

# Bolton Council

**Report to:** Health and Wellbeing Board

**Date:** Friday 20<sup>th</sup> October, 2017

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**Report Title:** **No More Suicides in Bolton - Bolton's Suicide Prevention  
Partnership Plan 2017 to 2020**

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**Non Confidential:** This report does **not** contain information which warrants its  
consideration in the absence of the press or members of the public

**Purpose:** To update on progress to develop a Multi-Agency approach to  
Suicide Prevention in Bolton  
To share the draft Multi-Agency Strategy and Action Plan

**Recommendations:** The Health and Wellbeing Board is recommended to...

To approve the strategy and priority actions described

**Background  
Doc(s):**



# **No More Suicides in Bolton**

**Bolton's Suicide Prevention Partnership Plan  
2017-2020**

September 2017

## DOCUMENT CONTROL

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## VERSION CONTROL

Version number	Date	Author	Reason for New Version
V1.0			Creation of new Policy
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# CONTENTS

<b>1. Foreword</b>
<b>2. Why Suicide Prevention?</b>
<b>3. Suicide in Bolton – Local Data and Intelligence</b>
<b>4. Our Partnership Ambition- Bolton’s Ambition No More Suicides</b>
<b>5. National Priorities for Action</b>
<b>6 Local Priorities for Action</b>

# 1. Foreword

Every suicide is a truly devastating event for the families, friends and colleagues of those people affected. But every single suicide has the potential to have been prevented. Here in Bolton we are very clear that we want to see no more suicide in our borough. We have made good progress to reduce local suicides in recent years, but there is still much work to be done.

Effective suicide prevention needs a strong partnership approach. Here in Bolton, we plan to build upon our history of good partnership working to make sure we all support the mental health, wellbeing and resilience of local people. In particular, we want to make sure that those adults and young people, who might be feeling particularly vulnerable and those who are at greatest risk, get the right level of support at the right time. We want everyone to know what help is available in Bolton and we want staff in all of our front line services to be trained and confident to know what to do if they know someone may be having suicidal thoughts.

We plan to make sure that all of the services we deliver or commission have a very clear responsibility around wellbeing, resilience and suicide prevention -for service users and for staff. All of this work continues to be informed by good intelligence; data sharing arrangements between services, and solid evidence about approaches that are most effective.

We are committed to making sure that this partnership approach continues to develop and that we can ultimately show that what we have put into place really does make a difference.

- Councillor Linda Thomas, Chair of Bolton's Health and Wellbeing Board

## 2. Why Suicide Prevention?

2.1 **Every life lost to suicide represents a personal tragedy.** Its impact is felt strongly by the people around that person – members of their family, their friends, colleagues in their workplace, neighbours, local communities, and anyone who may have been involved in provided services for them. People will wonder what they could have done to prevent this from happening and their own mental health and wellbeing may be adversely affected as a result.

2.2 **Some people in our population are more at risk of suicide than others.** Suicides largely reflect clear patterns of inequality, with those in more disadvantaged, poorer communities being affected the most. High risk factors include drug and alcohol misuse, mental health problems and previous suicide attempts.

2.3 **People may become particularly vulnerable** in times when they are experiencing certain life events such as a relationship breakdown, bereavement, job loss, the loss of a home or financial difficulties, a child taken into care, a terminal diagnosis, or social isolation. For young people these events might also include bullying or exam pressures.

2.4 There are other groups of people who may not necessarily be at high risk from suicide, but who may at times experience **reduced wellbeing and resilience**. These might include for example, expectant mothers, young people who are looked after, people with depression, people who self-harm, people with long term health conditions, and people who are LGBT.

2.5 Any suicide by a **young person under the age of 18** represents a particularly tragic and devastating loss of life. Whilst every individual's circumstances is different, it is vital to identify and support those young people who are most at risk, whilst supporting the wellbeing and resilience of all of our young people generally.

2.6 **Suicide is not inevitable. It is preventable.** There are many opportunities to reach, support and make a difference to those who are at risk or vulnerable. This can be done in a variety of ways; through our health and care services, workplaces, schools, colleges, the criminal justice system, transport services, prisons and through our voluntary sector and community organisations. **An integrated partnership approach, focussed on place and population**, is vital for an effective suicide prevention plan for Bolton.

2.7 **Preventing suicide in children is part of our duty to safeguard** and promote their welfare. It is important that this strategy builds on the learning from recent local thematic review of children who had taken their own lives. We are committed to ensure that interventions specifically for children are fully aligned with local processes to safeguard and promote the welfare of children in Bolton; namely Bolton's Framework for Action.

