



Who are we?

The Health & Wellbeing Board is the forum where representatives of the City Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove.

Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held in the council chamber at Hove Town Hall on **08 April 2025** starting at 4.00pm.



Health & Wellbeing Board

Date: **8 April 2025**

Time: **4.00pm**

Venue: **Council Chamber, Hove Town Hall**

Who is invited:

B&HCC members: Councillors: Bagthoth (Chair), Burden and Grimshaw

Co-Opted members: Tanya Brown-Griffith (NHS Sussex (Sussex Integrated Care Board)), Adam Fazarkerley (Primary Care Rep) and Stephen Lightfoot (Integrated Care Board)

Non-voting members: Deb Austin (BHCC Director of Children's Services), Professor Robin Banerjee (UoS), Alan Boyd (Healthwatch), Jess Gibbons (BHCC CEO), Dr Colin Hicks (SPFT), Steve Hook (BHCC Director of Adult Social Services), Tom Lambert (Carers Centre), Peter Lane (UHSx), Spt Petra Lazar (Sussex Police), Siobhan Melia (SCFT), Caroline Ridley (Impact Initiatives), Nigel Sherriff (UoB), Caroline Vass (Interim Director of Public Health) and Hannah Youldon (ESFRS)

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Date of Publication - Monday, 31 March 2025

AGENDA

Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

Part One

Page

22 APPOINTMENT OF HEALTH & WELLBEING BOARD CHAIR

For members to agree the appointment of a new Health & Wellbeing Board Chair (verbal).

23 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone attending is representing another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

24 MINUTES

7 - 14

The Board will review the minutes of the last meeting held on the 11th February 2025, decide whether these are accurate and if so agree them.

25 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

26 FORMAL PUBLIC INVOLVEMENT

15 - 16

There is one public question, from Mr Adrian Hart (copy attached).

27 FORMAL MEMBER INVOLVEMENT

17 - 18

There is a member question from Cllr Bruno De Oliveira (copy attached)

28 SHARED DELIVERY PLAN ANNUAL UPDATE

19 - 28

Report of the Director of Adult Social Services and the NHS Sussex Director for Joint Commissioning and Integrated Community Teams (copy attached).

29 SUICIDE PREVENTION IN BRIGHTON AND HOVE ACTION PLAN AND SUSSEX STRATEGY

29 - 60

Report of the Interim Director of Public Health (copy attached).

30 BETTER CARE FUND (BCF)

Report of the Director of Adult Social Services and the NHS Sussex Director for Joint Commissioning and Integrated Community Teams (to follow).

The Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

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Further information

For further details and general enquiries about this meeting contact George Colwell, (01273 291354, email george.colwell@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Monday, 31 March 2025

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 11 FEBRUARY 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor De Oliveira (Chair), Grimshaw

Also in attendance: Stephen Lightfoot (NHS Sussex), Tanya Brown-Griffith (ICB), Dr Adam Fazakerley (Primary Collaborative), Alison Nuttall (Sussex Partnership), Nigel Sheriff (University of Brighton), Caroline Ridley (Impact Initiatives), Hannah Youldon (ESFRS), Tom Lambert (Carers Centre), Alan Boyd (Healthwatch), Spt Petra Lazar (Sussex Police), Deb Auston (BHCC), Professor Robin Banerjee (University Of Sussex), Peter Lane (UHSx), Tom Lambert (CVS), Lester Coleman (Healthwatch), Chas Walker (BHCC), Giles Rossington (BHCC), George Colwell (Clerk, BHCC)

PART ONE

56 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

a) Substitutions and Apologies

56.1 Apologies from Dr Colin Hicks

56.2 Apologies from Steve Hook

b) Declaration of Interests

56.3 There were none.

c) Exclusion of the press and public

56.4 **Resolved** – that the press and public not be excluded from the meeting.

57 MINUTES

57.1 **Resolved** - The minutes of the 12 November 2024 meeting were agreed.

58 CHAIR'S COMMUNICATIONS

58.1 The Chair gave the following communications:

At today's board meeting we are looking at two important annual reports: the Brighton & Hove Safeguarding Children annual report and the Learning from the Lives and Deaths of People with a Learning Disability and People and Autistic People annual report. Both reports contain important learning for all the organisations represented at the board on how we need to work individually and jointly to better support our most vulnerable residents.

We also have the refreshed Food Strategy Action Plan for discussion today. This was recently agreed by the council's Cabinet, but issues relating to food are important for much of the work undertaken by board partners and I wanted to give members the opportunity to learn more about the work being delivered by the Food Partnership.

The board has a statutory duty to oversee delivery of our local Better Care Fund, and we have a report today on Quarter 3 performance.

Finally, we have a paper and presentation on Children & Young People's Mental Health & Emotional Wellbeing. I asked for this paper because improving young people's mental is a key objective both of our local health and wellbeing strategy and of the Sussex Integrated Care Strategy. It is important that partners work together to deliver better services and that the board has oversight of the development and delivery of this work.

59 FORMAL PUBLIC INVOLVEMENT

59.1 There were no public engagement items.

60 FORMAL MEMBER INVOLVEMENT

60.1 There were no member involvement items.

61 LEARNING FROM THE LIVES AND DEATHS OF PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE (LEDER) 2023-24 REPORT

61.1 This item was presented by Edel Parsons (NHS Sussex).

61.2 The Board heard from Edel Parsons that Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) has been operational since 2017. It was heard that the programme is a health inequalities programme looking at reducing known health inequalities within the aforementioned population.

61.3 The Board heard and considered the annual report provided, including the performance, outputs, and continuing progress from the programme, including a workstream around suicide prevention.

61.4 Councillor Grimshaw asked a question around the high figures of people with pneumonia. Edel Parsons responded, outlining the work being done.

61.5 Councillor Grimshaw asked a question around the sensory and emotional needs of people with autism and whether there is a fear within some people with autism of seeking medical professional support. Edel Parsons responded to the question,

including the development of good educational information and the issues for many autistic people within A&E.

