HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Director of Public Health
DATE:	8th March 2016

SUBJECT:
Blackburn with Darwen Suicide Prevention Strategy 2016-2019 - 'Creating Suicide Safer Communities to Save Lives'

1. PURPOSE

To raise awareness of suicide and intentional self-harm as a local public health issue.

To request approval from the Board to implement the partnership Blackburn with Darwen Suicide Prevention Strategy

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Members to:

- Note suicide is a significant public health issue requiring senior level leadership and commitment to suicide prevention by all Health and Wellbeing Board Partners
- Approve the Blackburn with Darwen Suicide Prevention Strategy and action plan

3. BACKGROUND

3.1 Context
In England, approximately one person dies every two hours as a result of suicide and is considered a significant public health problem. However, death by suicide is preventable. Suicide is often the end point of a complex history of risk factors and distressing adverse life events. At the same time, many opportunities also exist that can prevent such tragedies from occurring. Death by suicide, as well as attempted suicide, has far reaching negative impacts upon individuals, families, friends, services, emergency responders, communities and wider society. Suicide rates in Blackburn with Darwen are higher than both the regional and national averages.

3.2 Definitions
The World Health Organisation definition of suicide is 'the act of deliberately killing oneself'. In England and Wales, suicide is defined as deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent. A verdict of suicide is given where there is clear evidence that the death was self-inflicted and that the victim intended to take their life. If any doubt exists; then an open verdict may be given which is coded as 'undetermined'.

Self-harm is defined as *'when a person intentionally damages or injures their body'*. Self-harm is usually a way of coping with, or expressing, overwhelming emotional distress and can take many forms. This includes poisoning and cutting, as well as intentionally not taking prescribed

medication for a health condition such as epilepsy or diabetes, pulling hair and biting. Self-harm can also include taking drugs or drinking too much alcohol to harm oneself. This is different to drinking or taking drugs for pleasure.

An act of self-harm is not necessarily an attempt or even indicator of suicide. For some people self-harm is a way of coping and can reduce their suicidal feelings. It is estimated that 3-4% of those admitted for self-harm will die by suicide within 10 years with people who self-harm repeatedly being at a high and persistent risk of suicide. Self-harming by young people was identified by local stakeholders as a priority to be addressed as part of the broader strategic action plan, as local hospital admissions for intentional self-harm are higher than both national and regional averages.

3.3 Complexity

Circumstances that lead a person to die by suicide are complex. Research suggests that suicide is often associated with the loss of something significant for the individual, such as a bereavement or separation, relationship breakdown, redundancy/unemployment, debt, poor health/incapacity, homelessness, loss of reputation/shame, low self-worth and a sense of lack of purpose. Nonetheless, there is much that can be done to reduce deaths by suicide. There is a range of individual and community level evidence based interventions to facilitate early intervention and prevention, and most effective when systematically delivered across different sectors, including the public themselves.

3.4 National strategy

In 2012, the government published *'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives*' which outlined a call to action for Local Authorities working closely with the police, clinical commissioning groups (CCGs), NHS England, NHS Trusts, primary care, emergency services, coroners and the community, voluntary and faith sector to work together to develop and implement a local partnership action plan to reduce suicide.

National strategy identifies six key areas for action as follows:

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

The Blackburn with Darwen Suicide Prevention Strategy priority areas are similar to the national strategy.

3.5 Partnership approach

Local partners and stakeholders are committed to reducing the incidence of death by suicide in Blackburn with Darwen. Public Health has provided the strategic leadership and co-ordination for suicide prevention, and has a key role in leading the development of the Suicide Prevention strategy to ensure senior level multiagency ownership and co-ordinated local action. The three year suicide prevention strategy (2016-19) adopts a life course approach, aligned to the three Health and Wellbeing life stages of start well, live well and age well. The local priorities have been informed by a wide range of stakeholders through a series of workshops, the national strategy, evidence of what works, and results from the suicide audit.

3.6 Local drivers

There are key national policy and local strategic drivers and networks upon which to build on and co-ordinate action with the focus on suicide prevention. This strategy and action plan takes a life course approach in line with the refreshed Health and Wellbeing Strategy (2015-18) 'plan on a page', which the Health and Wellbeing Board is accountable. In particular, the cross cutting

Suicide Prevention Strategy will contribute to the achievement of outcomes identified in a range of local strategies, including Early Help Strategy for Children, Young & Families; Transforming Lives; Mental Health Crisis Care Concordat; Integrated Delivery of Health and Social Care and locality working.

3.7 Suicide prevention strategy
Blackburn with Darwen's Suicide Prevention Strategy priority areas are based on guidance from the national strategy, and have been developed and agreed after extensive consultation with stakeholders. The action plan provides an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society and draws on local experience and research evidence, aiming to prevent suicide and promote mental health and wellbeing.

