

Overview and Scrutiny Task Group – Suicide Bereavement and Prevention May – October 2024



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Introduction

From the Chair of the Task Group Councillor Samantha Martin and Vice Chair Councillor Arjun Singh

Following an initial open invitation to a discussion meeting in March 2024, this Task Group was set up in May 2024.

The background to this topic was the concern of members regarding the area of Chorley being a particularly high risk for suicide, as reflected in official statistics.

The aim was to identify any underlying issues relating to this trend and if so, to address them ensuring the Council and its partners are doing what everything they can for residents at risk of suicide, and / or have been bereaved by suicide.

One of the key points made during this review was that providing support for both those at risk of suicide (i.e. prevention) and those bereaved by suicide were closely linked: suicide bereavement is also a strong indicator of increased suicide risk.

The Task Group met on several occasions over the course of five months from May to October, gathering evidence from a range of witnesses and sources including the Council's Social Prescribing Team, local support groups, Lancashire MIND, AMPARO, and Lancashire Constabulary. Two Cabinet Members were also interviewed.

We would like to thank all the Members involved with this Task Group and to the officers, including Liz Jones, Head of Communities and Housing, Chelsea Fisher, Social Prescribing Team Leader and her colleagues, and Clare Gornall, Democratic and Member Services officer for their time, knowledge and support.

We hope the recommendations made within the report are acknowledged and accepted by the Executive Cabinet.



Councillor Samantha Martin,
Chair



Councillor Arjun Singh, Vice Chair

Summary Recommendations

The recommendations in this report are informed by the views and documentary evidence provided by the range of witnesses and sources engaged throughout the review.

Recommendations

1. That the Council liaise with its partners to provide information about suicide prevention more widely in Chorley e.g. libraries, gyms, local businesses (barbers, hairdressers, nail bars, Cuerden Valley Café, park wardens, licensed taxi services / drivers);
2. a) To liaise with mental health organisations such as Lancashire MIND and Samaritans to provide training to local employers/businesses that request it, and

b) That the Council consults with taxi drivers regarding training provision on suicide prevention delivered by these mental health organisations.
3. That the Member Development Working Group consider the inclusion of voluntary training open to all councillors on suicide prevention and suicide bereavement in the Council's Member Development Programme (e.g. Orange Button training); and
that information be placed in the Members' Room so they know where to seek support and are able to sign post residents
4. That LCC Public Health be requested to provide:
 - a) death by suicide data for Chorley i.e. locations most associated with suicide risk, geographical locations ("hotspots") and other contributory factors as part of their full audit being currently carried out; and
 - b) Lancashire wide trends in relation to suicide and self harm;
to inform a more targeted approach between the Council and its partners
5. That Lancashire Constabulary consider reviewing their process for offering support to people bereaved by suicide, such as:
 - to consider the reintroduction of handing out Bags for Strife in the future;
 - signposting to the website where Bags for Strife can be requested online;
 - an information leaflet providing information and signposting support.
 - explore the possibility of providing information about a wider range of support groups particularly local groups that specialise in suicide bereavement; and
 - to work with statutory and VCFS partners going forward on supporting and safeguarding individuals bereaved by suicide.
6. That Amparo and Lancashire Constabulary liaise to ensure that the right information is provided about what Amparo offer, and particularly that the website form can be filled out on behalf of the bereaved person.

7. That Amparo liaise closely with the Council's Social Prescribing Team to ensure its visibility and awareness locally by:
 - attendance at local events and meetings
 - face to face presentations in the local area, including a member learning session with Chorley councillors
8. That Amparo provide the Council with progress updates on their activities in the Chorley area, and time frame for receipt of ICB funding.
9. Request that Chorley Council's Revenues and Benefits team consider as part of an ongoing review if they could include information about accessing mental health / social prescribing services in council tax debt reminders as well as financial / debt advice.
10. That Chorley Council regularly review and update information relating to suicide support groups; include any additional support groups for signposting and partnership working; and explore possibilities of commissioning their services as appropriate.
11. If suicide support groups are discontinued for any reason, Chorley Council should seek a replacement venue/organisation.
12. Review and refresh the existing Suicide Working Group, including that data be obtained from Lancashire County Council Public Health on a regular basis (e.g. Annual Data Report).