- 61.6 Councillor Grimshaw asked a question around the lack of safe and quiet spaces within A&E for autistic people and what is being done to support people who require these spaces. Edel Parsons responded to the question, including on how sensory toys have been rolled out and additional training.
- 61.7 Alan Boyd (Healthwatch) asked a question on health checks for those with a disability, and if targets are being met on annual health checks. Edel Parsons responded to these questions, including stating that campaigns are being rolled out to help support this work and continued improvement. They also commented on the targets.
- 61.8 Councillor De Oliveira asked a question around the language of frailty. Edel Parsons responded to this question, outlining the additional work that is to be done around this issue.
- 61.9 Stephen Lightfoot (NHS Sussex Chair) asked a question on what more can be done in identifying people that are valid and if there is an underreporting issue with some of the numbers of people. Edel Parsons responded to the question, stating that this would be taken away and that it is hoped that underreporting is not an issue.
- 61.10 **RESOLVED** – that the report be noted and approved.

62 BRIGHTON & HOVE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2023-24

- 62.1 This item was presented by Deb Austin (Corporate Director - Families Children & Wellbeing) with accompanying slides.
- 62.2 Deb Austin outlined key aspects of the report via the slides, including the business plan of the partnership, current and ongoing activities, updates from Pan-Sussex partners and other such partners, and achievements and challenges to date and moving forward. Four key areas were discussed in depth, namely: DadPad & CoParentPad, Harmful Sexual Behaviours in Schools Project, Right Support Right Time, and Working Together 2023 Multi Agency Safeguarding Arrangements (MASA) 2024.
- 62.3 Councillor De Oliveira asked a question regarding co-parenting. Deb Austin responded to this question.
- 62.4 Councillor De Oliveira asked a question on what recommendations could be made to residents whose child may be being drawn into unhealthy misogyny. Deb Austin responded to this question, suggesting it is raised, in the first instance, with the Child's school.
- 62.5 Councillor Grimshaw asked a question on the number of male children targeted, as identified by each school as requiring mentorship. It was resolved that this would be taken back and an answer given to the Councillor.

- 62.6 Councillor Grimshaw asked a question on if elements of the work can be put into PSHE in schools. Deb Austin responded to this question stating that it is part of the PSHE curriculum.
- 62.7 Stephen Lightfoot (NHS Sussex Chair) asked on a question on the safeguarding for children with learning difficulties and if there are any lessons that can be learned in other health and care activities. Deb Austin responded to this question, outlining the work being done with respect to the question.
- 62.8 Alan Boyd (Healthwatch) asked questions on if a summary report will be published and on the alignment between adult and child safeguarding. Deb Austin responded to these questions, stating that a summary report could be looked at and that they are aware of the adult working group.
- 62.9 Stephen Lightfoot asked a question on if there is a pro-active approach with people we know are vulnerable. Deb Austin responded to this question, outlining that there a great resources in the city.
- 62.10 Tom Lambert (Chief Executive of the Carers Centre) made a statement on financial constraints and service reductions.
- 62.11 **RESOLVED** - that the Board agree to note the report.

63 BRIGHTON & HOVE FOOD STRATEGY ACTION PLAN 2025-30: HEALTH & WELLBEING BOARD

- 63.1 This item was presented by Angela Blair (Brighton and Hove Food Partnership), Katie Cuming (Consultant in Public Health), and Vic Borrill (Brighton and Hove Food Partnership) with accompanying slides.
- 63.2 The presenters outlined the report and presentation to the board, including the historical impacts of the action plan, its achievements, and data to date, and how to move forward with a refreshed plan and combat remaining and new challenges.
- 63.3 Councillor De Oliveira asked a question on the approach to using Body Mass Index (BMI) as a measurement. Katie Cuming responded to this question, recognising that the measurement is still widely used but is not perfect, for instance when used against athletes and different ethnic groups. Vic Boriill also contributed to the response, outlining vitamin malnourishment.
- 63.4 Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) raised a point of discussion on the preventative offer within the programme and how the offer of support is weighted. Councillor De Oliveira agreed with the points raised.
- 63.5 Councillor Grimshaw gave a statement and contributed to the debate, citing a new McDonald's set to be opened in the Hangleton and Knoll Ward. They also discussed the numbers of children obese within the city and welcomed that this against the higher national trend, asking however if data exists showing obesity rates (and breastfeeding rates) in more deprived areas of the city.

63.6 Angela Blair responded to these points, stating that takeaways have become an increasing issue with respect to healthy eating. Katie Cuming stated that there is a relationship between obesity and deprivation and that this is evidenced across school, if not always entirely clear. Katie Cuming stated that there is also a relationship between breastfeeding rates and deprivation and that data does exist.

63.7 **RESOLVED** – that the report be noted and approved.

64 BETTER CARE FUND QUARTER 3 UPDATE

64.1 This item was introduced and presented by Chas Walker (Programme Director, Integrated Service Transformation).

64.2 Chas Walker outlined the contents of the report and the performance of the Better Care Fund up to Quarter 3. Up to Quarter 3, all the national conditions for the Better Care Fund continue to be met, with performances and potential forthcoming changes across other metrics also outlined.

64.3 Councillor De Oliveira asked a question on if the overall message is a net positive. Chas Walker responded to this, stating it is an improving position.

64.4 Stephen Lightfoot (Chair of NHS Sussex) made a statement on being more ambitious, particularly with respect to discharge performance, and encouraged the board to interrogate the 2025-26 plan when it arrives.

64.5 Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) made a statement on falls and intervention around this, particularly around the age 65+ and male demographics.

64.6 Tom Lambert (Chief Executive of the Carers Centre) asked a question on what assurances can be provided that the voluntary sector will be part of the work that goes into the development of the Better Care Fund. Chas Walker responded to and answered this question, outlining the role within the steering group moving forward.

