

Public Document Pack



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 31 January 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 8 Suicide Prevention Action Plan (HWB.31.01.2017/8) (*Pages 3 - 20*)
- 9 Future in Mind Transformation Plan - Presentation (HWB.31.01.2017/9) (*Pages 21 - 26*)

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggar, Chief Executive Berneslai Homes

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Monday, 23 January 2017

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Suicide Prevention

Health and Wellbeing Board

31st January 2017

Rebecca Clarke, Public Health Specialist Practitioner



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Why is suicide prevention so important.....

- Every life lost represents someone's partner, child, friend or colleague, and their death will profoundly affect people in their family, workplace, club and residential neighbourhood.
- This will impact on their ability to work effectively, if at all; to continue with caring responsibilities and to have satisfying relationships. This will, in turn significantly raise their own risk of future mental ill-health and suicide'

Hamish Elvidge, bereaved parent and Chair of The Matthew Elvidge Trust



Preventing Suicide in England – a cross government strategy to save lives

“Local responsibility for coordinating and implementing work on suicide prevention will become, from April 2013, an integral part of local authorities’ new responsibilities for leading on local public health and health improvement”

This strategy has **2 objectives**:

- a reduction in the suicide rate in the general population in England
- better support for those bereaved or affected by suicide

It also identifies **6 key areas of action**:

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the 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



The All Party Parliamentary Group on Suicide and Self Harm Prevention

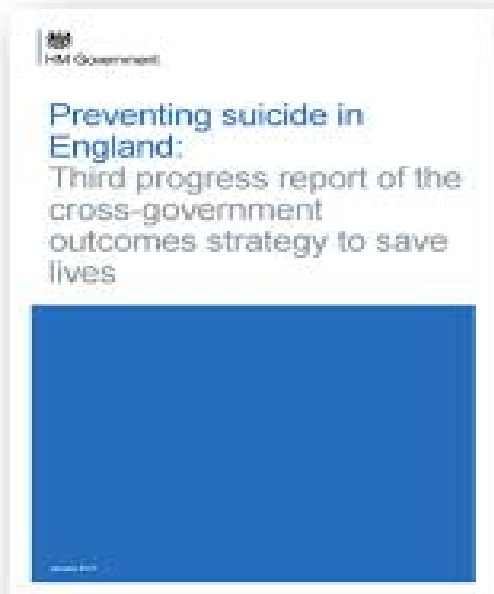
The All Party Parliamentary Group on Suicide and Self Harm (APPG) survey found that:

- around 30% of local authorities do no suicide audit work
- around 30% of local authorities do not have a suicide prevention action plan
- around 40% of local authorities do not have a multi-agency suicide prevention group

• <http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDE-REPORT.pdf>



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Every local area has a multi-agency suicide prevention plan by the end of 2017

Better targeting of suicide prevention and help seeking in high risk groups

Improving data at national and local level helping take action and target efforts more accurately

Improving responses to bereavement by suicide

Expanding the scope of the national strategy to include self-harm



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To contribute to a national
10% reduction in the
number of suicides by
March 2021

Suicide prevention action
plan



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Local suicide prevention planning


















A practice resource



- Men
- Self-harm
- Acute mental health care
- Depression in primary care
- Children and young people
- High frequency locations
- Isolation
- Bereavement support

4.10 - Suicide rate (Persons) 2013 - 15

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	14,429	10.1		10.0	10.3
Yorkshire and the Humber region	—	1,497	10.7		10.2	11.3
Barnsley	—	67	10.6		8.2	13.4
Bradford	—	148	11.4		9.6	13.4
Calderdale	—	71	12.9		10.1	16.3
Doncaster	—	81	10.1		8.0	12.5
East Riding of Yorkshire	—	78	8.5		6.7	10.6
Kingston upon Hull	—	81	12.1		9.6	15.1
Kirklees	—	108	9.7		7.9	11.7
Leeds	—	208	10.5		9.1	12.0
North East Lincolnshire	—	45	11.0		8.0	14.8
North Lincolnshire	—	36	8.3		5.8	11.5
North Yorkshire	—	164	10.0		8.5	11.6
Rotherham	—	96	14.2		11.5	17.3
Sheffield	—	159	11.1		9.4	13.0
Wakefield	—	81	9.2		7.3	11.5
York	—	74	14.0		10.9	17.6

Source: Public Health England (based on ONS source data)




















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4.10 - Suicide rate (Male)