Membership of the Task Group

Councillor Samantha Martin (Chair)
Councillor Arjun Singh (Vice-Chair)
Councillor Irene Amahwe
Councillor Michelle Beach
Councillor Russ Green
Councillor Christine Heydon
Councillor June Molyneaux
Councillor Dedrah Moss
Councillor Kim Snape
Councillor Jenny Whiffen
Councillor Neville Whittam
Councillor Katie Wilkie

Officer Support

Liz Jones, Head of Communities and Housing
Chelsea Fisher, Social Prescribing Team Leader
Clare Gornall, Democratic and Member Services Officer

Scoping the review

The objectives the Task Group were:

Objectives:

- To gain a better understanding of the scale of deaths by suicide in Chorley, by obtaining suicide rates and statistics – particularly from LCC Public Health, who can provide latest information
- Learn lessons from the Council's partners in the statutory / public sector about how families bereaved by suicide are supported, and what work is being carried out to prevent death by suicide locally.
- Agree what terminology is appropriate to use when talking about death by suicide – better understanding of terms used / language (e.g. not to use “commit” as “take their life” or “died by suicide” is less judgemental)
- To review this subject area with no moral judgment about suicide – seek to identify various reasons why residents chose to end their lives e.g. debt, cost of living, addiction etc.
- To identify actions which could result in a reduction in suicide rate locally. Task Group members agreed that this was an aspirational objective as many actions are not within the remit of the Council.
- To understand how the Council's own Social Prescribing Service can work with residents to prevent death by suicide and look at other social prescribing models to see if they are more effective at this.

- To consider Council's internal Bereavement Leave/general Leave policies in relation to staff who experience bereavement through suicide.
- To understand how the offer of continual support is made to people who have been bereaved by suicide.
- To see how council staff, Members and partners are confident and comfortable in having conversations with people about emotional wellbeing and suicidal thoughts.
- Understand the importance of using open questions, active listening and not just accepting the first response a person may give.
- To identify and improve support groups at particular risk e.g. LGBTQ+, neurodiverse people
- To identify potential funding streams which could support current or future projects to reduce deaths by suicide in Chorley.

The scoping document was treated as a "living" document which was reviewed regularly as the study progressed. It became clear during the early stages of the review that the Task Group needed to drill down to a more focussed approach in terms of its objectives and evidence gathering, to ensure the piece of work was able to produce effective outcomes.

The Initial Desired Outcomes Were:

- To formulate a directory of local services and contacts for people who have suicidal thoughts or who have been bereaved by suicide.
- To offer specialist training (e.g., Lancashire Mind Orange Button training) to councillors.
- Ensure that that councillors who may have mental health issues know where to seek support.
- Raise awareness of support services in public places (similar to "Ask Angela" posters in pub toilets / taxis (e.g. Samaritans posters).
- To ensure that relevant Council webpages include appropriate signposting to support services / signposting (mental health triage).
- To explore possibility of a dedicated council officer as single point of contact for residents who have been bereaved by suicide i.e. regarding the process, liaise with police, offer bereavement support etc.
- Discuss/explore how residents affected by suicide access service provision without the need for referral from another organisation.
- Promote Hub of Hope database as a good source of local, national and regional support for anyone worried about their own emotional wellbeing – if possible obtain QR code for app.

- Promote key contacts (e.g., Crisis Intervention Team) for residents who are suffering from mental ill health.
- Ensure that where appropriate local awareness raising events around the issue of suicide, mental health and emotional wellbeing are linked to national/international awareness raising campaigns.

Terms of Reference

1. Identify the relevant background information – statistics and local suicide rate data, comparisons to other local areas, what the Council and other organisations already do. How different areas collect statistics (like for like) and the reasons why other some area rates have dramatically dropped.
2. Seek better understanding of the issues that might lead to someone dying by suicide and identify the reasons behind them
3. Seek to improve what the Council provides and we can work better with partners, such as signposting, raising awareness
4. Share best practice with other organisations

Witnesses

The following witnesses met with the task group and/or provided information.

Bernie Heggarty and Chelsea Fisher – Social Prescribing Team

Lancashire MIND

LCC Public Health

Bags for Strife charity

Andy’s Man Club

Beside you in Bereavement (BYIB) – Suicide Bereavement Support Group

Representative of Local Police

Amparo

Meetings

The agendas and minutes of each meeting can be found here

[Browse meetings - Overview and Scrutiny Task Group - Suicide Bereavement and Prevention | Chorley](#)

Background and Context

The Overview and Scrutiny Work Programme was agreed on 1 August 2023. Suicide Bereavement and Prevention was agreed as one of the Task Group topics following a discussion which highlighted Chorley as high risk area in terms of suicide statistics.

The Task Group held its first meeting in May 2024 Councillor Samantha Martin was appointed Chair, and Councillor Arjun Singh was appointed Vice Chair.

Meeting - 22 May 2024

Scoping the Review

Members of the Overview and Scrutiny Task Group discussed the scope for the review, including the objectives, desired outcomes, and terms of reference.

They also had regard to the notes of the informal “brainstorming” meeting held on 28 March 2024 which identified a number of organisations that may be useful to speak to as part of the review.

The Task Group stressed it was important to keep the review focussed. Throughout this study members regularly reviewed all the organisations it wished to interview.