64.7 Adam Fazakerly (Chief Executive of the Carers Centre) asked a question on the East-Brighton food co-op and whether hospital discharges could be linked up directly with them. An action was taken on this point for Chas Walker and Adam Fazakerly to discuss this further outside of the meeting. Chas Walker responded to this question, stating that this has been highlighted and processes around this do exist.

64.8 Councillor Grimshaw gave a statement around the impact of early hospital discharges for residents. Stephen Lightfoot responded to this point and agreed that safe discharges are needed and important.

64.9 **RESOLVED** - that the Board agree to note the report.

65 CHILDREN & YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING

- 65.1 This item was presented by Chas Walker (Programme Director, Integrated Service Transformation) and Bernadette Alves (Consultant in Public Health).
- 65.2 Chas Walker and Bernadette Alves, with accompanying slides, gave an overview of the progress and work done as a health and care partnership to support children's mental health and emotional wellbeing, including the feedback and recommendation areas received from partners.
- 65.3 Councillor De Oliveira asked a question on key advice to parents and how they can support their child's mental health. Bernadette Alves and Chas Walker responded to the question, referencing available resources and the key nature of the first 1,000 days of a child's life.
- 65.4 Adam Fazakerley (Primary Collaborative) and Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) gave statements and contributed to the debate.
- 65.5 Councillor Grimshaw asked a question on the children to adult transition and its impact on mental health services for those people, and on neurodiversity assessments and areas of need that are growing in young people. Tanya Brown-Griffith responded to the questions, stating that the transition is a key area for partners focus. They also stated that the areas of growing need and the neurodiverse pathway are also areas of focus and work moving forward.
- 65.6 Allison Nuttall (Sussex Partnership) raised a point of clarification on the neurodevelopmental work, the specific case for change, and how they sit together.
- 65.7 Caroline Ridley (Impact Initiatives CEO) gave a statement on voluntary organisations and voluntary sector work funding.
- 65.8 Alan Boyd (Healthwatch) made a statement on ensuring young people are included in discussions such as these and vaping being used as a stress relieving measure by some young people.
- 65.9 Stephen Lightfoot (Chair of NHS Sussex) made a statement on the number of children effected and that this seemed low, the need to be cautious against over medicalisation, and the need to offer appropriate support.
- 65.10 Councillor Grimshaw made a statement on the rise of homelessness amongst family households and the impact this can have on children.
- 65.11 **RESOLVED** – that the report be noted and approved.

The meeting concluded at 6.02pm

Signed

Chair

Dated this

day of

Item 26 Public Engagement

Public Question from Mr Adrian Hart

For several years, a very serious schools safeguarding matter raised by parents has been rebuffed by BHCC. I refer to my question at Full Council 20/07/23 but also to the parents trying desperately to alert BHCC to the plight of their children who are typically autistic, female and same sex attracted (you will be aware of this case - see [1]). These pupils represent a subset of the group who have been 'affirmed' at school (i.e. henceforth, the child identifies as the opposite sex and the school participates with the process of 'socially transition'). The logical next step for these pupils has been to seek puberty blockers and/or proceed along a medical pathway to transition. While it has been argued that the latest version of the 'Toolkit' guidance adheres to legal safeguarding requirements, will the Chair meet with PSHE Brighton parents and listen to their truly shocking accounts?

[1] I recognise that neither the Board nor BHCC can comment on the ongoing case linked below but the article describes the avenue taken by just of one of many parents whose complaints are well known to, albeit a tiny few, senior people at BHCC:

<https://archive.ph/2024.12.22-072840/https://www.telegraph.co.uk/news/2024/12/22/nhs-faces-high-court-legal-fight-over-cross-sex-hormones/>

Item 27: Member Engagement

Question from Cllr Bruno De Oliveira

Chair, given the government's planned tightening of Personal Independence Payment (PIP) eligibility, the halving of health-related Universal Credit for new claimants, and the withdrawal of incapacity top-ups for under-22s, could you explain to our residents how these austerity-driven reforms will affect the lived realities of disabled and chronically ill residents in deprived local areas of Brighton and Hove—many of whom already experience systemic exclusion from the labour market?



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:

Brighton & Hove Shared Delivery Plan Report

Date of Meeting:

8 April 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

Contact: Chas Walker

Email:

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The report provides the Health & Wellbeing Board with review of our performance against the 2024-25 Shared Delivery Plan Objectives with a focus on our Place-based partnership objectives. The report also sets out a draft set of Shared Delivery Plan objectives for 2025-26 for the Board to approve.

The Shared Delivery Plan is a statutory requirement that each Integrated Care Partnership across the Country has an Integrated Care Strategy, which includes an annual Joint Forward Plan (what we call a Shared Delivery Plan). The Sussex Integrated Care Strategy includes the aims and objectives of each of the three Place partnerships and their Joint Health & Wellbeing Strategies. This is translated into local Place-based Shared Delivery Plans that support both the delivery of the Joint Health & Wellbeing Strategies and the delivery of the Sussex Integrated Care Strategy.



We can confirm to the Board that in respect of the Shared Delivery Plan objectives we set for 2024/25 that we have achieved all the objectives set out in the Shared Delivery Plan.

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note the performance of our delivery of the 2024-25 Shared Delivery Plan objectives
2. Approve the draft Shared Delivery Plan Objectives for 2025/26

1. Background & context

- 1.1. The Sussex Integrated Care Strategy *Improving Lives Together* is a five-year strategy that was established in 2022. The strategy sets out the following ambition

Our ambition is to improve the lives of everyone living across Sussex now and in the future. We want local people to thrive to be the best they can be; to be healthier and feel supported; and have the best possible services available to them when and where they need them.

