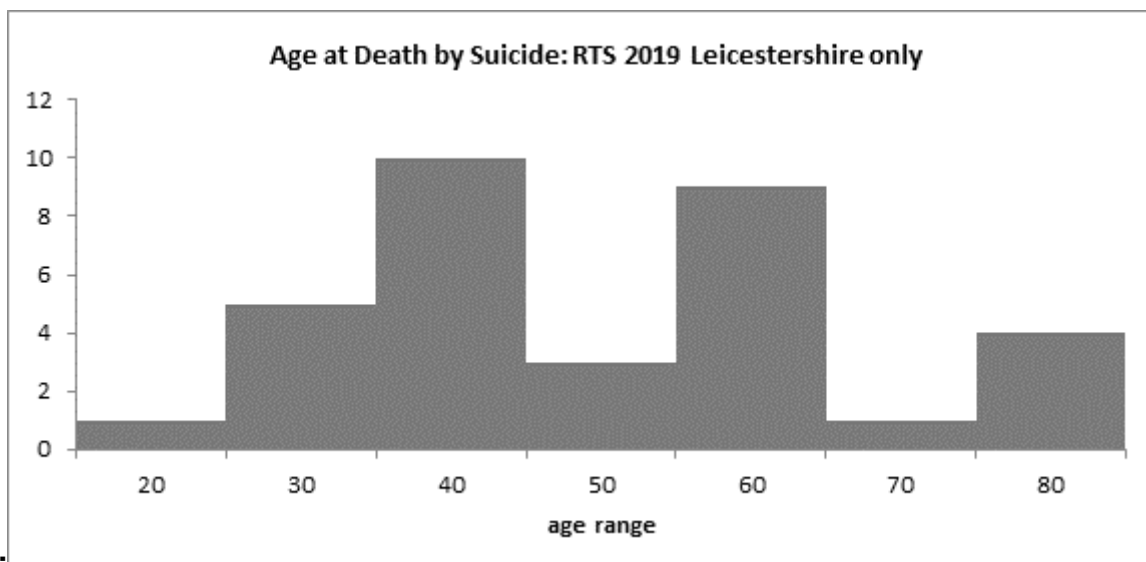


21. Around four out of five suicides in Leicestershire occur in men, but rates are rising in women. It remains the biggest killer of men under 50 and the leading cause of death in people aged 15–24. Suicides account for a disproportionate amount of years of life lost to premature death.

Graph 2
Male: Female ratio is 4:1
 Suicide Prevention Statistics



Graph 3
Age of suicide: Suicides are commonest in middle age.



22. 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.

23. The Mental Health Foundation estimates that 90% of suicides and suicide attempts are associated with a psychiatric disorder. Substance misuse, including alcohol are also significant underlying factors.
24. 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.
25. 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.

Children and Young People

26. An audit report from the LLR Child Death Overview Panel in 2017 found that there had been 10 deaths of young people in the previous 8 years across Leicestershire, Leicester and Rutland that had been identified as suicide; all being adolescents 14-17 years' old.
27. Underlying themes were social isolation, bullying (including online), autism/ ADHD, and what could be described as 'negative changes' in their lives such as separation of their parents. Since 2017 there have been a further 4 suicides, in which perceived pressure at school and negative life changes were again indicated. All the children had at some point expressed suicidal thoughts.

Local Progress on Suicide Prevention in Leicestershire:

28. The LLR Suicide Audit and Prevention Group was established a number of years ago to bring together key partners across the health and care systems with the purpose of tackling the causes and the impact of suicide locally. It provides assurance to the appropriate bodies (such as the Health and Wellbeing Boards and Safeguarding committees) that suicide and self-harm risks within the Leicester, Leicestershire and Rutland area are being appropriately identified and addressed.
29. The Group meets quarterly. Its objectives include local strategic direction for suicide prevention across the area (in lined with national strategy), influencing commissioning structures, encouraging joint working to deliver the National Suicide Prevention Strategy, encouraging responsible reporting of suicide in the media, and helping to promote mental well-being in the wider population.
30. Membership of the Group includes the police, CCGs, NHS England, and Coroner's Service, and the voluntary sector (for example, the Samaritans),

specialist services (such as Homeless practice, ASSIST, drug and alcohol services), and representatives from the Prison Service and Armed Forces.

