



# **Doncaster Suicide Prevention Local Action Plan**

2017-2020



Prepared by **and On behalf of the Doncaster Suicide Prevention Group and all its members**

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## 1. National Context relevant to suicide prevention

Around 13 people take their own lives in England every day<sup>1</sup> and there were 14,429 deaths from suicide in England between the two years 2013 & 2015<sup>2</sup> although the true figure is likely to be higher. Suicide is preventable and a leading cause of years of life lost.

The latest National Strategy for England *Preventing suicide in England: a cross-government outcome strategy to save lives*<sup>3</sup> was published in 2012 and builds on the achievements of the early strategy published in 2002. The 2012 strategy sets out two objectives and six key areas for action:

### Strategy Objectives:

- A reduction in the suicide rate in the general population in England: and
- Better support for those bereaved or affected by suicide.

### Six key areas for action:

1. Reduce the risk of suicide in key 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 recent review of the national strategy by the Health Select Committee<sup>4</sup> made five key recommendations for improving the national strategy for England. Both the national strategy and the Mental Health Taskforce's report to NHS England, *The five year forward view for mental health*<sup>5</sup> set out the need to develop both local suicide prevention strategies and actions plans to reduce suicide. The Mental Health Taskforce also recommends that there be a national ambition to reduce the suicide rate in England by 10 per cent by 2020/21 and for every local area to have developed a multi-agency suicide prevention plan.

In order to track national and local progress, the data for suicide as an indicator was included within the Public Health Outcomes Framework<sup>6</sup> (PHOF). Local approaches to identify gaps would need further development.

## 2. The current position in Doncaster

In 2016, Doncaster underwent a refresh of the membership for the Suicide Prevention Group (SPG) and agreed to host a conference in early 2017. The membership of the group now includes a much

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<sup>1</sup> ONS. Suicides in the UK in 2014. London: Office for National statistics; 2016

<sup>2</sup> Public Health England - Healthier Lives <https://healthierlives.phe.org.uk/topic/suicide-prevention/comparisons#par/E92000001/ati/102/iid/41001/sexId/4/gid/1938132762/pat/102>

<sup>3</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/430720/Preventing-Suicide-.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf)

<sup>4</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582117/Suicide\\_report\\_2016\\_A.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf)

<sup>5</sup> <https://www.kingsfund.org.uk/projects/nhs-five-year-forward-view?gclid=CLrK57vSstACFQXnGwodYo0ENA>

<sup>6</sup> <http://www.phoutcomes.info/>

wider range of representatives working with adults, children and young people. The aim of the conference was to explore current practice in Doncaster on approaches to suicide prevention and discuss and explore the eight short term actions recommended in the *Local suicide prevention planning – A practice resource*<sup>7</sup>. It was also agreed by the SPG that an additional area – ‘Data collection and monitoring’ would be explored in order to achieve the 6<sup>th</sup> key action of the strategy. Local intelligence can provide an evidence base for action and the means to monitor and review progress which is crucial in order to monitor progress locally.

## **2.1 Doncaster’s Suicide Audit – 2013 - 2015**

The latest audit of suicides in Doncaster took place in 2015 and the summary of findings was:

- The rate of suicide/injury and undetermined remained in line with the data supplied by the Office of National Statistics (ONS)
- Of those who took their life
  - 84% were males
  - 27% were aged between 51-60 years old
  - 100% were White British
- Out of the 37 deaths reviewed, most occurred within the Balby area under the postcode: DN4
- Risk factors
  - 19% unemployed and 16% retired
  - 2 were under investigation of the police due to the serious allegations made against them
  - 5 individuals had recently experienced marital breakdown
  - 3 individuals prior to their deaths reported they had financial worries
- Methods
  - 48% died by hanging/strangulation with the next most common method being intentional overdose
  - 65% died in their own home with the next most common place being at a friend or relatives home

There are plans to adopt a suicide review process which will be similar to the child deaths, drug related deaths and learning disability reviews, which will start at the beginning of 2018, with the findings reviewed. Thereafter, a systematic review of suicides will take place every 6 months and reviewed by an agreed panel of members.

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<sup>7</sup> <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

## 2.2 Development of the local action plan

All areas in England will be required to have a multi-agency suicide prevention plan in place by 2017 which will contribute to the target to reduce suicides by 10% nationally set out in the *Five year forward view for mental health*.

PHE developed a suite of supporting documentation and guidance to aid and support local areas to develop strategies and action plans. These include:

- Local Suicide Prevention Planning – A practice resource
- Preventing suicide in public places – A practice resource
- Identifying and responding to suicide clusters and contagion – A practice resource

Using feedback from the conference in January, Doncaster has developed in collaboration, a local action plan which sets out clear objectives with targeted actions, in line with the National Suicide Prevention Strategy focusing on the eight short term actions with the additional action for supporting research, data collection and monitoring.