Presentation by the Social Prescribing Team

Chelsea Fisher, Social Prescribing Team Leader and Bernie Heggarty, Community Partnerships Manager gave a presentation outlining the Council’s Social Prescribing Service. Bernie explained that most of its clients were people with moderate mental health issues accompanied with, or related to, difficulties in circumstances e.g. social isolation, housing, or financial problems.

The Social Prescribing Service also provided signposting for people in crisis or with severe mental health issues.

They also presented the Council’s Suicide Prevention and Reduction Strategy Action Plan 2022-2025.

It outlined the actions which had the Council had already completed including:

Amparo - Share information with Chorley Central Primary Care Network Multi-Disciplinary Meeting to enable Amparo support to be offered to more residents.

Chorley Council website - Provide residents with up-to-date Mental Health/Suicide information and support details.

World Suicide Prevention Day 2023 - Increased awareness to residents of mental health support in Chorley.

It also included some forthcoming events:

World Suicide Prevention Event – September 2024

World Mental Health Day – October 2024

It also referred to the Chorley Suicide Working Group – which included a range of partner organisations including Chorley Women’s Centre, St Laurence’s Church, Lancashire Mind, Chorley Council Social Prescribing, Chorley Council Public Protection, Bereavement Team (LTHTR), United Reformed Church, All About People, Chorley Buddies, Citizen’s Advice, Amparo, Mindsmatter, Lancashire Wildlife Trust, Library House Surgery, Cllr Samantha Martin, Cllr Aaron Beaver, and CAMHS.

Meeting – 19 June 2024

Liz Jones, Head of Communities and Housing presented a report with additional information to enable them to gain a broader understanding of the issues affecting suicide prevention in Chorley.

The report provided:

Real Time Surveillance Suspected Suicide data – Public Health LCC (May 2024)

Office for Health Improvement and Disparity (OHID) suicide and self-harm data (April 2023).

Suicide and Self Harm data from Office for Health Improvement and Disparities From April 2023

Area	Recent Trend	Count	Value	95% Lower Ci	95% Upper Ci
England	–	15,415	10.3	10.2	10.5
North West region (statistical)	–	2,289	11.8	11.3	12.2
Preston	–	66	16.9	13.0	21.6
Blackpool	–	61	16.4	12.5	21.1
St. Helens	–	73	15.2	11.9	19.1
Chorley	–	45	14.8	10.8	19.9
Lancaster	–	51	14.2	10.6	18.8

Your indicator lists - OHID (phe.org.uk)

It was highlighted that on the table of statistics from the Office for Health Improvement and Disparity (OHID) suicide and self-harm data (April 2023) Chorley was the fourth highest in the north west region. The Task Group felt it was important to explore the data further and attempt to identify the reasons for this.

In addition to this data, Liz Jones explained that the Public Health Team at LCC can provide more detailed Real Time Surveillance (RTS) Data which is updated daily. However, the data sets are very small and there is a high risk of cases being identifiable. Therefore, they were happy to attend and share data with members in private session at the next meeting.

Additional Information

Additional information was presented including the Suicide Action Plan provided by Rossendale Borough Council (this area did have high rates of death by suicide in the past but the rates are now much lower).

Chorley Borough Council's Suicide Action Plan compared favourably as many of the actions were already being done.

Bernie Heggarty suggested that it would be useful to extend information and awareness raising to more venues in the town centre.

It was also proposed that Chorley Council:

- Liaise with partners about providing an information more widely e.g. libraries, gyms, local businesses (barbers, hairdressers, nail bars, Cuerden Valley Café, park wardens); and
- Liaise with mental health organisations such as Lancashire MIND or the Samaritans to provide further training to local employers that request it
- Training for taxi drivers – to be raised at Licensing Liaison
- Strongly recommend to the Member Development Working Group that training be provided for all councillors.

Informal Interviews – Suicide Bereavement Support Group – Beside you in Bereavement – 23 July 2024

Councillors from the Suicide Bereavement and Prevention Scrutiny Task Group invited three members of the Suicide Bereavement Support Group “Beside you in Bereavement” (BYIB) for an informal discussion.

Each member of the support group related their personal experiences of bereavement following the loss of a relative to suicide and the level of support they received both in the immediate aftermath and the long term.

They stressed that Suicide Bereavement Support Groups are important because they allow a safe space to discuss what has happened with others who have had the same experience and can offer understanding of that particular type of grief.

It was highlighted that health studies have shown that the likelihood of death by suicide increases amongst people bereaved by suicide. So the support provided for these individuals is very important and can prevent further deaths.

