

REPORT TO THE HEALTH AND WELLBEING BOARD

31st January 2017

SUICIDE PREVENTION

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1. Purpose of Report

1.1. To provide members with an overview of the latest cross-government suicide prevention strategy and an update in local suicide prevention work in Barnsley.

2. Recommendations

2.1. Health and Wellbeing Board members are asked to:-

- Note the progress so far on suicide prevention work.
- To support the development of the suicide prevention action plan

3. Introduction/ Background

- 3.1 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. This can only be done by working collaboratively across all sectors. Suicide causes much distress to the families and friends affected and this is one of the key areas for consideration in suicide prevention.
- 3.2 Suicide prevention is one of the indicators in the Public Health Outcomes Framework and so it falls under the strategic responsibility of the Director of Public Health.
- 3.3 The All Party Parliamentary Group (APPG) on Suicide and Self-harm published an “Inquiry into Local Suicide Prevention Plans in England” in January 2015. The APPG considered that there were three main elements that are essential to the successful implementation of the national strategy for suicide prevention. All local authorities must have in place:
- Suicide audit work to understand local suicide risk
 - A suicide prevention plan in order to identify the initiatives required to address local suicide risk

- A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local action plan.
- 3.4 The third progress report of the cross-government suicide prevention strategy was published on the 9th January 2017. The strategy details the activity that has taken place across England to reduce deaths by suicide. This report is being used to update the 2012 suicide prevention strategy in 5 main areas:
- expanding the strategy to include self-harm prevention in its own right
 - every local area to produce a multi-agency suicide prevention plan
 - improving suicide bereavement support in order to develop support services
 - better targeting of suicide prevention and help seeking in high risk groups
 - improve data at both the national and local levels
- 3.5 These updates will help to meet the recommendations of the Five Year Forward View for Mental Health relevant to suicide prevention: to reduce the number of suicides by 10% by the year ending March 2021 and for every local area to have a multi-agency suicide prevention plan in place by the end of 2017

4. Local work

- 4.1 A Barnsley Suicide Prevention Group has been established and is led by Public Health. The group has representation from Barnsley Council, South Yorkshire Police, NHS agencies, Samaritans and Citizens Advice.
- 4.2 The need to undertake a suicide audit for Barnsley, to provide more up to date intelligence on the factors affecting suicide in Barnsley, was agreed by the Barnsley Suicide Prevention Group in November 2015.
- 4.3 The aim of the audit was increase understanding of local suicide data and patterns in order to shape local decisions and priorities around suicide prevention. The audit has been carried out based on data was gathered from files available from HM Coroner's Office based in Sheffield. Records were accessed for all Barnsley residents who had received a Coroner's verdict of 'took his own life', 'took her own life' or 'suicide' in the latest five year (2010 to 2015) period of available data.
- 4.4 While the audit was limited to some extent by available records, it does provide a picture of suicide in Barnsley today. The audit report provides the evidence for the challenge of tackling suicide in the borough through an action plan, which will be agreed and prioritised by key stakeholders.
- 4.5 Linkages are being made to the Sustainability and Transformation Plan Mental Health work stream, the Mental Health Crisis Care Concordat, development of the Barnsley All Age Mental Health and Wellbeing

Commissioning Strategy and work across the distributed model of public health.

- 4.6 Suicide prevention is being considered as part of the priorities and task groups in relation to the development of a Mental Health Alliance.

5. Conclusion/ Next Steps

- 5.1 A Barnsley Suicide Prevention Action Plan has been developed in line with the national suicide prevention strategy and in response to the audit findings. This is a working document and iterative process changing to adapt to national policy and local need.
- 5.2 The Action Plan will be discussed and reviewed by the members of a revised Suicide Prevention Group.

6. Financial Implications

- 6.1 No financial have been identified in relation to this report, however implementing some of the actions in the suicide prevention action plan will have financial implications, for example supporting Mental Health First Aid (MHFA) training and campaign materials. Financial support is being sought from a number of sources including via the Sustainability and Transformation Plan process.

7. Consultation with stakeholders

- 7.1 The action plan has been consulted on with key partners.

8. Background Papers

- 8.1 The All-Party Parliamentary Group (2015) Inquiry into Local Suicide Prevention Plans in England
<http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDE-REPORT.pdf>

HM Government (2017), Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf

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