## 2.3 Accountability and Governance

The SPG reports to the Health and Wellbeing Board, Health Protection Assurance Group and Doncaster Safeguarding Children's Board on a quarterly basis.

## 3. The challenge ahead

There were 81 deaths by suicide in Doncaster in the period between 2013-2015 and 80% (n65) of those were male, with just 20% (n16) female. The highest suicide rate in England is among men aged 45-49 and Doncaster currently has a higher suicide crude rate of 22.4 for those aged between 35 – 64 years: per 100,000 (5 year average) compared to England value of 20.5. In addition to this, Doncaster also has a higher crude rate for those aged 65+ than both regional and England value.

There are marked differences in suicide rates according to people's social and economic circumstances and suicide risk reflects wider inequalities. There are specific groups of people at risk of suicide and specific factors such as misuse of alcohol and drugs and suicide bereavement that will increase risk. There are also other population risk factors such as social isolation and significant life events such as Divorce, bereavement and employment status. Doncaster recorded nearly 32,000 marital breakups in 2011 and a higher proportion of households occupied by a single person aged 65 or over. The number of those who self-reported their wellbeing with a: low satisfaction, low worthwhile, low happiness and high anxiety score are much higher than the England value.<sup>8</sup>

Previous episode of Self Harm are the strongest identified predictor of suicide and from April 2016 – January 2017 there were nearly 600 emergency admissions with a recorded cause of injury and 'Intentional self-poisoning and Self-injury'.

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<sup>8</sup> <http://fingertips.phe.org.uk/profile/suicide>

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#### 4. Local action plan – 9 Areas for Action

##### 1. Area for action: Reducing risk in men

Objective	Action	Specific Outcome	Lead Responsibility
Increase awareness of and the response to the higher risk of suicide in men	Localised sustained suicide awareness (of increased risk of male suicides) campaign	Improved level of awareness of the general public of suicide susceptibility in men	Public Health Team/Clinical Commissioning Group/Aspire
Improve the skills of prison staff who work with the male prison population	To deliver a Training package targeted at prison staff - SafeTALK	Improved recognition and response to male prisoners who are vulnerable	Prisons Estates/Public Health Team

##### 2. Area for action: Preventing and responding to self-harm

Objective	Action	Specific Outcome	Lead Responsibility
Improve data collection on self-harm at A & E	Identification of self-harm at A & E (coding)	Increase awareness of self-harm incidences/prevalence within Doncaster	CCG/DBH
To avoid people in crisis being sent home without follow up from A & E	Develop a formal protocol for referral from A & E into specialist service	Ensure continuity of specialist treatment for people in crisis	CCG/DBH/SPG/RDASH
Improve skills of education staff who work with young people	To deliver a training package targeting educational staff SafeTALK & ASIST training	Improve signposting into specialist service from educational establishments	Public Health



To provide a resource for YP which addresses self-harm issues	Promote the Respect Yourself website to educational settings	Improve awareness of Respect Yourself website in educational settings	Public Health
Improve skills of all frontline staff who may encounter self-harm	Target frontline staff with SafeTALK training	Improve signposting and response to self-harm	Public Health

### 3. Area for action: Mental Health of Children & Young People

Objective	Action	Specific Outcome	Lead Responsibility
Improve skills of all frontline staff who may encounter mental ill-health in children and young people	Target SafeTALK training offer to educational establishments – Engage System	Improve the ability of staff to work with children and young people's mental health issues	Public Health/Rotherham Doncaster and South Humber Trust

### 4. Areas for action: Treatment of depression in Primary Care

Objective	Action	Specific Outcome	Lead Responsibility
To reduce access to the means of suicide – safer prescribing	To promote safer prescribing practice of analgesics and antidepressants by GP's within Doncaster	Decrease the level of unnecessary prescribing of analgesics and antidepressants Safer prescribing Policy	Clinical Commissioning Group
To reduce access to the means of suicide	To promote safe storage of medication in the home	Improve home safety of stored medication and the safe disposal of old medication	Suicide Prevention Group/Local Pharmacy Committee

Support is available at the earliest possible stage	To develop Early Intervention suicide prevention services for Doncaster.	Early Intervention services are available for those contemplating suicide	DMBC/Faye Wood
To reduce the pressures of health and crime related harms on A & E services	To promote the Safe Haven bus in Doncaster Town Centre during spring and summer	Reduce health and crime harms of alcohol	Public Health Team/Dr Nikki Seddon

5. Area for action: Acute mental healthcare

Objective	Action	Specific Outcome	Lead Responsibility
Support the development of a safe place for people in crisis	Support the development of the crisis cafe (crisis care concordat)	There is an alternative safe space for people in crisis	CCG/Better Care Fund

6. Area for action: Tackling high frequency place

Objective	Action	Specific Outcome	Lead Responsibility
Please refer to actions in local priority 9 – no one high frequency location in Doncaster			Public Health Team