The strategy and associated Shared Delivery Plan (SDP) have four delivery areas- 1) long-term improvement priorities 2) immediate improvement priorities 3) continuous improvement areas 4) health & wellbeing strategies and local health & care partnerships

- 1.2. The Brighton & Hove Joint Health & Wellbeing Strategy was agreed in 2018 as a long-term strategy to 2030. The strategy sets out the following ambition:

Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy, and fulfilling life

The strategy is based on a *life course* approach (starting well, living well, ageing well, dying well)

- 1.3. The SDPs are predicated on the five-year timescale of the Sussex Integrated Care Strategy and focus on delivering the ambition set out in the Integrated Care Strategy. In meeting the formal requirements of this Board the report focuses on the SDP objectives specific to our local health & care partnership. This is a link to the Sussex [Improving Lives Together Shared Delivery Plan](#)

2. Performance against our Place-based Shared Delivery Plan objectives 2024-25

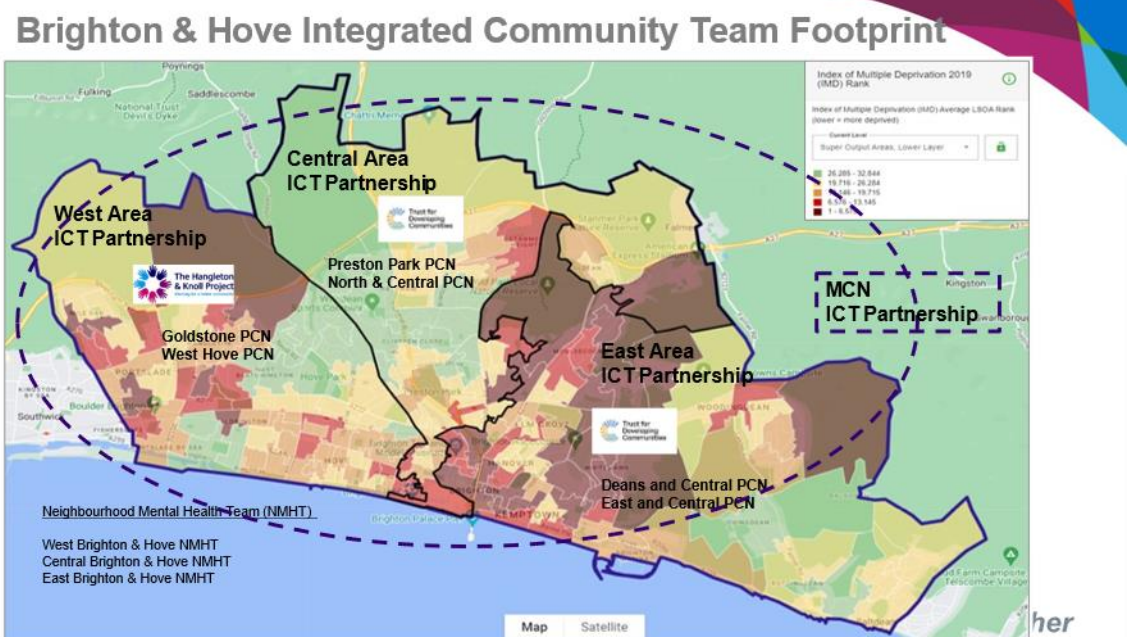
- 2.1. The table below sets out the agreed SDP priorities for 2024/25:

| What we will do | What we will achieve | When |
|---|--|------------|
| We will further support people with multiple compound needs. | <p>We will develop a Multiple compound needs (MCN) community frontrunner.</p> <p>As part of our Central ICT we will use the learning from the MCN transformation programme to establish an MCN Integrated Community Team.</p> <p>We will complete the external evaluation of the multidisciplinary team pilot.</p> <p>We will develop the detailed business case for the MCN Integrated Community and Integrated commissioning approach.</p> <p>We will signoff the MCN partners compact agreement.</p> | March 2025 |
| We will progress the development of Integrated Community Teams. | <p>To support the development of our new ICT footprints we will establish a local ICT implementation plan that builds on our community development approach and establishes strong local partnerships.</p> <p>We will map our local ICT community assets across the four ICT footprints.</p> <p>We will align ICT development with our Healthy Communities, Family Hubs and Community Mental Health programmes.</p> <p>We will establish four Health Forums and test two ICT partnership pilots across our four ICT areas.</p> | March 2025 |

| | | |
|---|--|------------|
| We will maintain a focus on reducing health inequalities across the city | <p>We will continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people.</p> <p>We will develop the learning from last year's health inequality programmes as part of our local ICT development.</p> <p>We will implement locally the priorities set out in the new Sussex Health Inclusion Framework.</p> | March 2025 |
| We will ensure support for children and young people | <p>Develop a joint triage for Wellbeing Service, CAMHS and Schools mental health service</p> <p>Develop a joined up approach between Family Hubs and the development of ICTs</p> <p>Deliver the SEND health & care partnership priorities as set out in the city's SEND Strategy 2021-26</p> | March 2025 |
| We will maintain a focus on mental health | <p>We will continue to implement the recommendations of the 2022 B&H Mental Health & Wellbeing JSNA, aligning our local community mental health transformation programme with ICT development.</p> <p>We will test Neighbourhood Mental Health Teams with at least two PCN (primary care networks) populations/ICT partnerships.</p> <p>We will reduce demand on urgent and crisis care, improve system flow and reduce the numbers of inappropriate out of area placements.</p> <p>We will increase the number of people both on SMI (Serious Mental Illness) registers and having a physical health check.</p> | March 2025 |
| We will continue our work across the city to support early cancer diagnosis and appropriate support | <p>Cancer - We will continue our work to improve early diagnosis of cancer with a particular focus on Core20 and Health Inclusion groups.</p> <p>We will increase screening rates across our Core 20 communities and health inclusion groups.</p> <p>We will improve performance against the headline 62-day standard.</p> <p>We will improve performance against the 28-day Faster Diagnosis.</p> | March 2025 |
| We will help people with multiple long term conditions | <p>We will develop our cardiovascular disease reduction priorities, including hypertension, and restore the NHS health checks programme through a health inequalities lens.</p> <p>We will develop a cardiovascular disease reduction action plan.</p> <p>We will increase the percentage of patients with hypertension treated according to NICE guidance.</p> <p>We will increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies.</p> | March 2025 |
| We will work with our partners to support appropriate and timely hospital discharge | <p>We will implement the 2024-25 Discharge Transformation Plan.</p> <p>We will improve patient waiting times to meet NHSE targets for patients seen within 4 hours (through generating flow, thereby increasing front door capacity).</p> <p>We will roll out a new Care Transfer Hub model.</p> <p>We will improve outcomes for patients through the same day discharge team at front access, preventing admission.</p> | March 2025 |

