

Report to the Cabinet

Meeting to be held on Thursday, 5 December 2024

Report of the Director of Public Health, Wellbeing and Communities

Part I

Electoral Division affected:
(All Divisions);

Corporate Priorities:
Caring for the vulnerable;
Delivering better services;

Self-harm and Suicide Prevention Strategy 2024-29

(Appendices 'A' and 'B' refer)

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Brief Summary

The Lancashire Self-harm and Suicide Prevention Strategy 2024-29 has been produced with partners from a range of organisations. It outlines data and intelligence on suicide and self-harm in Lancashire and sets out an all-age partnership action plan to deliver the ambition to reduce suicides and self-harm.

Recommendation

Cabinet is asked to:

- (i) Approve the Lancashire Self-harm and Suicide Prevention Strategy 2024-29 set out at Appendix 'A' together with the Action Plan 2024/25, set out at Appendix 'B'.
- (ii) Authorise the Director of Public Health, Wellbeing and Communities to update the Action Plan annually in consultation with the Cabinet Member for Health and Wellbeing.

Detail

The aim of the Lancashire Self-harm and Suicide Prevention Strategy 2024-29 and Action Plan 2024/25 is to reduce self-harm and suicides in Lancashire by addressing



eight key action areas. This mirrors the approach in the national Suicide Prevention Strategy published by the Department of Health and Social Care in 2012 and updated in 2023. The key action areas are:

1. Improving data and evidence
2. Providing tailored and targeted support to priority groups
3. Addressing risk factors
4. Online safety, media, and technology
5. Providing effective and appropriate crisis support
6. Tackling means and methods of suicide
7. Providing timely and effective bereavement support
8. Making suicide prevention everyone's business

Suicide is a major issue for society and a leading cause of years of life lost. In 2023, the England suicide rate increased from the previous year (2022) and the North West has seen the biggest increase in rates from 2022 to 2023 compared to the rest of the country. Every suicide is an individual tragedy and when someone dies by suicide the shock is felt by families, friends, neighbours, colleagues, and professionals. Evidence suggests that for every suicide 135 people are impacted and based on this figure over 14,175 people could have been affected by suicide in 2022/23 alone.

The factors leading to someone taking their own life are complex and are often linked to circumstances and experiences over an extended period or recent events. Risk is often higher in those who are more disadvantaged or socially excluded and with specific risk factors such as middle-aged men, mental illness, substance misuse and trauma.

The picture in Lancashire

The Strategy sets out the data and intelligence on suicides and self-harm. Between 2021/23 there were 458 deaths registered where the cause of death was identified as suicide in the Lancashire-12 area, i.e., the area covered by Lancashire County Council and the 12 district councils. Of these, 345 were male and 113 were female. Over three quarters of suicides were males.

- The Lancashire-12 area's suicide rate is significantly higher than England for all persons (14.2), males (21.9), and females (6.8) (England averages 10.7, 16.4, and 5.4 respectively).
- Lancashire's suicide rate for all persons is the 22nd out of 153 upper tier local authorities in England. The Lancashire-12 area's suicide rate remains worse than the England rate, as it has been since the reporting period 2006 to 2008.
- For the period 2020/22 the estimated years of life lost to suicide (all persons, 15-74 years) in Lancashire was 45 years, which is significantly higher than for England (34.1).
- Suicide rates (all persons) in the following districts are significantly higher than the England rate (10.7): Lancaster (17.8), Preston (17.8), and Burnley (17.4).
- The deaths that occurred in Lancaster, Preston, and Burnley accounted for nearly 40% of the registered deaths from suicide in Lancashire for the specified period, totalling 176 out of 458 deaths.

In 2023 two audits were completed to gain further insight into the suicide data; a ten-year thematic review of child deaths pan-Lancashire which was commissioned by



the Lancashire Child Death Overview Panel (CDOP), and an audit of the conclusion of alleged suicides working with the Coroner's Office of suicides that occurred in 2022. The thematic review identified an average of fewer than 5 deaths per year. Most deaths were in those aged 15-17 years of age. The audit of coroner reports reviewed 72 recorded suicide cases and findings identified several factors including relationship breakdown, debt, loneliness, and substance misuse.

Progress to date on the Action Plan 2024/25 includes:

- Endorsement of the Strategy by the Lancashire Health and Wellbeing Board as part of the Happier Minds programme on 12 November 2024.
- Establishing a Suicide Prevention Oversight Group chaired by Lancashire's Director of Public Health, Wellbeing and Communities, as Senior Responsible Officer, in collaboration with the Lancashire and South Cumbria Integrated Care Board Associate Director for All Age Mental Health Programmes.
- Self-harm practice guides developed for educational settings, adults, and professionals.
- Suicide prevention training commissioned and delivered by a range of partners.
- More than 3,000 professionals in Lancashire have participated in self-harm training to date.
- Training by Samaritans for local media outlets regarding covering suicide sensitively.
- The Integrated Care Board has adopted the THRIVE model as an approach to deliver mental health services for children, young people, and their families. It has commissioned a range of support services including a digital offer in conjunction with local authorities.
- Lancashire County Council's Public Health team has commissioned Lancaster University to deliver a Compassionate Schools Hub supporting staff wellbeing and delivering a whole school approach with key partners.

This work is underpinned by improving mental wellbeing, ensuring a collaborative approach, enabling access to the right support, at the right time and building strong, resilient, and socially connected communities.

Conclusion

The Lancashire Self-harm and Suicide Prevention Strategy 2024-29 is a call to action and provides a framework to reduce suicide and self-harm informed by data and intelligence, audits, consultation with partners and ongoing work through suicide prevention partnerships across the county. The action plan will be reviewed annually so it remains timely, and actions are delivered and monitored. A system-wide approach is required; no one organisation can address this complex public health challenge, reducing suicide and self-harm must be everyone's business.

Appendices

Appendices 'A' and 'B' are attached to this report. For clarification they are summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	Self-harm and Suicide Prevention Strategy 2024-29
Appendix 'B'	Action Plan 2024/25



Consultations

Partners involved in co-developing this Strategy include the Lancashire Adult and Children Safeguarding Boards, Lancashire Suicide Prevention & Self-harm Reduction Strategy Group, Lancashire Child Death Overview Panel, district councils, Lancashire Alcohol and Drugs Partnership, Lancashire Place Partnership, Lancashire and South Cumbria Integrated Care Board and Lancashire County Council. A separate engagement exercise has also taken place to capture actions relating to children and young people.

Implications:

This item has the following implications, as indicated:

Legal

The council has created and maintained a local suicide prevention plan (the latest iteration of which is this Self-harm and Suicide Prevention Strategy) in compliance with the national suicide prevention strategy, published in 2012 and updated in 2023.

Financial

There are no financial implications as a result of the implementation of this strategy, as any associated costs of delivery will be contained within existing budgets.

Risk management

Self-harm and suicides are a significant public health issue. The risk of not taking a co-ordinated approach is a possible increase in incidents and untimely support for those who are affected both at an individual and a community level.

List of Background Papers

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

N/A