2013 - 15

Directly standardised rate - per 100,000

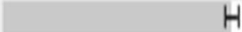






Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	10,989	15.8		15.5	16.1
Yorkshire and the Humber region	—	1,173	17.2		16.2	18.2
Barnsley	—	54	17.4		13.0	22.8
Bradford	—	110	17.1		14.0	20.7
Calderdale	—	52	19.7		14.6	25.9
Doncaster	—	65	16.4		12.7	21.0
East Riding of Yorkshire	—	55	12.5		9.4	16.4
Kingston upon Hull	—	65	19.3		14.8	24.7
Kirklees	—	81	14.5		11.5	18.1
Leeds	—	170	17.5		14.9	20.4
North East Lincolnshire	—	37	18.2		12.7	25.1
North Lincolnshire	—	31	14.5		9.8	20.6
North Yorkshire	—	130	16.6		13.8	19.7
Rotherham	—	74	22.9		17.9	28.8
Sheffield	—	123	17.3		14.3	20.7
Wakefield	—	67	15.8		12.2	20.2
York	—	59	22.9		17.4	29.7

Source: Public Health England (based on ONS source data)


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4.10 - Suicide rate (Female) 2013 - 15

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	3,440	4.7		4.6	4.9
Yorkshire and the Humber region	—	324	4.6		4.1	5.1
Barnsley	—	13	*		-	-
Bradford	—	38	5.8		4.1	8.0
Calderdale	—	19	*		-	-
Doncaster	—	16	*		-	-
East Riding of Yorkshire	—	23	*		-	-
Kingston upon Hull	—	16	*		-	-
Kirklees	—	27	4.8		3.2	7.1
Leeds	—	38	3.8		2.7	5.3
North East Lincolnshire	—	8	*		-	-
North Lincolnshire	—	5	*		-	-
North Yorkshire	—	34	3.9		2.7	5.5
Rotherham	—	22	*		-	-
Sheffield	—	36	5.1		3.6	7.1
Wakefield	—	14	*		-	-
York	—	15	*		-	-

Source: Public Health England (based on ONS source data)



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Suicide Audit - Aims

- To understand more about the people who take their own life in Barnsley:
 - The number of cases of suicide each year
 - Demographic factors
 - Risk factors
 - Common causes of death
 - Patterns in contact with healthcare services and medical history
- To inform the development of a Suicide Prevention Action Plan for Barnsley, in order to improve practice and reduce the number of people who take their own life in Barnsley



Methods

- **Data from HM Coroner**
 - Inquest records with a verdict of suicide from Barnsley residents from the last 5 years
 - Relevant information from these records will be extracted using a proforma based on recommended best practice



An Audit of Suicides – key findings

<p>Demographics:</p> <ul style="list-style-type: none"> • 85% male • The majority, 64% aged between 30 and 59 years (31% aged 30-44 and 33% aged 45-59) • 46% born in Barnsley • 43% lived alone 	<p>Circumstances:</p> <ul style="list-style-type: none"> • 69% died in their own home • 65% died by hanging • 24% of suicides occurred on a Monday • 42% had no drugs or alcohol in their system • 45% left a suicide note
<p>Risk factors:</p> <ul style="list-style-type: none"> • Almost half, 48% were single, divorced or separated • 37% were unemployed • 52% were known to have had relationship problems • 57% were known to have had a drug or alcohol problem or both • 46% had previously attempted suicide or self-harmed • 54% were known to have had a mental health condition (most commonly depression) • 49% had problems with money and/or their job • 23% had been affected by bereavement • 31% had a physical health condition 	<p>Contact with services:</p> <ul style="list-style-type: none"> • At least 33% had contact with primary care in the month before their death, mainly for a mental health condition • 45% were known to be in contact or had previously had contact with mental health services



Barnsley Suicide Prevention Action Plan

Appendix 2 Final Draft Suicide Prevention Action Plan 020920016.docx - Microsoft ...

DRAFT—PLEASE-DO-NOT-CIRCULATE-WITHOUT-PRIOR-PERMISSION

PUBLIC HEALTH STRATEGY

OUR VISION
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

Suicide Prevention Action Plan

Suicide is one of the leading preventable causes of death under 65 years of age and a major public health concern with 4,882 people taking their own lives in England in 2014¹. Suicide has a devastating impact on society. Economic costs are also high, estimated at £1.7 million for each life lost for those of working age². Over the last 30 years there has been a generally downward trend in suicide rates in the United Kingdom from 15.6 deaths per 100,000 people in 1981 to 10.6 deaths per 100,000 in 2007. However, since then the suicide rate has begun to gradually increase with 11.8 deaths per 100,000 people recorded in 2013³. There are however, variations in the risk factors, which mean men, are almost three times as likely to take their own lives as women; with men aged 40-44 representing the most at risk group⁴.

Suicide is often the end point of a complex pattern of biological and psychological factors⁵, the impact of which is far reaching, affecting the close friends and family members of the deceased who are left vulnerable to long term psychological ill health⁶, and increased risk of suicide⁷. It is estimated that between six and ten 'survivors' are directly affected by any one suicide meaning that in the UK between 36,000 and 61,000 people per year become suicide survivors, and are at risk of psychological harm⁸.