- 2.2. **Multiple Compound Needs (MCN)**- is our agreed Place-based community frontrunner programme supporting the development of the Integrated Care Strategy. The focus this year was the evaluation of our original MCN pilot service (Changing Futures Multidisciplinary Team) and how the evaluation informs the development of our specific MCN partnership aims and our local Integrated Community Teams.
- 2.3. In November 2024 all MCN Partners came together for the day to review progress of the MCN Transformation Programme and to agree next steps. The partnership agreed to build on the learning from the MCN pilot service and establish a long-term MCN Integrated Community Team for the City.

- 2.4. At the Health & Wellbeing Board meeting on 8 April our external evaluation partner and Common Ambition lived experience group will present on the evaluation and development of the MCN programme. We will also provide more detail on the outputs from MCN Partnership Summit event in November and our agreed next steps.
- 2.5. **Integrated Community Teams (ICTs)**- as reported, and supported by this Board last year, we agreed with the Sussex Integrated Care Partnership a change to our original ICT Footprint. This moved from four separate ICT footprints to Brighton being a single ICT footprint based on our formal local authority boundary. Following this agreement our local health & care partnership has established three neighbourhood-based ICT partnerships, aligned to our existing community health forums and one MCN city wide ICT partnership. Below is a map of our ICT Partnerships



- 2.6. Each of our neighbourhood ICT partnerships have established formal leadership groups and these groups have agreed and implemented local ICT tests of change, in consultation with our community health forums, to build relationship and momentum in delivering the ambition of ICTs
- 2.7. We have agreed and established structures this year to ensure the alignment with existing Neighbourhood Mental Health Teams and our local authority Family Hubs
- 2.8. **Reducing Health Inequalities**- we have ensured the learning from the original Community Health Inequality Partnership, which drove locally our response to the national Core20PLUS5 model, has continued through the new Healthy Communities Programme. This programme has been specifically aligned to our three neighbourhood ICTs.
- 2.9. The Healthy Communities Programme has continued to deliver innovative approaches to supporting access to preventative health care across our core

20% most deprived communities. With specific deliverables around cardiovascular disease (CVD), Act Against Cancer Together, musculoskeletal (MSK) and the development of the East ICT partnership community health hub and the west ICT partnership wellbeing days.

- 2.10. Our local approach to delivering on the Sussex Inclusion Health Framework is through our multiple compound needs programme.
- 2.11. **Children & Young People-** we have established a partnership joint triage service delivered through our local Wellbeing Partnership and YMCA DownsLink Group children and young peoples mental health and emotional wellbeing service.
- 2.12. We have ensured health representation on our Family Help and SEND governance Boards to enable better alignment with the work of our health & care partnership.
- 2.13. **Maintaining a focus on mental health-** as a partnership we agreed to maintain a separate local mental health oversight board recognising that mental health prevalence is particularly high for both children and adults in the city.
- 2.14. The Partnership Board has supported the implementation of our new Neighbourhood Mental Health Teams this year. These teams share the same geography as our local Integrated Community Teams. We have continued to focus on delivering the recommendations of our 2022 Mental Health Joint Strategic Needs Assessment and the Partnership Board has overseen improving performance of people with serious mental illness accessing physical health checks.
- 2.15. **Long terms conditions-** as a local partnership we agreed a CVD action plan for the city, which aligns with the work of our Healthy Communities programme ensuring a focus on our most deprived communities in the city. We also supported the development of a Sussex CVD clinical outcomes model, which was presented to our health & care partnership last month.
- 2.16. **Early Cancer Diagnosis-** our local Act on Cancer Together Group continues to support early cancer diagnosis. As with our long-term conditions work we have aligned this with our Healthy Communities Programme to ensure a strong focus on our most deprived communities.
- 2.17. **Supporting timely discharge-** the aims of our local discharge plan were delivered this year through our urgent care partnership. This included the establishment of our new Transfer of Care Hub and associated discharge pathway model. Due to continuing pressures in our hospital system meeting national waiting time targets remain challenging.

3. Draft Shared Delivery Plan objectives for 2025-26

- 3.1. The draft SDP objectives, set out below, build on this years achievements and challenges. As a partnership our work to review 2024-25 highlighted the current pressures and resource constraints all partners are currently operating under and the need to balance being ambitious and transformational with being realistic in setting objectives for 2025-26.

3.2. In drafting the SDP objectives our health & care partnership has considered the new NHSE 2025/26 operating guidance with particular reference to the new national neighbourhood guidance and NHS Sussex new ICT Neighbourhood Health Plan, which responds specifically to this guidance. The plan sets out three key priority areas of

- Embedding a proactive frailty approach across our Integrated Community Teams
- Preventing ill health, maintaining health and reducing future demand on our health & care services
- Our neighbourhood first transformation programmes