During the meeting, other factors as well as the mental health of the individual concerned in cases of suicide were discussed, such as:

- Social issues
- Lack of community
- Disconnection from the external world and from self in our modern society

Members of the support group stressed the importance of talking about suicide, reducing the stigma and offering support for people affected by bereavement by suicide as it is a very particular form of grief. Bereavement by suicide is often characterised by

- Guilt
- The suddenness of the bereavement making it difficult to process
- Unanswered questions
- Can cause family division

The Support Group stressed the importance of educating the public about suicide prevention and people bereaved by suicide. It would be particularly helpful to link support groups in Chorley together.

One of the key points made was that often bereaved individuals were not offered support and were in the position of having to reach out for support by themselves. Experiences of the organisation “Amparo” was that it provided some information, but did not have links to local support groups. Also, the online referral was lengthy and difficult to tackle for a person bereaved by suicide.

There were varying experiences of services by the police. One bereaved person was told the news by an officer in another police authority over the phone, and had to relate it to family members to themselves. They then did not hear from anyone until the coroner contacted the family.

It was noted that the coroner would read out the verdict in an impersonal way, and often places no restrictions on press reporting after the verdict (unless there is court case pending due to complex issues).

Councillors and members of the Support Group agreed upon the importance of

- training for police officers in these circumstances
- the need for support to be provided immediately.

It was suggested that arrangements should be made for a liaison officer to contact the person bereaved by suicide by telephone within 24 hours. It would then be up to the person to decide how to take that support forward. The person relating the news (e.g. police) could tell them a liaison officer would be in touch.

The Support Group indicated that its funding runs out next year. Liz Jones, Head of Communities and Housing indicated that small grants were available.

Councillor Samantha Martin thanked members of the Support Group for their attendance.

Meeting – 23 July 2024

Presentation by Lancashire MIND

Karen Arrowsmith from Lancashire MIND attended the meeting. She gave details of the latest campaigns and projects they offer relating to suicide prevention, including:

- The orange button pledge – a regional trial is being carried out this year, in partnership with the Lancashire and South Cumbria Integrated Care Board and Samaritans, with a view to rolling out in future years.
- Self harm safe kits (in partnership with Lancashire and South Cumbria ICB) – they include first aid kits, signposting information and “distraction strips” for children
- Free e-learning

She indicated that Lancashire MIND was connecting with organisations supporting a range of vulnerable groups (including the five target groups such as LGBTQ+ and neurodiverse people) to deliver training on self harm and access to information that will be free for all.

Information provided by LCC Public Health

Marie Demaine, Public Health Specialist at Lancashire County Council, gave a presentation regarding the latest position with regard to public health data on suicide.

She explained that a full audit was currently being carried out in Lancashire. Lancashire was in the top five highest suicide rates in the UK and as such had attracted funding.

The England average suicide rate was 2.5 per 100,000. Chorley’s suicide rate of 14.8. per 100,000 population was considerably higher.

In addition, suicide was one of the leading causes of death in men under 50, which was reflected in the Chorley figures as significantly higher for males.

She indicated that data for neurodiverse people was now recorded, but not yet publicly available.

She referred to the Suicide Prevention Strategy for England 2023 – 2028 which cited LGBTQ+ and neurodiverse people as vulnerable target groups.

A localised Action Plan was being developed for Lancashire.

Responding to a query from the Task Group, Ms Demaine indicated that she could provide more detailed data for Chorley and hotspot maps that did not identify the actual addresses of where deaths by suicide took place in order to protect the identify of specific individuals.

Update from Marie Demaine, LCC Public Health Specialist - 29 October 2024

Marie Demaine shared the Office of National Statistics Data 2019 – 2023 which showed an increase in suicides for the Chorley area from 9 in 2022 to 13 in 2023.

	Population	2019	2020	2021	2022	2023
Burnley	96,435	11	13	8	11	24
Lancaster	145,559	16	11	12	12	21
Pendle	97,039	4	3	10	8	20
Hyndburn	84,261	7	13	11	8	19
Ribble Valley	64,469	9	12	6	8	17
Preston	156,411	12	12	16	15	13
Chorley	119,352	17	14	14	9	13
West Lancashire	120,703	10	7	13	7	12
South Ribble	113,552	8	7	11	8	12
Rosendale	71,541	20	14	8	10	8
Fylde	83,846	10	10	10	6	7
Wyre	116,994	16	8	10	14	6

Marie also referred to Real Time Surveillance Data (which monitored suspected deaths by suicide but which had yet to determined by the coroner). This data is not currently publicly available for reasons of sensitivity and confidentiality, however she confirmed that at time of writing Chorley is currently the highest rate in Lancashire and if it continues on the current trajectory 2024/25 rates will be higher than 2023/24.

Marie agreed to provide further information after 30 October for inclusion in the report including rates per 100,000 for Chorley and comparative data regarding factors connected to certain locations (e.g. areas of deprivation) and if there were any geographical locations which were a particular risk.