¹Office for National Statistics (2016). Suicides in the United Kingdom: 2014 Registrations: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>.

²Mental Health Promotion & Prevention: The Economic Case (p26) Martin Knapp, David McDaid and Michael Parsonage (editors). Personal Social Services Research Unit, London School of Economics and Political Science, January 2011. <http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf>

³Sowcroft, E (2015) Suicide Statistics Report 2015: Samaritans 2015 http://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf

⁴Department of Health (2002) National Suicide Prevention Strategy for England: <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>.

⁵Omerov, P et al. The ethics of doing nothing: Suicide Bereavement and research: ethical and methodological considerations. Psychological medicine, 2013; p1-112

⁶Pitman, A, Osborn, D and King M. Suicide bereavement and risk for suicide attempt: a national cross-sectional survey of young adults. The Lancet, 2014; 383(S) p82.

⁷Jordan, JR and McIntosh JL (2011). Suicide bereavement: Why study survivors of suicide loss?--Grief after suicide: Understanding the consequences and caring for survivors. Routledge. New York.

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DRAFT—PLEASE-DO-NOT-CIRCULATE-WITHOUT-PRIOR-PERMISSION

The Barnsley Suicide Prevention Group has been examining a range of national guidance and local information including the local suicide

Page: 1 of 10 Words: 1/2,619 English (U.K.)

10:15 28/09/2016



Recommendations

- Reduce risk of suicide in high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Wellbeing Promotion



Support the media in delivering sensitive approaches to suicide and suicidal behaviour



Leeds Council have worked with the National Union of Journalists to develop media reporting guidelines

<http://www.leeds.gov.uk/docs/CoveringSuicide.pdf>

Samaritans have published reporting guidelines

<http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide>



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The screenshot shows the Barnsley Council Facebook page. The main post is titled "World suicide prevention day 'connect, communicate, care'" and features a quote: "When you feel like giving up, just remember the reason why you held on for so long." The post also includes the Samaritans free helpline number 116123. The page has 3,732 people reached and 33 shares. The left sidebar shows the Barnsley Council profile and navigation links. The right sidebar contains page tips and app recommendations.

World suicide prevention day 'connect, communicate, care'

'Connect, communicate, care' is the theme of this year's World Suicide Prevention Day. Organised by the International Association for Suicide Prevention, the day, aims to highlight that although a serious public health problem worldwide, suicide is preventable.

As part of its public health role, Barnsley Council has a responsibility for prevention work to reduce incidents of suicide. The Barnsley Suicide Prevention Group has been examining a range of national guidance and local information to understand more about the profile of individuals who have taken their own life in the borough. There is good evidence about actions that can be taken at a local level to reduce the likelihood or opportunity for suicide, which the group

has started to translate into an action plan.

As part of this work the council is taking the opportunity presented by World Suicide Prevention Day to signpost parents and carers to e-safety educational material which can help to create a safer online environment for children and young people by protecting them from harmful online content.

The Barnsley Safeguarding Children Board website has a section for parents and carers which links to a section entitled *Staying safe online*. In addition, the National Crime Agency's Thinkuknow website has information and advice for children, young people, parents and carers around children's wellbeing including online safety.

Barnsley gives its backing to suicide prevention day

By Katie Harston

BARNSELEY Council has given its backing to a suicide prevention day to remind people tragedies are preventable.

Latest data available from the council's Public Health team shows on average 24 people died each year by suicide or 'injury of undetermined intent' in the borough between 2012 and 2014.

The vast majority - 86 per cent - of deaths from suicide and undetermined death are men.

As part of its public health role, the council has a responsibility for prevention work to reduce incidents of suicide and seized the opportunity to link in with Saturday's global prevention day, organised by the International Association for Suicide Prevention.

It was held to highlight that, although suicide is a serious public health problem world-wide, it is preventable.

A Barnsley Suicide Prevention Group was set up in November last year by the council to develop and deliver an action plan with the aim of reducing the number of suicides and suicide attempts in Barnsley.

It also wants to establish better support for people bereaved and affected by suicide.

The prevention group has been looking at a range of national guidance and local information to understand more about the profile of individuals in Barnsley who have taken their own life.

The council said there is good evidence about actions that can be taken

at a local level to reduce the likelihood or opportunity for suicide, which the group is using to form the basis of its action plan.

As part of this work, the council used the world suicide prevention day to signpost parents and carers to educational material which can help to create a safer online environment for children and young people by protecting them from harmful online content.

Coun Jim Andrews, the council's cabinet spokesman for public health, said: "Every suicide is a tragedy and when someone takes their own life the effect on family and friends is devastating. Many others involved in providing support and care also feel the impact."