2.8 The core purpose of the **Adults Safeguarding Board is to protect adults who have need for care and support, who are experiencing or are at risk of abuse or neglect** and as a result of their needs are unable to protect themselves. The Board also has a key responsibility to promote the wider agendas of safeguarding, including suicide prevention through ensuring they are everybody's responsibility in our organisations and communities.

### 3. Suicide in Bolton – Local Data and Intelligence

3.1 An analysis of national statistics and local suicide audit data for Bolton is carried out annually. The full suicide audit report for 2017 is available in Appendix 1. This information has been used to inform our action planning on suicide prevention and will continue to help shape local plans in the future. Key findings of this work included the following:

- **Bolton's suicide rate has recently fallen** and is now similar to the national rate, demonstrating an improving picture. In 2007/09 Bolton had the 3<sup>rd</sup> highest suicide rate in the country but is now the 58<sup>th</sup> highest suicide rate (of 152 authorities);
- **On average, Bolton has about 26 suicides per year.**
- Similar to the national picture, **75% of local suicides are among men;**
- **Rates among the South Asian community were relatively low;**
- **Hanging/strangulation accounts for just over half of all suicides** and overdose accounts for another fifth. In Bolton over the last 3 years **hanging/strangulation in females has risen to 80%** with a reduction in overdoses;
- **77% of suicides occur at home.** Other locations include the home of a significant person, followed by outdoors in a field/park. Bolton audit data suggests **we do not have any significant 'hotspots', though discussion with partners suggest we may want to focus on areas such as bridges;**
- **Twice as many suicides occur in the most deprived areas of Bolton compared to the least deprived** and this inequality gap is widening. The inequality gradient for women is much stronger than for men;
- **The average age of suicide in Bolton over the last twelve months is 42 years.**

- The Bolton Children's Safeguarding Board have carried out detailed investigation into suicides by Children and Young People as a high priority. The Bolton Suicide Prevention Partnership have identified resilience, mental health and reducing risk for **children and young people as a high priority for suicide prevention work**.
- **Problematic alcohol use is associated with a fifth of all suicides in Bolton.** Drugs misuse is more closely associated with male suicides;
- **Risk factors associated with local (adult) suicides** included:
  - Having a history of mental health problems (54.1%);
  - Self-harm (40.1%);
  - Living alone (38.9%);
  - A history of violence (27.0%);
  - Alcohol (21.5%) and drug misuse (14.3%);
  - Being unemployed (20.4%).
- In Bolton **almost half of all suicides made their last primary care contact less than one month before death**, the majority with a GP (39% of those for mental health related issues);
- In Bolton, **44% of suicides had at least some lifetime contact with secondary mental health services**; of these around half contacted secondary mental health services within a month before death, and 28% within a week;
- **'Trigger events'** in a person's life immediately prior to suicide in Bolton cases included:
  - Break-up of a serious relationship;
  - Redundancy/recent unemployment;
  - Child taken into care;
  - Key points of interaction with secondary care mental health services – e.g. admitted onto caseload or discharged from services;
  - Bereavement;
  - Terminal diagnosis.

## 4. Our Partnership Ambition for No More Suicide in Bolton.

4.1 Every single suicide matters. Bolton's Suicide Prevention Partnership has agreed that there should be **No More Suicide in Bolton**. This represents a strong, collective local commitment to work together to really make a difference to *everyone* in Bolton.

4.2 Suicide prevention requires work across a range of settings and no single agency can deliver effective place-based prevention alone. Bolton's suicide prevention programme is led by the multi-agency **Bolton Suicide Prevention Steering Group**, which currently includes representation from the council's public health team, the CCG, the voluntary sector and the mental health trust. The role of the steering group is largely to:

- Oversee the annual suicide audit and interpret the findings
- Develop and ensure delivery of the suicide prevention programme and action plan
- Coordinate action to reduce suicide
- Lead and develop the wider Suicide Prevention Partnership
- Take accountability for local delivery and report progress through the agreed governance routes (see section 7)
- Monitor impact of local suicide prevention work

- Ensure alignment with Greater Manchester's Suicide Prevention initiatives

4.3 The Suicide Prevention Steering Group has established the **Bolton Suicide Prevention Partnership**. This partnership includes a much wider network of stakeholders and comes together every 6 months to:

- Share information and engage with others
- Review the latest data and intelligence
- Help to shape and deliver the local suicide prevention programme
- Share work they have been doing that contributes to suicide prevention
- Share learning and stories
- Build capacity for suicide prevention
- Identify new opportunities for collective action

