

<b>REPORT TO:</b>	<b>Health and Social Care Scrutiny Sub-Committee 18 July 2017</b>
<b>AGENDA ITEM:</b>	<b>8</b>
<b>SUBJECT:</b>	<b>Suicide prevention and self-harm reduction plan</b>
<b>LEAD OFFICER:</b>	<b>Rachel Flowers, Director of Public Health</b>
<b>CABINET MEMBER:</b>	<b>Councillor Louisa Woodley Cabinet Member for Families, Health and Social Care</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Jack Bedeman Consultant in Public Health</b>

<b>ORIGIN OF ITEM:</b>	This item is contained in the sub-committee's agreed work programme.
<b>BRIEF FOR THE COMMITTEE:</b>	To carry out pre-decision scrutiny of Croydon's suicide prevention and self-harm reduction plan

## **EXECUTIVE SUMMARY**

- 1.1. This report updates the Sub-Committee on the progress of the development of Croydon's Suicide and Self-harm prevention action plan 2017-21.
- 1.2. This work has been developed within a multi-agency Suicide & Self-Harm Prevention Group that includes a range of statutory and voluntary agencies to ensure that the plan represents the collective priorities of local agencies and will have the biggest positive impact on the health of the people of Croydon and reduce the number of people who kill themselves, or try, and self-harm.
- 1.3. The plan will be informed by national and local data provided by the Suicide and Self-Harm Data Group (a specialist data group comprising National Health Service (NHS) and local authority officers, formed earlier in 2017 to help inform the action plan), and overseen by the Suicide Prevention Group which will take ownership and deliver the plan.
- 1.4. The action plan being developed will be treated as a 'live' document that will be reviewed annually by the Prevention Group to ensure it reflects populations' needs, is informed by the latest evidence, intelligence and policy, and captures all partner's collaborative efforts to address self-harm and suicide in Croydon. The plan itself will focus on addressing higher risks of self-harm and/or suicide among specific vulnerable population groups (including middle-aged men,

children and young people, ethnic minority groups and migrants), and a set of high level priorities, actions, and recommendations for the next 4 years.

- 1.5. An initial plan is expected to be completed in September 2017, and the final Suicide Prevention and Self-Harm Reduction Action Plan will be presented to Cabinet in November 2018.

## 2. BACKGROUND

### National Context

- 2.1. About 1 in 3 people who self-harm for the first time will do it again during the following year, and about 3 in 100 who self-harm over 15 years will actually kill themselves. This is more than 50 times the rate for people who do not self-harm; and the risk increases with age, being greater in men. Implementing strategies to prevent and support people at-risk of self-harm are therefore fundamental, and locally it has been agreed that the suicide prevention plan can helpfully be broadened in scope to include consideration of actions that will reduce self-harm as well as suicide.
- 2.2. Self-harm can happen at any age, with around 1 in 10 young people self-harming at some point. As prevalence of self-harm is based on surveys from people admitted to hospital after an event, it is likely that research underestimates how common self-harm is; this is because many people do not seek help after self-harm. Young women, prisoners, asylum seekers, veterans of the armed forces, lesbian, gay, bisexual, trans, intergender people( LGBTI) and people who have experienced physical, emotional or sexual abuse during childhood are more likely to self-harm. Equally, having a friend who self-harm increases the probability that other young people do the same.
- 2.3. Every day in England around 13 people take their own lives<sup>1</sup>, affecting not only close family but also the wider community. In fact, for every person who dies, between 6 and 60 are thought to be directly affected.<sup>2</sup> The economic impact associated to every suicide is estimated to be nearly £1.7 million which accounts for loss in productivity, caring for those left behind and more.<sup>3</sup>
- 2.4. Following a consistent downwards trend in suicide rates in the UK since 1980, this has reversed in the last ten years possibly due to the economic downturn although it is difficult to determine. Suicide rates rose from 10.0 deaths per 100,000 population in 2007 to 11.1 deaths per 100,000 in 2013.<sup>4</sup> In 2014, the suicide rate was 10.8 deaths per 100,000 population. The male suicide rate was more than 3 times higher than the female rate, with 16.8 male deaths per 100,000 compared with 5.2 female deaths<sup>5</sup>.
- 2.5. To tackle this issue, a national strategy ([\*Preventing suicide in England: A cross-government outcomes strategy to save lives \(2012\)\*](#)) has been

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<sup>1</sup> [Local suicide prevention planning. A practice resource. PHE: London, October 2016.](#)

<sup>2</sup> [Suicide prevention. A guide for Local Authorities. LGA: London, February 2017](#)

<sup>3</sup> [Suicide prevention. A guide for Local Authorities. LGA: London, February 2017](#)

<sup>4</sup> [Suicides in the UK: 2014 registrations. ONS](#)

<sup>5</sup> [Suicides in the UK: 2014 registrations. ONS](#)

developed, setting the national ambitions to reduce the suicide rate in the general population in England, and provide better support for those bereaved or affected by suicide. Building on this, [NHS England's Five Year Forward View for Mental Health](#)<sup>6</sup> set the ambition that by the end of the decade, the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels.

