

## **Suicide Prevention in Barnsley**

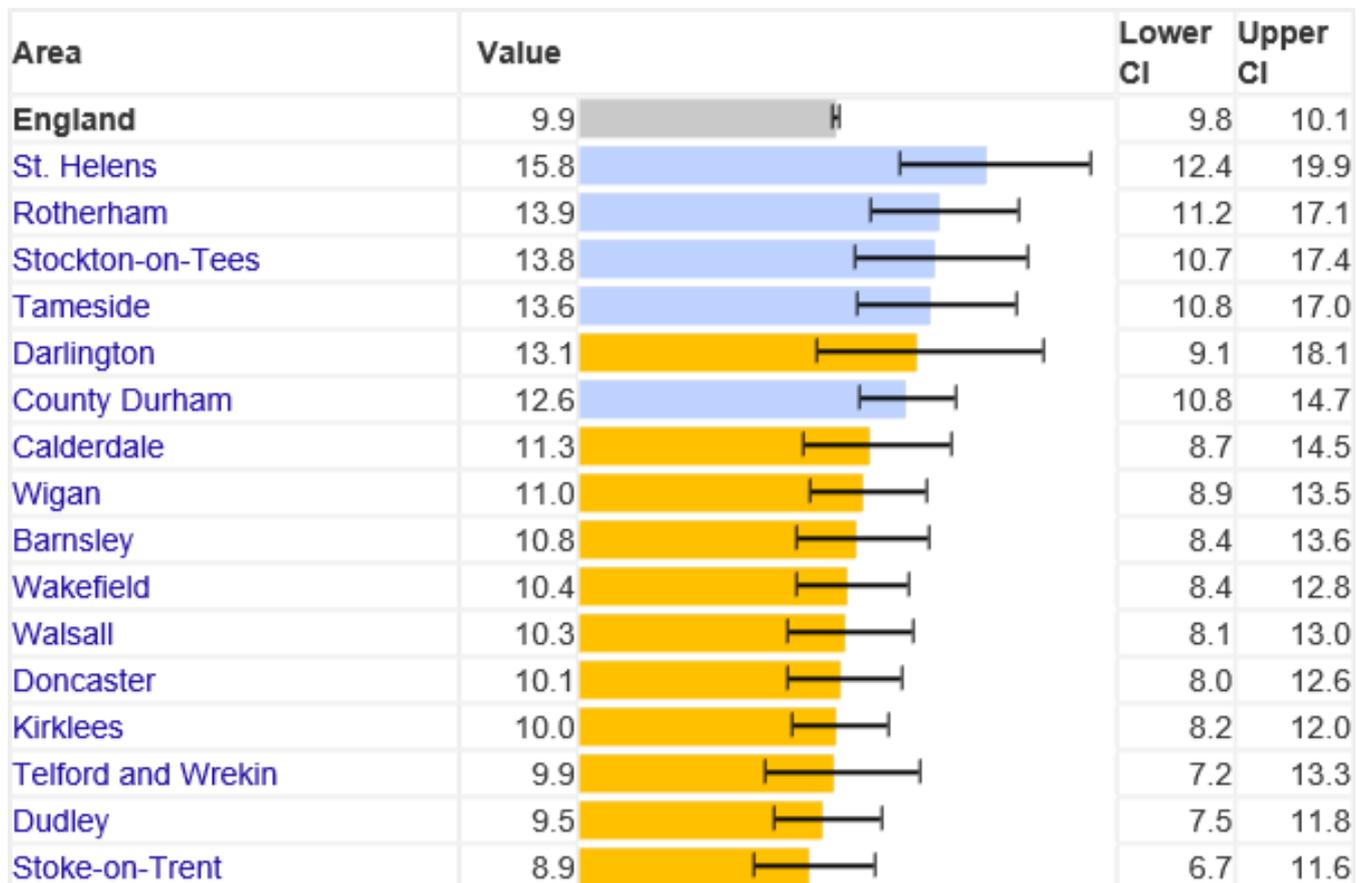
### **1.0 Purpose of the Report**

- 1.1 In April 2017 Dr Sarah Wollaston MP who is Chair of the Commons Health Select Committee wrote to Scrutiny Chairs to advise them of the national enquiry they had undertaken into suicide prevention. A recommendation which came from the work was that local scrutiny committees should be involved in ensuring effective implementation of their local authority's plans in relation to suicide prevention.
- 1.2 In response, this report provides the OSC with an overview of the latest cross-government suicide prevention strategy and an update in local suicide prevention work in Barnsley as outlined in the Barnsley Suicide Prevention Action Plan (Appendix 1).

### **2.0 Introduction/Background**

- 2.1 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.
- 2.2 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.
- 2.3 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.
- 2.4 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

- 2.5 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.
- 2.6 The graph below shows the suicide mortality rate for all persons per 100,000 population for the 3-year period 2014-2016 compared to our nearest statistical neighbour local authorities. Barnsley's rate is statistically similar to the England average as shown by the black confidence interval lines.



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

### 3.0 Local Work

- 3.1 A multiagency Barnsley Suicide Prevention Group was established in 2015 and is led by Public Health. The group has representation from Barnsley Council, South Yorkshire Police, NHS agencies, Samaritans and Citizens Advice.
- 3.2 Early work by the Suicide Prevention Group identified the need to undertake a suicide audit for Barnsley, to provide more detailed intelligence on the factors affecting suicide in Barnsley.
- 3.3 The aim of the audit was to increase understanding of local suicide data and patterns in order to shape local decisions and priorities around suicide prevention. The audit was carried out based on data 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.