## 7. Area for action: Reducing Isolation

Objective	Action	Specific Outcome	Lead Responsibility
There is access to services which reduce social isolation	Support the development of social prescribing across Doncaster borough	People can access services to reduce isolation via their GP	Fay Wood – DMBC & Emma Smith - CCG
Increase awareness of the impact of social isolation	Develop loneliness and isolation as a theme in campaign (see action 1)	People can access social prescribing via their GP/ Pharmacy/Community Nurse	Public health

## 8. Area for action: Bereavement Support

Objective	Action	Specific Outcome	Lead Responsibility
To commission an element of service for bereavement support	To develop a specification for DMBC tender on bereavement support as an element of early intervention/mental health support.	Availability of local bereavement support to bereaved people	Fay Wood
To improve awareness of availability of bereavement support services	To develop a z card to provide signposting for bereavement support services for adults and children	Availability of an up-to-date information resource	Suicide Prevention Group/Public Health

## 9. Area for action: Data and intelligence

Objective	Action	Specific Outcome	Lead Responsibility
Effective response to suicide contagion and clusters	To develop a suicide database to assist in identifying contagion and suicide clusters	Rapid and accurate identification of contagion and suicide clusters based on robust local data	Public Health Team
An effective response to suicide contagion	Assess the effectiveness of suicide /contagion emergency response protocol	An effective suicide contagion protocol is in place and monitored	DSCB/Public Health/Suicide Prevention Group
To systemically monitor and review local suicide occurrences	Maintain an up to date profile of suicides for suicide audit purposes	There is an understanding of the profile of local suicides	Suicide Prevention Group

## Appendix 1:

### Doncaster Suicide Prevention Group

#### **TERMS OF REFERENCE**

##### **1. Role/Purpose**

The role and purpose of the multi-agency Suicide Prevention Group is to provide a channel of communication to plan, direct and coordinate activity tailored to local needs that will lead to a reduction in suicide in the population of Doncaster, including support to those bereaved or affected by suicide.

##### **2. Objectives**

The objectives are:

To regularly review the national strategy and its recommendations and monitor their implementation

To report to the Health and Wellbeing Board, actions being taken and progress towards achieving recommendations

To identify and promote good practice in relation to suicide prevention

To agree a local action plan

To agree a work programme

To share local intelligence that will be used to inform the work programme.

To learn lessons from local experience and act on them

Oversee that interventions are culturally competent and able to meet the different cultural needs of all communities in the area.

Oversee interventions are evidence based, efficient, effective and economic and thereby offer good value for money.

##### **3. Working Principles**

Equality – the group will ensure that it promotes equality in all its work and will be active in ensuring its work is meeting the needs of the full diversity across the whole community.

Accountability – the group will support the interests of all its members and work in an open and transparent way, with good communication between partnership members and their membership organisations/sectors.

Respect/Co-operation – the group will aim to achieve its objectives through co-operation and collaboration whilst recognising, respecting and reflecting difference.

Partnership – the group will affect its work through the development and maintenance of strong and effective partnership working.

Time constraints – the duration of the meeting will not extend beyond one and half hours.

#### 4. Membership & Quoracy

Membership of the group will include representatives from:

- ASPIRE Drug & Alcohol Services
- Coroner's Office
- Doncaster & Bassetlaw Hospital (DBH) NHS Foundation Trust
- Doncaster Children's Trust
- Doncaster College
- Doncaster Metropolitan Borough Council (DMBC) - to include Public Health / Children's / Adults and Communities / Communications / Education)
- Healthwatch Doncaster
- Independent and Voluntary Sector (MIND, Samaritans, Riverside, Rethink, Changing Lives)
- NHS Doncaster CCG Commissioning Support
- Prison Service
- Probation Service
- Network Rail
- Rotherham Doncaster & South Humber (RDASH) NHS Trust
- South Yorkshire Fire & Rescue
- South Yorkshire Police

The GP who leads on the Mental Health at Doncaster CCG will Chair the meetings. A deputy chair will be a member of the public health department.

The group may co-opt other members on an ad hoc basis as appropriate.

There must be 3 other members in addition to Chair or Deputy Chair in attendance for the meeting to be quorate.

If attendance is not possible apologies will be forwarded and a representative will be sent.

## **5. Conflict of Interest**

Members must declare any actual or potential personal interests they have in any item on the agenda or as they arise during a meeting

## **6. Governance & Accountability / Reporting Arrangements**

The group will be accountable to the Health and Wellbeing Board, Health Protection Agency and Doncaster Children's Safeguarding Board and will produce reports on its progress and actions at quarterly intervals.

## **7. Frequency & Format of Meetings**

Meetings of the group shall normally be quarterly and will not last longer than 1.5 hours. Additional meetings may be convened as necessary to address specific items. Dates of meetings will be set in advance and members advised of the dates

## **8. Review of Terms of Reference**

The group will review the Terms of Reference yearly