- 2.6. The national strategy suggests the mechanism through which to achieve these ambitions is through the development of suicide prevention action plans and strategies, with an aspiration for these to be in place in every local area by the end of 2017. Recent Public Health England (PHE) guidance states that *'responsibility for the suicide prevention action plan and strategy usually lies with local government through health and wellbeing boards'*<sup>7</sup>.
- 2.7. NHS England requires all Clinical Commissioning Groups (CCGs) to fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners. In addition, the requirements for the end of the decade include *"implement a suicide reduction plan together with local government and other local partners that reduces suicide"*. Local suicide prevention plans should agree indicative targets and trajectories for the reduction in suicides, to support transparency and monitoring locally over the period.
- 2.8. £25 million is being made available over this period to support suicide prevention specifically; the additional funding is to be held centrally and is expected to be allocated to CCGs and their partners from 2018/19, in line with the activity and actions agreed in local suicide prevention plans and further developmental work undertaken at a national level. Further information on the approach to allocation will be provided later in 2017/18.

## Local Context

- 2.9. The latest [PHE fingertips data profile on suicide](#) showed that there were 77 suicides in Croydon between 2013 and 2015; 58 suicides were by males and 19 were by females. Croydon has a lower rates of suicide than the London and England averages. However, the number of suicides in the borough has been on the rise since 2008; this is in line with the national trend. It should also be noted that there is strong anecdotal evidence that not all people who kill themselves are identified as suicides in the final death documentation.
- 2.10. Currently there is no multi-agency borough-wide suicide prevention plan in place. There are a range of initiatives such as; South London and the Maudsley NHS Trust (SLaM) conduct formal reviews of local suicides. Croydon CCG is currently developing a Self-Harm Strategy for Children and Young People. Croydon Council have their Public Health team working with Network Rail and transport partners to understand patterns of attempted and completed suicides at local train stations, the Samaritans and MIND also have a range of work around this area. It is envisaged that the Croydon Suicide and Self-harm

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<sup>6</sup> [NHS England's Five Year Forward View for Mental Health](#)

<sup>7</sup> [Local suicide prevention planning. A practice resource. PHE: London, October 2016.](#)

prevention plan will bring together all existing streams of work and enable partners to work together on this agenda.

### **3. RATIONALE AND SCOPE DESCRIPTION**

- 3.1. The ambition is to produce a suicide and self-harm prevention action plan for Croydon, with accompanying strategy statement, owned and delivered by multiple agencies in the borough, thereby meeting the national expectations to have one in place in 2017.
- 3.2. The action plan will cover a 4 year period (2017-2021), and will be developed in line with recent PHE suicide action planning guidance. The action plan will be informed by a local suicide audit and PHE fingertips data profile, to understand local needs, and will set out how a 10% reduction in suicides will be achieved in the timeframe.
- 3.3. The action plan will be overseen by a new multi-agency Suicide & Self-Harm Prevention Group and supported by a Suicide & Self-Harm Data Group (who will be responsible for reviewing and updating the local suicide audits that inform the plan).

### **4. SCOPING AND CONSULTATION**

- 4.1. A Suicide and Self-Harm Data Group comprising partners from the council and other external agencies has been established. Several meetings have taken place between March and June 2017 to draw on intelligence and develop data sharing protocols to inform the plan.
- 4.2. A Suicide Prevention Group bringing together partners from council and other external agencies has also been established. This multi-agency partnership includes officers from Croydon Council including Public health, Adult and Children Social care, Gateway, and representatives from Croydon CCG, British Transport Police, National Rail, the Voluntary and Community Sector (including Samaritans, MIND), Croydon University Hospital, SLAM, Metropolitan Police.
- 4.3. A planning workshop took place on 20 June 2017 at the Croydon Conference Centre. The event was attended by delegates representing organisations across the borough. This was an opportunity to discuss high level priorities, and feedback from the session will inform and shape the final action plan and strategy.
- 4.4. Work is in progress to align the strategy and action plan with other local strategic work streams, including:
  - a. Children's Self-harm strategy (led by CCG)
  - b. Local transformation plan for children and young people (led by CCG)
  - c. Integrated mental health strategy (led by Croydon Council and Croydon CCG)
  - d. Drugs and alcohol transformation (led by Croydon Council)

- e. Workplace health and wellbeing (led by Croydon Council)
- f. Regeneration (led by Croydon Council)

4.5. Croydon Council and the Samaritans, in partnership with local organisations, hosted a wellbeing event in the town centre on Saturday 1<sup>st</sup> July 2017. This was part of Samaritans' 'We Listen' campaign which aims to raise awareness of the support available for those who aren't coping and may need some extra help.

4.6. The draft proposal will be presented at Croydon's Health and Social Care Scrutiny on 18<sup>th</sup> July to allow the Scrutiny Committee scrutinize the development of the strategy so far.

4.7. South-West London Suicide Prevention leads met on Friday 16<sup>th</sup> June 2017 to discuss a collaborative approach to develop a regional plan for South West London Suicide and Self-Harm and Prevention Plan Strategy.

## 5. NEXT STEPS

5.1. A second planning workshop to discuss the action plan's priorities is planned for the summer, thereby assuring the Suicide Prevention Plan is inclusive, and informed and shaped by both professionals and the community.

5.2. A final draft of the Suicide and Self-harm Prevention Action Plan, incorporating the evidence-based gathered and feedback from workshops, will be circulated among the data and prevention group for comments in September.

5.3. The final Suicide and Self-harm Prevention Action Plan will be presented to Cabinet in November 2017.

5.4. South-West London Suicide Prevention leads will meet to progress on the collaborative approach to Suicide Prevention.

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**BACKGROUND DOCUMENTS:** None