3.4 While the audit was limited to some extent by available records, it does provide a picture of suicide in Barnsley as outlined in Figure 1.

**Figure 1 Preventing Suicide in Barnsley: An Audit of Suicides 2010-2015 - Key Findings**

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

3.5 The audit report provides the evidence for the challenge of tackling suicide in the borough through an action plan, which has been agreed and prioritised by key stakeholders. The action plan has been developed in line with the national suicide prevention strategy, priority groups and in response to the audit findings. Appendix 1 summarises the action plan's recommendations and interventions.

3.6 Consultation on the action plan has taken place with the Barnsley Mental Health Forum and Chilypep who work with children and young people to support and enhance their emotional wellbeing. This feedback will be taken into consideration for future planning.

3.7 Since the local suicide prevention work was presented to the Health and Wellbeing Board in January 2017, the following progress has been made:-

- A lead Health and Wellbeing Officer for mental health, including suicide prevention work has been appointed as part of the distributed model of Public Health to work with partners to help to deliver the action plan.
- Barnsley regularly attends a regional Public Health England Community of Improvement for mental health and suicide prevention across Yorkshire and Humber to share best practice and work collaboratively across a larger footprint.
- Progress in supporting vulnerable groups via consultation and engagement with Barnsley Mental Health Forum and Chilypep.
- A successful Suicide Prevention Day social media campaign #AlrightPal? reached over 31,000 people and was in the top three social media engagements for Barnsley Council in the period July to September 2017.
- Perinatal Mental Health Services launched which will provide specialist and tailored care to pregnant women, new mothers and their families.

- Mental Health First Aiders have been trained in schools with more training sessions planned.
- Links are being made to the South Yorkshire and Bassetlaw Accountable Care System for Mental Health, Barnsley Mental Health Crisis Care Concordat, the development of the Barnsley All Age Mental Health and Wellbeing Commissioning Strategy.
- Public Health England recently released the Prevention Concordat for Better Mental Health and the resources are being used to formulate a bid to NHS England for the Beyond Places of Safety scheme.

#### **4.0 Next Steps/Future Challenges**

- 4.1 Suicide prevention is most effective when it is combined as part of wider work addressing the social and other determinants of poor health, wellbeing or illness. We believe that our action plan does this.
- 4.2 We are keen to build and develop working relationships and service delivery arrangements that have been created which will continue to reflect our commitment to reduce the impact of suicide – tackling and addressing the ‘risk factors’ and encouraging and supporting the ‘protective factors’.
- 4.3 By improving the mental health and wellbeing of the population of Barnsley, effectively preventing mental health problems and ensuring appropriate access and delivery of mental health and social care services, together we can support the reduction in the local rates of suicide and self-harm.

#### **5.0 Invited Witnesses**

- 5.1 At today’s meeting, the following representatives have been invited to answer questions regarding this area of work:
- Julia Burrows, Director of Public Health, BMBC
  - Phil Ainsworth, Health and Wellbeing Officer, Public Health, BMBC
  - Rebecca Clarke, Public Health Principal, BMBC
  - Clare Foster, Public Health Specialty Registrar, BMBC
  - Councillor Jim Andrews, Cabinet Spokesperson Public Health
  - Chief Inspector Jacqueline Hardy, South Yorkshire Police

#### **6.0 Possible Areas for Investigation**

- 6.1 Members may wish to ask questions around the following areas:
- What consultation has taken place with stakeholders in development of the action plan and what evidence is available of their input?
  - Are there adequate resources available within mental health services to deal with demand and enable timely access for service users?
  - What actions will be taken to ensure front line services such as the police, health, job centre plus etc. join up to maximise the effectiveness of their support and prevention of suicide?

- To what extent are partners engaged in this work and contributing to tackling the challenges faced?
- What is in place to provide information and support to anyone whose life has been touched by the suicide or attempted suicide of another person?
- What are the key risks and challenges for the forthcoming year and how will these be managed?
- What is being done to work with other local authorities to ensure best practice is developed and shared?
- What mechanisms are in place to ensure the gathering of timely and accurate data in relation to suicide?
- How confident are you that the plans in place will reduce the number of suicides in Barnsley by the national target of 10% by the end of March 2021?
- What actions could be taken by Members to support suicide prevention in Barnsley?

## 7.0 Background Papers and Useful Links

- Barnsley Suicide Prevention Action Plan (Appendix 1 attached)
- Letter to local OSCs from the Chair of the Parliamentary Health Select Committee: <http://www.cfps.org.uk/wp-content/uploads/Letter-to-health-overview-and-scrutiny-committees.pdf>
- The All-Party Parliamentary Group (2015) Inquiry into Local Suicide Prevention Plans in England: <http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDEREPORT.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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf)
- Mental Health Crisis Care Concordat Website: <http://www.crisiscareconcordat.org.uk/>
- Prevention Concordat for Better Mental Health Resources: <https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>
- Local Suicide Prevention Planning – A Practical Resource by Public Health England: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585411/PHE\\_local\\_suicide\\_prevention\\_planning\\_practice\\_resource.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf)

## 8.0 Officer Contact

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27<sup>th</sup> November 2017