3.3. Draft Shared Delivery Plan Objectives for 2025-26

| What will you deliver in 25/26 (Y3) | Delivery Date |
|---|---------------|
| Priority 1 - Embedding Frailty As agreed through the Multiple Compound Needs Partner summit Nov 24 we will: <ol style="list-style-type: none"> 1. Establish the Brighton & Hove Multiple Compound Needs Integrated Community Team (MCN ICT) 2. Action the recommendations, via the MCN ICT, of the external evaluation of the MCN pilot service 3. Deliver the agreed outputs from the MCN partner summit through the new MCN ICT partnership Through the development of our local ICT partnerships, we will: <ol style="list-style-type: none"> 4. Embed the learning from our neighbourhood ICT 65+ frailty pilots as part of the development of our local ICTs | Mar 26 |
| Priority 2 - To prevent ill health, maintain health and reduce future demand Through the development of our local ICT partnerships, we will: <ol style="list-style-type: none"> 5. Develop a local ICT plan that supports System aims for CVD, Tobacco cessation, falls prevention and Act on Cancer 6. Ensure our Local ICT Plan targets our core20plus5 communities across the city 7. Deliver locally on aims of the Sussex Health Inclusion Framework through our MCN programme Deliver the agreed priorities of our local Health & Care Partnership and its local Health & Wellbeing Strategy, we will <ol style="list-style-type: none"> 8. Focus on children & young people's mental health & emotional wellbeing with a | Mar 26 |

| | |
|--|--------|
| specific focus on transition to adult services 9. Respond to the B&H Health Counts Data and insight | |
| Priority 3 - Our neighbourhood first transformation programmes Through our Place Delivery Group and local ICT partnerships, we will: 10. Align our local family hubs with our ICTs to improve our health & care offer to children, young people & families 11. Continue to embed and integrate the work of our Neighbourhood Mental Health Teams with our Integrated Community Teams 12. Establish the new women's health hub through our Integrated Community Teams 13. Deliver Work-well programme pilot through our East Integrated Community Team Partnership | Mar 26 |

- 3.4. The draft SDP objectives support the continuing development of our multiple compound needs local community frontrunner partnership programme. They focus on establishing our new ICT partnerships to support NHS Sussex priorities around frailty, population health, health inequalities and prevention.
- 3.5. The draft SDP objectives also build on and support our local joint health & wellbeing strategy. Partners are proposing a focus on children and young peoples mental health and utilising the new Health Counts Survey data and insight to inform the work of our health & care partnership.
- 3.6. In agreeing these draft objectives, it is important to note the significant level of change in our health & care system. This is especially pertinent for our NHS partners as they adapt to a national and local reconfiguration of NHS England and Integrated Care Boards. As the year progresses, we will need to keep our priorities under review as these changes take shape.

7. Important considerations and implications

Legal:

- 7.1. The Shared Delivery Plan objectives support the statutory duties of the Joint Health & Wellbeing Board in relation to the Sussex Integrated Care Strategy and the Brighton & Hove Joint Health & Wellbeing Strategy

Lawyer consulted: Sandra O'Brien

Date: 31/03/2025

Finance:

- 7.2. The Shared Delivery Plan objectives are supported through existing budget commitments across both BHCC and NHS Sussex with specific support through the agreed Better Care Fund for 2025-26.

Finance Officer consulted: Jane Stockton

Date: 31/03/2025



Equalities:

- 7.3. Equalities is built into the Shared Delivery Plan and is referenced in detail within the main report

Sustainability:

- 7.4. None

Health, social care, children's services and public health:

- 7.5. The roles and implications for all partners are set out in detail in the main report

8. Supporting documents and information



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Sussex Integrated Care Board (ICB), the Local Safeguarding Board for Children and Adults and Healthwatch.

| | |
|--|---|
| Title: | Brighton & Hove Suicide Prevention Action Plan 2024-2027 – progress update |
| Date of Meeting: | 8 April 2025 |
| Report of: | The interim Director of Public Health |
| Contact: | Bernadette Alves, Consultant in Public Health |
| Email: | Bernadette.alves@brighton-hove.gov.uk |
| Wards Affected: | All |
| FOR GENERAL RELEASE | |
| <p>Executive Summary</p> <p>Reducing deaths by suicide is a national, regional and local priority. Every death is a tragedy and a cause of profound distress to friends, families, and communities.</p> <p>Reducing suicide is a priority for Brighton & Hove (the “city”) and helps to meet the goals and aims of the Brighton & Hove Council plan (2023 to 2027) and the Brighton and Hove Joint Health and Wellbeing Strategy (2019 to 2030).</p> <p>Locally there is a high level of need. Between 2021 and 2023, the suicide rates within the city were 1.5 times higher than the England average. There was an average of 43 deaths by suicide per year in the city.</p> <p>Action to reduce deaths by suicide takes place at both Sussex and city level and is underpinned by the Brighton and Hove Suicide Prevention Action Plan 2024 – 2027 which was signed off by the Health and Wellbeing Board in November 2023 and the Sussex Suicide Prevention Strategy and Action Plan 2024 – 2027</p> <p>This paper provides an update on progress against both the Brighton & Hove and Sussex plan.</p> | |
| | |

1. Decisions, recommendations and any options

1.1 That the board:

- 1.1.1 Notes progress against the three-year Brighton & Hove Suicide Prevention Action Plan 2024-2027
- 1.1.2 Supports future progress of the Brighton & Hove Suicide Prevention Action Plan.

2. Relevant information

2.1 Introduction and Context

- 2.1.1 Reducing deaths by suicide is a national, regional and local priority. Every death is a tragedy and a cause of profound distress to friends, families, and communities. The impact is widespread and it is estimated that for every one suicide there can be up to 135 people significantly impacted.
- 2.1.2 Reducing suicide is a priority for the city and helps to meet the goals and aims of place-based and Sussex strategies and plans including:
 - [Brighton & Hove Council Plan \(2023 to 2027\)](#)
 - The Brighton and Hove [Joint Health and Wellbeing Strategy \(2019 to 2030\)](#)
 - The Brighton & Hove [2022 Joint Strategic Needs Assessment on Mental Health and Wellbeing](#)
 - The Sussex Health and Care Strategy [Improving Lives Together](#)
- 2.1.3 Action to reduce deaths by suicide takes place at both Sussex and city level and is underpinned by the following documents:
 - [Sussex Suicide Prevention Strategy and Action Plan 2024-2027](#)
 - [East Sussex Suicide Prevention Framework and Action Plan 2024 – 2027](#)
 - [Brighton and Hove Suicide Prevention Action plan 2024 – 2027](#)
 - [West Sussex Suicide Prevention Framework and Action plan 2023 - 2027](#)
- 2.1.4 The Sussex strategy and place based frameworks and action plans align with the aims of the national Suicide prevention Strategy for England which is a 5-year cross sector strategy which aims to:
 - reduce the suicide rate over the next five years – with initial reductions observed within half this time or sooner.
 - improve support for people who have self-harmed.
 - improve support for people bereaved by suicide.
- 2.1.5 Our vision is that Sussex is a place where:
 - We are committed to reducing the risk factors and increasing the protective factors for suicide across the life course.
 - We build individual and community resilience to improve lives and prevent people falling into crisis by tackling the risk factors for suicide.
 - We recognise that suicides can be prevented, and that people do not inevitably end up considering suicide as a solution to the difficulties they face.
 - We create an environment where anyone who needs help knows where to get it and is empowered to access that help