**Fig 1. Members of the Bolton Suicide Prevention Partnership**



4.4 **The Mental Health Challenge** – The support of Elected Members is essential to the success of local suicide prevention. The Mental Health Challenge calls for councils to consider appointing **Elected Member 'Champions' for Mental Health and Wellbeing**. Such champions can influence the council's role in ensuring mental health and wellbeing is considered in all policy development and in services commissioned or provided by the council and its partners. Champions can develop partnerships with other organisations and raise the profile of suicide prevention in their local communities. Further information can be found at [www.mentalhealthchallenge.org.uk](http://www.mentalhealthchallenge.org.uk)



## 5. National Priorities for Action

Public Health England's guidance on Suicide Prevention<sup>1</sup> recommends that local areas aim to tackle all **six priorities of the National Suicide Prevention Strategy in the longer term**. These are:

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

The guidance also recommends a co-ordinated, **whole-system approach focussing on some shorter term actions** which include:

- Reducing risk in men
- Responding appropriately to self-harm
- Mental Health of Children and Young People
- Treatment of depression in Primary Care
- Acute Mental Health Care
- Reducing isolation
- Bereavement support
- Tackling high frequency locations or 'hot spots'

These areas for action have all been incorporated into, and have helped to shape the Bolton Suicide Prevention Plan (See section 6).

## 6. Local Priorities for Action

Our local priorities for action have been identified in discussion with the wider partners of the Bolton Suicide Prevention Partnership. Priorities have been identified through discussion of data from Public Health England and intelligence from our local suicide audit findings. The Bolton action plan has also been informed through discussion with local partners about their perceptions of local suicide.

Members of **Bolton's Children's and Adult's Safeguarding Boards** have also been consulted during the development of the action plan. Bolton Children's Safeguarding Board's input includes learning from a Concise Thematic Review into Child Suicide.

**A detailed multi-agency Action Plan with timescales and milestones** is provided in **Appendix 2**. This is a working document that will be monitored via the Suicide Prevention Steering Group. It will be refreshed annually, taking account of the findings of the annual suicide audit report, any new guidance or evidence, and any emerging priorities identified by stakeholders.

### **Our local priorities for action in the next year are:**

#### **6.1 Re-establish our Suicide Prevention Steering Group and associated Governance**

The core **Suicide Prevention Steering Group** includes representation from Bolton Council, Bolton CCG, Bolton CVS, Band, and Greater Manchester Mental Health NHS Trust. This steering group is

accountable for ensuring the development, delivery and monitoring of Bolton's Suicide Prevention Programme. Progress will be reported through the **Population Health and Prevention Strategy and Planning Group**, the **System Transformation Board** and ultimately to the **Health and Wellbeing Board**.

The Suicide Prevention programme also links closely with and complements the work of the Mental Health Strategy and Planning Group and has links to the work of the Primary Care Strategy and Planning Group.

Any issues connected to Safeguarding within the Suicide Prevention programme will require assurance from the relevant Safeguarding Board.

## **6.2 Reconvene the Bolton Suicide Prevention Partnership**

Bolton Suicide Prevention Partnership is a wide network of key partners who all play a role in reducing suicides (see section 4.3). Our local partnership will include local suicide prevention champions to drive the work forward through their respective organisations and networks. Partners will come together every 6 months to share information, intelligence, evidence and learning, and make sure that every part of the local system is delivering as it should.

## **6.3 Establish local Mental Health and Wellbeing Champions to advocate for mental health and wellbeing across the local system.**

Bolton's ambition of 'No more suicides' can only be achieved by partners across the system working together including communities, families and individuals. A vital part of this collaborative approach will be the development of Mental Health and Wellbeing Champions within organisations and local communities. This will enable capacity building and help drive the work on suicide prevention throughout the entire system in Bolton.

## **6.4 Identify our High Risk Groups and implement action to effectively reduce that risk.**

These groups include:

- People known to Mental Health Services (current/discharged)
- People with Drugs & Alcohol Problems
- People who have made previous suicide attempts

Mental Health services, substance misuse services and secondary care will be key partners in developing and delivering this work.

## **6.5 Identify and support people who may become vulnerable due to specific life events.**

These include:

- People who are struggling with finance and debt
- People who experience sudden job loss
- People who have a child taken into care
- People who are bereaved, including those bereaved or affected by suicide
- People experiencing a relationship breakdown
- People diagnosed with a life-threatening illness
- People experiencing bullying
- People experiencing domestic abuse or violence
- People involved in the criminal justice system

A number of key partners such as employment services, social care, counselling services, voluntary services, schools and police will be central to this work.