“Start the Conversation” and Bereavement Support

31. The County Council 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 Prevention Day on 10 September 2018. The key message of the campaign and website is that ‘suicide is preventable’ and that through raising awareness and talking openly death by suicide can be prevented and suicide-safe communities built. Broadly the campaign aims to:
 - i. Remove stigmas and myths and make it ok to have conversations about suicide;
 - ii. Provide information and advice to individuals at crisis point;
 - iii. Build safer communities through awareness raising;
 - iv. Help people maintain good mental health;
 - v. Support those who have been bereaved by suicide.
32. A suicide prevention co-ordinator/engagement officer, working half-time, has been recruited by the Council’s Public Health Team.
33. The Council has also 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>).

Impact of Covid-19 Pandemic

34. There are concerns that the Covid-19 pandemic and associated lockdown may have a detrimental impact on mental health and wellbeing more broadly and there is a theoretical risk that numbers of suicides may increase in the absence of mitigating factors.

Current situation in the area

35. Numbers of suicides and unexplained deaths in March, April, May 2020 are higher than equivalent months in 2019. The background characteristics of people who have died from suicide in this period in the LLR area are broadly in line with known patterns and risk factors, many of which are likely to be exacerbated by lockdown.
36. Some themes are emerging in relation to suicide during the Covid-19 pandemic:
 - i. Males are at least twice as likely to die from suicide compared to females.
 - ii. The majority of suicide victims are **not** known to secondary mental health services.

- iii. Significant local risk factors (as with the potential for suicide prior to the pandemic) include: being single, experiencing unemployment, a recent relationship breakup, domestic violence, abuse of alcohol and/or illicit substances, and pending court appearances.

Response to Covid-19

- 37. Since the beginning of the Covid-19 lockdown, the LLR SPG has convened a sub-group to monitor suicides on a weekly basis, both the numbers and narrative as derived from Real Time Surveillance data. This includes suicides and unexplained deaths in both adults and children.
- 38. Intelligence on suicide data is being shared with key partners and is leading to a broadening of support across the spectrum of mental health and wellbeing.
- 39. A number of communications and tools have been shared with the public and healthcare professionals aimed at strengthening resilience and increasing wellbeing and mental health. Services that provide support for those who are struggling continue to be enhanced and strengthened on an ongoing basis.

The Leicester Leicestershire and Rutland Suicide Prevention Strategy and Action Plan 2020-2023

- 40. A Task and Finish sub-group of the LLR SAPG has used the National Suicide Prevention Strategy, real-time intelligence on local suicides and input from key stakeholders and partners to shape the local Strategy and Action Plan (2020-2023); Appendices A and B respectively.

Priorities and actions

- 41. The Strategy and Action Plan set out 9 strategic priorities, each with an accompanying action that form the overall Action Plan. The priorities reflect areas where significant gaps and opportunities have been highlighted locally. Milestones for the actions will be monitored quarterly by the LLR SAPG and will be reported annually and periodically to the three Health and Wellbeing Boards in the LLR area.

i. Target support at key High-Risk Groups:

Local and national data shows that some people are at higher than average risk of death by suicide e.g. middle-aged men, those with alcohol and drug use, relationship problems, unemployment, social isolation and low self-esteem.

ii. Prevent death by suicide in public places:

Work has already started with Network Rail, British Transport Police and East Midlands Railways to address the risk of suicide on railways.

iii. 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. Work will be undertaken to implement NICE guidance on self-harm locally.

iv. Support Primary Care to Prevent Suicide:

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

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

It is recognised that more is needed to better engage with the private sector as a route into wider society to augment efforts to reduce the burden of suicide in LLR.

vi. Support Provision of Enhanced Suicide Awareness Training:

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

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

Will work with and utilise different media platforms and opportunities to ensure that reporting of suicides is done sympathetically and safely and that awareness raising, and preventive opportunities are maximised.