The two overall local strategic objectives are:

- To reduce the suicide rates in Blackburn with Darwen
- To provide support for those bereaved or affected by suicide

Priority areas for action:

1. Joint working (and commissioning where relevant) to develop clear, consistent and streamlined pathways across services
2. Reduce the risk of suicide in high risk groups
3. Focus on raising awareness and promoting mental wellbeing in the whole population and where relevant, tailor to different community groups and those identified as high risk
4. Support people bereaved by suicide and people affected by attempted suicide
5. Support research, data collection and monitoring

3.8 Governance
The Suicide Prevention Strategy group will lead and monitor progress on the implementation of the action plan, and report to the Health and Wellbeing Board sub groups (Start Well, Age Well, Live Well groups), with accountability to the Health and Wellbeing Board.

4. **RATIONALE**

The purpose of the Blackburn with Darwen Suicide Prevention Strategy is to provide a framework for action across the life-course to prevent avoidable loss of life through suicide. It provides an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. It draws on local experience and research evidence, aiming to prevent suicide and promote mental health and wellbeing.

The national suicide prevention strategy is clear that suicide prevention is not the sole responsibility of any one sector alone. It is important that stakeholders and partners work together to help prevent the tragedy of suicide and co-ordinate and deliver interventions with local communities to ensure that they are effective in helping to reduce death by suicide in Blackburn with Darwen.

5. **KEY ISSUES**

5.1 Suicide rates
Suicide rates in Blackburn with Darwen are higher than both the regional and national averages. The suicide and undetermined death rate (age standardised) for Blackburn with Darwen is currently reported as 10.0 per 100,000 for the period 2012 – 2014. This is similar to the regional average of 10.3 per 100,000 and higher than the England average of 8.9 per 100,000 for the same period. The suicide rate for BwD male mortality for the period 2012-2014 is 17.0 per 100,000,

similar to the North West average of 16.3 per 100,000, but higher than the England average of 14.1 per 100,000.

5.2 Self harm
Although intentional self-harm and attempted suicides are separate issues, there are links and therefore this was identified for inclusion in the strategy as a local priority for action. Hospital admission rates for self-harm among 10-24 year olds in Blackburn with Darwen are amongst one of highest across England, at 561.9 per 100,000, which is higher than both the regional (440.4 per 100,000) and national (352.3 per 100,000) rates for 2010/11-12/13. Similarly, the age and sex standardised Emergency Hospital Admissions for intentional self-harm for all ages in BwD is 316.7 per 100,000 (2014-15), again significantly higher that the regional (257.7) and England (191.4) averages.

5.3 High risk groups
Groups identified as high risk from death by suicide and self-harm by the national strategy include: Children in Care; care leavers; young people in the youth justice system; survivors of abuse or violence, including sexual abuse; veterans; people living with long-term physical health conditions; people with untreated depression; people who are especially vulnerable due to social and economic circumstances; people who misuse drugs or alcohol; lesbian, gay, bisexual and transgender (LGBT) people; and Black, Asian and minority ethnic groups and asylum seekers.

5.4 Suicide audit
Suicide Audit findings produce valuable local intelligence and generate recommendations to inform local action to help reduce death by suicide in the borough. Blackburn with Darwen's suicide audit for 2012 and 2013 showed that male suicides were much higher than female suicides; approximately 90% were male. Additionally, the audit revealed that 50% and 77% of deaths by suicide were recorded as being White Male aged 45+ years, in 2012 and 2013 respectively. Furthermore, an emerging theme in audit related to occupational group, with a relatively high proportion of suicides (21%), linked to the building trade, such as plumbers and plasterers.

6. POLICY IMPLICATIONS
The Health and Social Care Act (2012) outlined the local authority's responsibility for Public Health, which included providing the local leadership and co-ordination of suicide prevention, with accountability to the statutory Health and Wellbeing Board.

7. FINANCIAL IMPLICATIONS
There are no financial implications. The strategy and action plan will be delivered within existing partner agency budgets and the Department of Health Public Health Prevention grant.

8. LEGAL IMPLICATIONS
There are no identified legal implications.

9. RESOURCE IMPLICATIONS
The strategy and action plan will be delivered by strategic health and wellbeing board partners, with the council's Public Health team providing a leadership and co-ordination role.

10. EQUALITY AND HEALTH IMPLICATIONS
In determining this matter the Board need to consider the EIA associated with this item in advance of making the decision, which accompanies this report

In addition, the Department of Health have published '*Preventing suicide in England: A cross-*

government outcomes strategy to save lives: Assessment of Impact on Equalities report' which has been used to inform the local strategy.

11. CONSULTATIONS

The draft Suicide Prevention Strategy has been developed through a detailed process of consultation with a wide range of stakeholders over a 12 month period.

VERSION:	**3.0**

CONTACT OFFICER:	Sanam Taj / Shirley Goodhew
DATE:	4th February 2016
BACKGROUND PAPER:	Final Draft Blackburn with Darwen Suicide Prevention Strategy (2016-2019) - 'Creating Suicide Safer Communities to Save Lives' (Full Version)