Meeting – 20 August 2024

Interview with Angela Allen, Bags for Strife

This charity was established in the aftermath of personal experiences with suicide and as a response to the gap between the support available, and the support that was needed at such a devastating time.

The name and concept was born out of the four feelings those affected by suicide most commonly experience, Blame, Anger, Guilt and Sadness (BAGS). It was a very simple concept of a bag full of practical information, guidance on local services and

other symbolic items such as tea bags, chocolate and self-care products as reminders to talk to others, eat and take time to look after yourself.

The bags were provided to other organisations and partners to distribute to families and loved ones affected by suicide. Lancashire Police had been integral to this when responding to instances of suicide and delivering the news to family and friends, or subsequently when Family Liaison Officers provided further support. The charity also worked with other police forces, universities, Coroner's Offices and other local groups to distribute the bags.

The charity operates nationally and has recently delivered its 2,000th bag with future plans including developing a bag specifically targeted to younger people.

A number of questions were asked by members with responses summarised below:

Information provided in the bags do vary and will include guidance on localised services and support groups that are available. Every bag includes a 'Little Book of Help' which contains experiences and stories of others affected by suicide so people don't feel as alone in their grief.

It was vitally important to reach out and widen the circle of support, those closest to you will be experiencing their own grief and it can be overwhelming to offer support and care to others when experiencing it themselves. Everyone deals with things differently so it is about finding your own person able to support you.

It was disappointing that Lancashire Police ceased distributing the bags when responding to a suicide around six months ago with members supportive of urging this decision to be re-considered. The bags support officers delivering tragic news so they can provide better help/signposting to the affected loved ones.

As it is often specialised and trained officers who visit families of suicide victims, including the bags as standard in all police vehicles was unlikely to be implemented.

Aside from the Police, faith leaders, funeral directors, coroners and other local charities across the country helped to distribute the bags to those in need. On whether the council could play a role in the delivery of bags, it was noted that officers and councillors would likely not be sufficiently equipped or trained to provide specialist mental health support that may arise.

A barrier to organisations working more collaboratively on projects such as this centred around sharing of information and data protection.

Suicide support services commissioned by the Integrated Care Board (ICB) and provided by AMPARO in Lancashire were discussed and questions raised about the extent of and effectiveness of the service. Members expressed a desire to explore this further.

In relation to the support police officers provide to families and loved ones, it was suggested that groups such as Andy's Man Club, BAGS for Strife and others could facilitate training for officers to better equip them to deal with these distressing situations.

Interview with Luke Tetlow-Cross – Andy's Man Club

Luke Tetlow-Cross from the charity organisation Andy's Man Club attended the meeting and explained the background to the organisation.

The charity was established in 2016 by relatives of Andy Roberts who died by suicide. Suicide was and still is a leading cause of death in men, with around 4,500 male suicides in 2023. The club centres around weekly support groups where men are encouraged to talk about their feelings and support each other over a brew and biscuits, breaking down cultural stigmas around doing so.

There were now 23 clubs established across the North West of England and over 200 nationally with 4,500 men attending meetings.

A key part of Luke's role is raising awareness of the club and promoting men's mental health more widely, this is achieved through social media, attending conferences and events and fundraising endeavours.

Arising from the discussion, the following key points were made:

- There are currently around 60 men attending meetings held weekly at Chorley Football Club. There is enough space at the venue but this is regularly reviewed. Aim for any new clubs to be at least five miles apart – currently looking at venues in Leigh and Wigan that may be suitable to host a club.
- Although the Women's Wellbeing Club offer a similar service, there was no plans for Andy's Man Club to establish a female division.
- The only criteria to attend a club meeting is that you must permanently identify as a man. Clubs welcome men of all ages, sexuality, religion or race to their meetings.
- The charity is entirely donation led and is driven by range of fundraising activities. There is funding that could apply for but decision made not to as often are limitations and restrictions as to how funding is spent.
- Clubs offer a number of different activities that club facilitators organise, these can be hikes, walks, pool nights or other sports.
- The Club delivers extensive in-house training for all of its facilitators and covers safeguarding, scenarios, how and where to signpost people too. The Club acknowledge facilitators have a challenging role in supporting others while managing their own mental health. Offer a lot of support to facilitators, they can access counselling and other support funded by the Club and Head Office will make a decision to stand facilitators down if they think it is in their best interests.
- The Club benefits from extensive advertising support from a number of organisations free of charge. Notable companies include Network Rail which displays Andy's Man Club adverts at train stations, and Clear Channel which

display adverts at bus stops and other locations across towns and cities across the country.