2.1.6 In November 2023, the Health and Wellbeing board signed off the Brighton and Hove suicide prevention action plan and noted the Sussex strategy and action plan. This paper provides an update on progress against both plans.

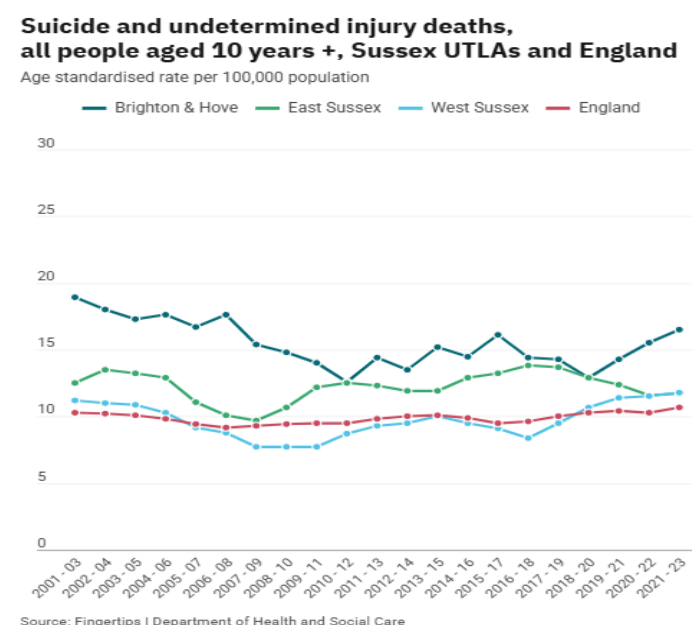
2.2 Local intelligence on suicide & self-harm

2.2.1 Suicide rates

The city has high need. Suicide rates in all three areas of Sussex are above the England average (10.7 persons per 100,000 in 2021-2023). Figure 1 shows that over more than two decades, rates in Brighton and Hove have been, and continue to be, higher than England, East Sussex and West Sussex.

Between 2021 and 2023, city suicide rates were 1.5 times higher than the England average. Overall, Brighton & Hove has the sixth highest rate in the country and the highest rate for deaths by suicide in women. There was an average of 43 deaths by suicide per year.

Figure 1: Suicide and undetermined injury deaths in Brighton & Hove, East Sussex, West Sussex and England, 2001-2003 to 2021-2023.



Source: Office for Health Improvement and Disparities, Suicide Prevention Profile
[Suicide Prevention | Fingertips | Department of Health and Social Care](#)

2.2.2 Self-harm hospital admissions in 10-24 year olds

Self-harm is defined as intentional injury to the body, often as a way to express deep emotional feelings such as low self-esteem, or coping with traumatic events.¹ Self-harm is associated with an increased risk of suicide, and around half of all people who die by suicide have a history of self-harm.²

Most self-harm occurs in the community and does not lead to hospital attendance. Although hospital admissions can be seen as the “tip of the iceberg”, the data can be used to identify trends and patterns.

¹ [Self-harm :: Sussex Partnership NHS Foundation Trust](#)

² [Preventing suicide in England: Third progress report \(publishing.service.gov.uk\)](#)

Self-harm is more common in younger people and both nationally and locally, there are higher rates in those 10 to 24 years. Figure 2 shows that for all three Sussex areas, over the last six years, the rates of admission for self-harm in those aged 10 to 24 are statistically significantly higher than England. In 2022/23, rates of hospital admissions for self-harm in Brighton and Hove were 1.5 times higher than the England average and there were 280 admissions.

Figure 2: Emergency hospital admissions for intentional self-harm, ages 10-24, directly age standardised rate per 100,000, Brighton & Hove, East Sussex, West Sussex and England, 2011/12 to 2023/24



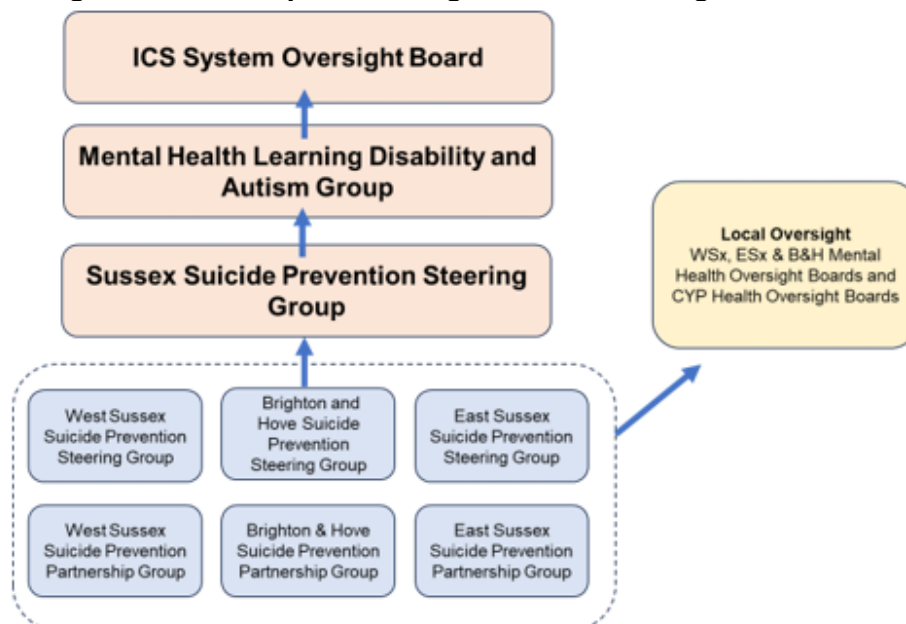
Source: Office for Health Improvement and Disparities, CYP Mental Health and Wellbeing Profile [Children and Young People's Mental Health and Wellbeing | Fingertips | Department of Health and Social Care](#)