"However, the theme 'connect, communicate, care' reminds us suicide is preventable. We can all play a part in



BACKING: Coun Jim Andrews.

helping to prevent suicidal feelings. For example, check on someone you may be concerned about, and start a caring conversation with them - ask how they are and how they're getting on. Investigate ways of connecting with other individuals or groups who are trying to prevent suicide."



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The Health and Wellbeing Board is asked to:

- Note the progress so far on suicide prevention work.
- To support the development and implementation of the suicide prevention action plan.
- Agree to receive annual reports detailing progress on implementation of the local suicide prevention action plan and highlighting any key areas of concern.



BARNSLEY FiM - LTP

Since 2012, nationally and locally, demand for CAMHS has increased significantly year on year

CAMHS workforce has grown over that period but at a much slower rate

In Barnsley there has been limited services available to support children and young people with lower level emotional health and wellbeing needs



BARNSLEY FiM - LTP

Lack of such support services has resulted in all referrals being directed to CAMHS

High demand for services with limited capacity has resulted in long waiting times for appointments

In 2015/16 Barnsley CAMHS service reduced the waiting times for initial assessment from 18 weeks to 3 weeks – this continues to be sustained



BARNSLEY FiM - LTP

National, average wait for non-urgent referrals, for treatment to start in CAMHS, is 27 weeks

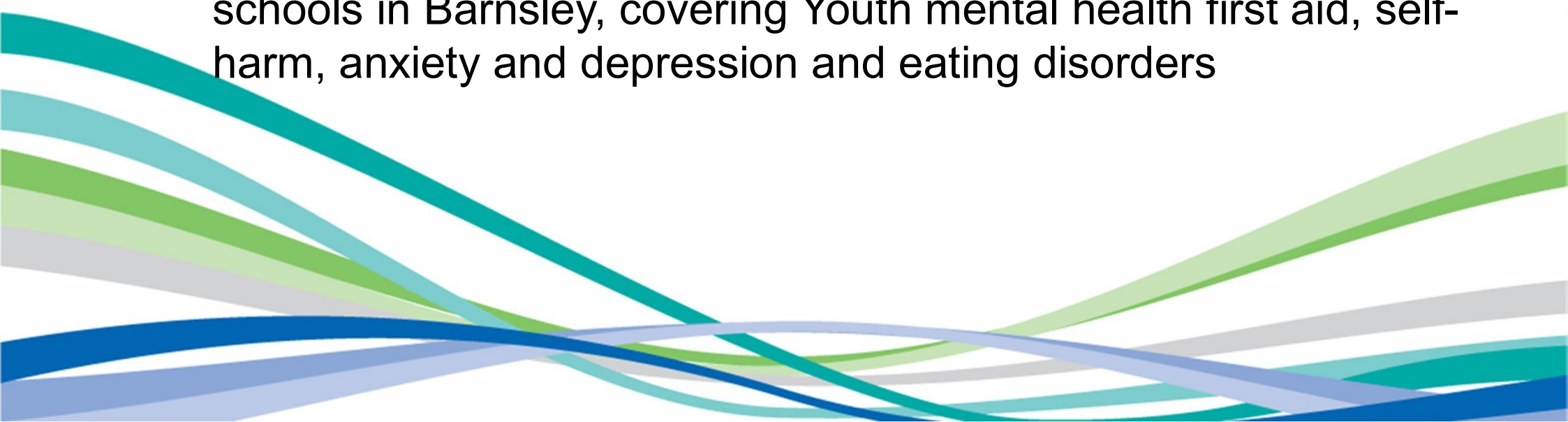
Lack of alternative service provision to CAMHS within Barnsley was identified prior to the Children and Young People's Mental Health Taskforce publication, 'Future in Mind'

Future in Mind investment is enabling the development of services in Barnsley to support the emotional health and wellbeing of children and young people within the Borough

BARNSLEY FiM - LTP

Key focus of the Future in Mind investment in Barnsley includes:

- Development of a schools-led mental health therapeutic team known as '4:Thought' – providing services to all secondary schools in Barnsley
- Delivery of training / awareness modules to all secondary schools in Barnsley, covering Youth mental health first aid, self-harm, anxiety and depression and eating disorders



BARNSLEY FiM – LTP

- Training Young Commissioners
- Peer Mentoring Service at Barnsley College
- Community-based Eating Disorder Service
- Improving resilience of primary school children – initially through implementation of the THRIVE approach at targeted Primary Schools
- Additional investment in NHS CAMHS service to provide enhanced support to children and young people who access the Youth Offending Team and to provide priority access to CAMHS for Looked After Children

BARNSLEY FiM - LTP

- Additional investment in NHS CAMHS to enhance the operational capacity of the CAMHS Single Point of Access
- Development of a portal for children and young people to access, age-appropriately, to find out what services are available to them, locally and nationally, and how to access those services