Meeting – 26 September 2024 – Interviews with Cabinet Members

Councillor Beverley Murray, Executive Member (Early Intervention), attended the meeting to discuss some of the issues highlighted in the review which related to her Cabinet portfolio.

She praised the work of the Scrutiny Task Group which had highlighted important issues. However, she indicated that it was likely much of work should be undertaken by partners and agencies outside the Council.

Members of the Task Group stressed the importance of joint working and letting agencies know where improvements can be made. Councillor Murray suggested that liaison between the police and MPs office for example, could be beneficial. Further to this, Chelsea Fisher, Social Prescribing Team Leader indicated that she had met with the mental health lead for the Primary Care Network who was keen to create that sort of dialogue.

The Chair referred to previous discussions and evidence gathering of the Task Group which had identified some concerns in relation to one of the main referral organisations, AMPARO, which was used by several agencies including the police, (for example having to complete a lengthy online form on the website).

Chelsea Fisher also related feedback from speaking to community support groups, i.e. that AMPARO had not always been receiving referrals made and this was a concern. In addition, Liz Jones, Head of Communities and Housing, also gave feedback on an online session she had recently attended with AMPARO. Some of that information was at variance with what the Council had been told. It was agreed that clarification was needed.

Councillor Margaret France, Executive Member for Health, Wellbeing and Partnerships, attended the meeting. She envisioned GPs playing key role in supporting people considering suicide or who are bereaved by suicide – as they would often be seen on a one basis. She suggested that key public sector partners who come into direct contact with people affected would be:

NHS Lancashire and South Cumbria Foundation Trust - Mental health services (especially GPs)

Police – call outs – can take someone at risk to a place of safety / give news of suicide to relatives

Council (especially social prescribing).

The Task Group also stressed the importance of prevention, e.g. by identifying people at risk, e.g. arising from social isolation.

The Chair thanked Councillors Beverley Murray and Margaret France for their attendance.

21 October 2024 – Interviews with Lancashire Constabulary and Amparo

Interview with James Neale, Chief Inspector Local Policing and Partnerships 5.30pm

Chief Inspector James Neale explained there were two main situations in which the police would become involved in a case of suicide:

1. Going directly to the scene – acting on behalf of the coroner
2. Visiting the next of kin to deliver the sad news of death by suicide.

James indicated that he had been speaking to colleagues in the mental health team earlier that day and all police referrals for support were to AMPARO. He explained that would sometimes be via the coroner's office who liaise with relatives.

He confirmed that previously officers did hand out Bags for Strife.

As regards passing on contact details of those bereaved by suicide, the process of referral by the police for vulnerable persons would require consent, other than in very exceptional circumstances e.g. safeguarding scenario. The procedure was on an "opt-in" basis rather than "opt-out".

The Chair referred to the experiences related by some service users about AMPARO, some of which were a concern. For example, there were some instances when the referrals had not been passed on.

James said that he had been reassured by the coroner's office that they do pass on support information when people are receptive; but he agreed to chase this matter up.

He later provided feedback from the coroner's office as follows:

"All families that suffer a death by suicide are offered a referral to AMPARO by the Coroners Officers. If families don't wish to take this offer up they are aware that we can refer at a later date and time.

Coroners Officers always offer Bags for Strife to families, we found that some families weren't being offered the bags by attending officers, this way we can ensure they have had every opportunity to receive one. If families agree to a bag this is taken to the mortuary and the funeral director will collect it when they collect the deceased and pass on to the families. Or families can come and collect from the Coroners Officers based in the hospitals."

As regards no longer handing out Bags for Strife, James indicated that there was a force-wide new deployment method introduced in May 2024, which involved

restrictions on what front line officers could do. He said that the reasons behind the decision were as follows:

Mixed feedback from officers – sometimes bereaved persons didn't want officers to come back after the first visit.

Resourcing issues – front line officers offering support may end up putting a time limit on interaction with the bereaved, which could make the situation worse. The police do not want to promise more than they can realistically do.

He did say that Lancashire Constabulary were looking at the feasibility of what support they can offer, but stressed it would need to be a process that they could be committed to fully and able to deliver a consistent service to all members of the public.

He said that it was probably not possible for officers to do this at the same time as the “death notice”, i.e. relaying news to relatives. This is because the police deliver the closest local resource to where needed. The arrangements as regards the deployment of police vehicles is such that it would not be possible to collect a bag from another location enroute, and it would not be possible to store them in vehicles as they may get damaged, causing distress and appearing unprofessional.

Chelsea Fisher, Social Prescribing Team Leader noted that you can request bags via a website. James agreed that this would be something the police could investigate, as well as an information leaflet that maybe can be passed at the point of the death notice.

James agreed that he would explore the possibility of police referrals to other groups e.g. suicide bereavement support groups to offer a greater range of options.