**6.6 Support and Improve Mental Health & Resilience in specific groups of people. These include:**

- Children and adults with safeguarding needs
- People stepping down from Mental Health services to Primary Care
- People who have previously self-harmed
- Vulnerable children & young people e.g. those looked after
- People with depression
- People with Long Term Conditions or Chronic Pain
- People affected or bereaved by suicide
- People who are unemployed
- People who are LGBT (lesbian, gay, bisexual, or transgender)
- People experiencing social isolation
- Middle aged men, living in our most disadvantaged areas
- Pregnant women (antenatal, perinatal and postnatal period)
- All Children and Young People in schools

A number of key partners such as Mental Health Services, Primary Care, Secondary Care, employment services, voluntary groups, and schools will be central to this work

**6.7 Describe and promote a Suicide Prevention population pathway for Bolton**

The Suicide Prevention Partnership will play a key role in promoting the right support services. It is vital that our partnership is clear about what services are available and how these can be accessed. The development and promotion of an agreed pathway for Bolton will ensure that all partners know what support is available for whom and how to access it.

**6.8 Develop a Suicide Prevention Training Programme for Bolton**

Suicide prevention training and awareness has been recognised as an important priority so that everyone knows their role in prevention, or what they should do if someone is experiencing suicidal thoughts. A training audit will be conducted to find out what training is available, what has been delivered already and what the outstanding training need is. We aim to prioritise training and awareness for those services in contact the highest risk groups in the first instance.

**6.9 Establish Suicide Prevention plans in ALL of our Services across the system**

We will require our organisations and services to develop their own pledge, champions and action plan contributing to Bolton's ambition of "no more suicides". The Suicide Prevention Partnership will provide support via workshops, meetings, events and social media for organisations/services to showcase their work, supporting a platform for networking, learning and sharing best practice.

**6.10 Reduce access to means of suicide, including risk locations such as railways, bridges and high-rise buildings**

Evidence suggests that reducing access to means is effective – for example limiting paracetamol sales or changes to structures in gas ovens. We will work with the Bolton Community Partnership to limit access and/or improve access to support (e.g. Samaritans signage) in any local venue where it is felt that a suicide attempt may be more likely. This will for example include bridges and railway lines.

#### **6.11 Deliver a high profile Suicide Prevention Public Campaign, working with a variety of media.**

The Suicide Prevention Partnership identified the need for local public campaigns and communications on suicide prevention. This might include

- Promoting the local suicide prevention work and sharing the local ambition.
- Recruiting local champions
- Raising awareness of the support and training available.
- Use of a variety of media
- Maximising opportunities offered by national campaigns such as World Mental Health Day, Alcohol Awareness Week etc.

#### **6.12 Work with local Media to adopt sensitive reporting of suicide locally.**

Media has a significant influence on people's behaviour and attitudes. There is evidence that media reporting and portrayals of suicide can lead to copycat behaviour, especially among young people and those already at risk. The extent of information on suicide and suicide methods available on the internet may have contributed to at least 1- 2% of suicides in recent years.

In line with recommendations in the national suicide prevention strategy we plan to work with local media to report sensitively in reporting suicide and suicidal behaviour. We will also engage local media in promoting and supporting our local work on suicide prevention.

#### **6.13 Develop Timely Suicide Audit & Data Analysis that informs Local Action**

We will continue to produce an annual suicide audit report to:

- understand Bolton's current position regarding suicides, rates of suicides compared to other places and local trends;
- inform the ongoing development of our coordinated multi-agency action on suicide prevention.

We will ensure our work links appropriately to the developing Greater Manchester Suicide Audit and prevention programme.

#### **6.14 Establish Information Sharing Protocols between services to improve response to Risk**

Recent developments within Public Sector Reform and Health and Social Care Integration, have identified the need for services to reduce duplication and become more joined up. The development of information sharing protocols for example within the Locality Plan, will provide an opportunity to improve the partnership response to risk across the system.

#### **6.15 Measure Change - Set out a Clear Monitoring & Evaluation Framework**

Key performance and monitoring metrics will be developed to measure impact of our multi agency work. This will include as a minimum:-

1. Official suicide rate data
2. Self-harm admissions
3. Annual suicide audit report.
4. Quarterly review of progress against actions in our multi-agency plan
5. Annual refresh of the suicide prevention action plan

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<sup>i</sup> Local Suicide Prevention Planning. A practice resource. Public Health England 2016

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