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

It is critical that the collection of timely information about death by suicide, continues to evolve and be refined, as a way of providing appropriate support for people bereaved by suicide, and to effectively respond to suicide hot spots and clusters.

ix. Work with key partners to provide a coordinated mental wellbeing approach to COVID-19, and to provide enhanced support for those at risk of suicide:

There are concerns that the Covid-19 pandemic and associated lockdown may have a detrimental impact on mental health and wellbeing more broadly and there is a theoretical risk that numbers of suicides may increase in the absence of mitigating factors.

42. The Action Plan, to be updated annually by the LLR SPAG, details the specific outcomes and milestones and the monitoring data with respect to each that will be submitted to meetings of the SPAG for consideration.

43. Progress against the Action Plan will be reported to the Health and Wellbeing Boards and relevant Scrutiny bodies for each partner local authority. The SAPG also reports to LLR Mental Health Programme Delivery Board of local providers and commissioners of mental health services.

Views of the Health Overview and Scrutiny Committee and Health and Wellbeing Board

44. The draft Strategy and Action Plan were considered by the County Council's Health Overview and Scrutiny Committee on 4 March 2020. The Committee supported the Strategy and Action Plan and made the following comments:
- (i) Concerns were raised that patients with long term physical disabilities were liable to suffer from mental health problems and there was insufficient mental health support for these people. It was noted that the Improving Access to Psychological Therapies (IAPT) service was being re-procured, with greater resource directed at supporting those with long term conditions. The Director of Public Health agreed to ensure that the interface between mental and physical health was being addressed and report back to the Committee at a later date. This action is being pursued with local CCGs.
 - (ii) In response to a suggestion from a member the Director of Public Health agreed to consider whether support could be provided to students at Loughborough College in relation to mental health and suicide, though he stated that it was not possible to engage with every institution in Leicestershire. Members of the SAPG are engaging with Loughborough and other higher education bodies in the area.
45. In the absence of the Health and Wellbeing Board meeting in March 2020 due to the coronavirus pandemic, the draft Strategy was shared with Board members via email. All the responses received indicated support for the Strategy.

Equality and Human Rights Implications

46. The Strategy recognises that suicide disproportionately affects socially excluded groups and that the approach to suicide prevention needs to address this. It will seek to ensure that additional support is given to individuals and groups at high risk of mental illness and suicide (for example, looked after children, survivors of abuse or violence, people living with long-term physical health conditions, lesbian, gay, bisexual and transgender people, people from black and minority ethnic groups).
47. Broadly speaking, adults and children who are socially excluded are at increased risk of mental illness and suicide, and the Strategy focuses heavily on addressing social exclusion and stigma in Leicestershire and providing extra support to those in greatest need.

48. The Strategy will be reviewed by the Leicestershire Equalities Group prior to its publication. An Equality and Human Rights Impact Assessment Screening was carried out and indicated that a full Impact Assessment was not required.

Crime and Disorder Implications

49. 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, for example through the Violence Reduction Network.

Appendices

Appendix A: Suicide Prevention Strategy for Leicestershire 2020-2023

Appendix B: Suicide Prevention Action Plan for Leicestershire 2020-2023

Background Papers

Report to the County Council on 6 December 2017 – Strategic Plan 2018 – 2022
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=5104&Ver=4>

Report to the Cabinet on 22 October 2019 - Leicestershire Suicide Prevention Programme - 'Start a Conversation' and the Bereavement Support Service
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5606&Ver=4>

Report to the Health Overview and Scrutiny Committee on 4 March 2020
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1045&MId=5976&Ver=4>

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