James confirmed that all police officers receive basic training on mental health awareness, relevant legislation and suicide prevention. He stressed the primary role of the police in respect of legislative powers related to section 136 of the mental health act and this is only for people out in public. Other situations would be covered by safeguarding responsibilities.

The Chair referred to a distressing experience related to the Task Group by a person bereaved by suicide, in which police from Greater Manchester has contacted them (as next of kin) to relay the news over the telephone. No support was offered at the time. James stressed that that would not happen in Lancashire, no one would be contacted over the phone to receive the news.

The Chair requested that he feedback on the reintroduction of delivering Bags for Strife, even if just in Chorley, given it being a high risk area.

James later provided the feedback on this point:

Following on from the meeting on Monday I took away an action to look at

recommencing the distribution of Bags for Strife. I have explored the feasibility of this both locally and Force wide, but unfortunately at the moment we are unable to commit to the resourcing that this would require. I know this will be disappointing. We share a commitment to supporting and safeguarding I would be more than happy to discuss other opportunities to work together in this area, or to discuss the provision we have in place as a force in more depth.

Interview with Jennifer Harper – AMPARO – 6.00pm

Jennifer Harper indicated that AMPARO had been running for nine years, initially starting in Cheshire and Merseyside and now covering wider areas including Lancashire. She was based in South Yorkshire and worked remotely.

The organisation is based on an approach of early intervention and counselling. Jennifer indicated that in 2023-24, AMPARO supported 78 people in Lancashire, 4 in the Chorley area.

Most referrals are through the coroner's office, however there are also a lot of self-referrals too. She estimated that 1 or 2 referrals had come from Chorley police. In 9 years, Amparo had lost only 1 person to suicide.

As regards the AMPARO website referral form, Jennifer stressed that another person could fill it out on the person's behalf e.g. from the coroner's office.

Once a referral / self referral had been submitted, that referral would go to the head office in Merseyside, then assigned to a Lancashire lead and a liaison worker would contact the person directly within 48 hours – 7 days of referral by their preferred method e.g. phone. The liaison worker would explain the process following death by suicide, i.e. coroner's role, funeral. It was a bespoke service.

Jennifer explained that AMPARO were seeking to challenge the stigma of death by suicide, making it normal to discuss in the public domain and thus increasing the chances of people seeking help and support.

Chelsea Fisher referred to a recent event in which a representative from AMPARO stated that they couldn't remember the last time they were in Chorley, which was a concern as Chorley was one of the areas at highest risk, e.g. this year 12 people had died by suicide.

Jennifer agreed that she would be happy to attend events and working groups being held in Chorley.

Jennifer suggested that sometimes uptake of the service depends on how it is offered and that it is explained clearly what they do. She indicated that they offer weekly 35-40minute online sessions via Event Brite which seeks to improve people's knowledge of the service offered.

She stressed that support is offered from day one and there was no time limit on accessing the service. A link to the website was put in the Teams chat:

[Amparo.org.uk](https://www.amparo.org.uk)

Chelsea Fisher explained that the council has links to the voluntary and community support groups such as Beside you in Bereavement (BYIB), which works well as meetings are held face to face and everyone knows each other.

Jennifer said she was happy to do face to face presentations in Chorley, including Member Learning Sessions at Chorley Council (Jennifer to liaise with Clare Gornall re this).

Jennifer also agreed to provide feedback on progress as they already do so quarterly for the Integrated Care Board. (However, information provided to commissioners is covered by confidentiality guidelines).

Jennifer agreed to provide information on the time frame for ICB funding.

Jennifer indicated that AMPARO also offer training to professional groups/organisations e.g. for acute stress.

The Chair thanked Jennifer for her time.

Discussion and Analysis after Interviews

Members expressed concern about the lack of referrals from Chorley (only 4 referrals in 2024 when the Real Time Surveillance Data indicated much higher).).

It was important to establish what support was offered at the coroner's office – e.g. offering to help complete an online form on someone's behalf was different to just telling people about the website. (It was later confirmed that coroner's officers do offer Bags for Strife and a referral to Amparo).

In respect of Amparo, Chelsea Fisher stressed the importance of knowledge of the Chorley area – it was important to offer an interpersonal service because people may need to be asked if they need support more than once.

Members were also concerned about the wide area Jennifer Harper covered as a local representative for Amparo – i.e. not just Lancashire – and that she was based in South Yorkshire so not easily accessible in person.

Conclusions

Members reviewed their desired outcomes from the start of the Task Group and made the following observations and updates:

- To formulate a directory of services and contacts – this was a desired outcome from the group but we discussed how difficult and resource intensive this is as the support being offered locally and regionally changes. Also, because of the sensitive nature of the subject matter we would need to quality control any support services to make sure they were reputable etc. Unfortunately, there is currently no resource to do this.
- An alternative would be ensure that the Council’s website is up to date and well signposted to include national support services and health services.
- To offer orange button training to councillors – this is now being offered; The Task Group felt this could be broader – to offer a range of appropriate training to councillors to help them understand suicide and what steps can be taken to prevent it.
- Ensure that that councillors who may have mental health issues know where to seek support – this is a recommendation
- Raise awareness of support services in public places (similar to “Ask Angela” posters in pub toilets / taxis (e.g. Samaritans posters) - this ties in to the recommendation for promoting awareness and training in local businesses.
- Explore possibility of a dedicated council officer as point of contact for bereaved residents i.e. regarding the process, liaise with police, offer bereavement support – This was a desired outcome, but unfortunately it will not be achievable. The remit for Social Prescribing is not to deliver this function. There are many practical problems in terms of recruitment, job descriptions etc. All SPs have appropriate training so can offer support to clients in this area if it’s something the client needs.
The Social Prescribing Team continues to work well with local provision and hopefully will establish greater links with Amparo and the police following this review.
- Discuss/explore access to service provision without need for referral - The information on the website can include details if referrals are needed to access particular support services.
- National Hub of Hope database – if possible obtain QR code for app. A search on IOS or Android App stores for “Hub of Hope” brings this up as the first or second result. The Council can explore the creation of a Hub of Hope QR Code to promote on its website.
- For information / awareness - A and E Crisis team – (source of referral 0800 number IRS)
- Chelsea Fisher (Social Prescribing Team Leader) – link to Annual Event in Chorley to coincide with national / world events – **this took place in September 2024.**

Recommendations

1. That the Council liaise with its partners to provide information about suicide prevention more widely in Chorley e.g. libraries, gyms, local businesses (barbers, hairdressers, nail bars, Cuerden Valley Café, park wardens, licensed taxi services / drivers);
2. a) To liaise with mental health organisations such as Lancashire MIND and Samaritans to provide training to local employers/businesses that request it, and

b) That the Council consults with taxi drivers regarding training provision on suicide prevention delivered by these mental health organisations.
3. That the Member Development Working Group consider the inclusion of voluntary training open to all councillors on suicide prevention and suicide bereavement in the Council's Member Development Programme (e.g. Orange Button training); and
that information be placed in the Members' Room so they know where to seek support and are able to sign post residents
4. That LCC Public Health be requested to provide:
 - a) death by suicide data for Chorley i.e. locations most associated with suicide risk, geographical locations ("hotspots") and other contributory factors as part of their full audit being currently carried out; and
 - b) Lancashire wide trends in relation to suicide and self harm;
to inform a more targeted approach between the Council and its partners
5. That Lancashire Constabulary consider reviewing their process for offering support to people bereaved by suicide, such as:
 - to consider the reintroduction of handing out Bags for Strife in the future;
 - signposting to the website where Bags for Strife can be requested online;
 - an information leaflet providing information and signposting support.
 - explore the possibility of providing information about a wider range of support groups particularly local groups that specialise in suicide bereavement; and
 - to work with statutory and VCFS partners going forward on supporting and safeguarding individuals bereaved by suicide.
6. That Amparo and Lancashire Constabulary liaise to ensure that the right information is provided about what Amparo offer, and particularly that the website form can be filled out on behalf of the bereaved person.
7. That Amparo liaise closely with the Council's Social Prescribing Team to ensure its visibility and awareness locally by:
 - attendance at local events and meetings
 - face to face presentations in the local area, including a member learning session with Chorley councillors

8. That Amparo provide the Council with progress updates on their activities in the Chorley area, and time frame for receipt of ICB funding.
9. Request that Chorley Council's Revenues and Benefits team consider as part of an ongoing review if they could include information about accessing mental health / social prescribing services in council tax debt reminders as well as financial / debt advice.
10. That Chorley Council regularly review and update information relating to suicide support groups; include any additional support groups for signposting and partnership working; and explore possibilities of commissioning their services as appropriate.
11. If suicide support groups are discontinued for any reason, Chorley Council should seek a replacement venue/organisation.
12. Review and refresh the existing Suicide Working Group, including that data be obtained from Lancashire County Council Public Health on a regular basis (e.g. Annual Data Report).

Appendices

Web Links to Meetings

[Wednesday, 22 May 2024 6.30pm](#)

[Wednesday, 19 June 2024 6.30pm](#)

[Tuesday, 23 July 2024 6.30pm](#)

[Tuesday, 20 August 2024 6.30pm](#)

[Thursday, 26 September 2024 6.30pm](#)

[Wednesday, 30 October 2024 6.30pm](#)

Data Links

[OHID Data April 2023](#)

[Real Time Surveillance Suspected Suicide data – Public Health LCC \(May 2024\)](#)