2.3 Governance and oversight

- 2.3.1 Preventing suicide is everyone's business and is led by partnerships and governance structures at Sussex and city level, as shown in Figure 3.
- 2.3.2 Governance of the Sussex Suicide Prevention Strategy and Action Plan is provided through reporting from the Sussex Suicide Prevention Steering Group to the Sussex Mental Health, Learning Disability and Autism (MHLDA) Board. An update was presented to the MHLDA Board in November 2024 and March 2025.
- 2.3.3 The city suicide prevention activity is delivered by the Brighton & Hove suicide prevention steering group. Led by Public Health, it has representation from organisations from across the city including the Council, NHS Sussex Integrated Care Board, Sussex Partnership NHS Foundation Trust, Sussex Police, and Brighton & Hove voluntary and community sector organisations. It reports to the all-ages Mental Health Oversight Board which provides oversight.

- 2.3.4 The Brighton and Hove suicide prevention partnership of local organisations and stakeholders meets regularly to share expertise, knowledge, skills and good practise. It reports to the steering group.

Figure 3: Suicide prevention governance in Brighton & Hove and Sussex



- 2.3.5 Sussex Partnership NHS Foundation Trust are developing a suicide prevention action plan as part of their Trust Strategy. It will be aligned with the Sussex Strategy
- 2.3.6 Sussex collaboration is growing and in October 2024, there was a successful Pan-Sussex suicide prevention conference. Held for the first time, there were over 200 attendees from over 60 different organisations

2.4 Progress made against the action plan

- 2.4.1 A summary of progress against the Sussex Strategy action plan priorities is found in Appendix 1. A detailed update on progress against the Brighton and Hove action plan can be found in Appendix 2. Key progress to note:

2.4.2 Suicide prevention in Neighbourhood Mental Health Teams and Integrated Care Teams.

The recent recommission of mental health support services for adults provided an opportunity to strengthen suicide prevention elements. The new service starting in October 2025 will include a focus on a sustained suicide prevention training, plus wider mental health strands including community engagement & development and tailored campaigns and communications. The service will be delivered through the three neighbourhood mental health teams that are aligned with the three integrated community team (ICT) areas within the city.

2.4.3 Tailored training for workforce

A joint NHS and Council funded programme of suicide prevention training for staff in general practice is underway. The development and delivery of the programme is being led by Grassroots Suicide Prevention which is a charity located within the city. It includes face to face training for clinical and non-clinical staff, a suite of e-learning

modules and podcasts on specialist topics delivered by local leaders and experts. Delivery began in March 2025 and will continue until March 2026.

A range of other training programmes have been delivered in the city: trauma-informed training to support asylum seeker and refugees (over 100 staff trained); suicide awareness training for youth sector (35 staff trained); suicide prevention training for water safety teams (23 staff trained); a programme of training for 120 staff who support adults with complex emotional and relational needs is underway until December 2025.

2.4.4 Systematic response to incidents. Response strengthened through:

Delivery of suicide bereavement support for those living in Sussex and the Sussex wide single point of access for bereavement support. Quarterly and annual reports received and network meetings conducted with suicide bereavement support providers across Sussex. Undertaking evidence review and stakeholder interviews for bereavement support for children and young people and adults which will inform re-procurement of bereavement services.

Delivery of a pan Sussex Real Time Surveillance workshop in March 2025 to strengthen our response to deaths by suspected suicide, collaboration and joint partner working

Expansion of the Multi-agency Mental Health and Education Triage service to support those most at risk in primary and secondary schools and colleges in Brighton & Hove

2.4.5 Suicide Audit/Learning

A review of three years of Coroner's records of people who died by suicide in Brighton & Hove between 2021 and 2024 has begun. Analysis and interpretation is underway and a workshop and report is planned for 2025. Findings and recommendations will shape the city action plan.

Deeper understanding of local need and intelligence in the city has been gained through the Health Counts survey of adults and Safe and Well at School Survey of school aged pupils.

2.4.6 Self Harm

Established a Pan Sussex Self Harm steering group in 2024 to develop and coordinate action on self-harm with a focus on children and young people.

The Sussex Self Harm Learning Network Conference ran in November 2024 to increase awareness of self-harm and support available. It was attended by over 100 professionals and community members. Feedback will be reviewed from the conference to inform future direction of self-harm activity.

The Sussex self-harm guidance for schools and colleges is being updated with input from partners across the system including Sussex Partnership NHS Foundation Trust.

2.4.7 Lived experience

In February 2024, a Pan-Sussex Suicide Prevention Lived Experience Group was set up by voluntary sector partners and members of the network presented at the Sussex suicide prevention conference in November 2024.

Lived experience networks have been mapped for mental health and suicide prevention across the city, Sussex, and the UK in July 2024.

The next steps are to identify opportunities to embed the voices of those with lived experience into suicide prevention activity, including through the suicide prevention

training for General Practice staff; the mental health and substance use pathways project; and the community engagement and development service as part of the Brighton & Hove mental health support service

2.5 Financial context

- 2.5.1 Funding for services delivering suicide prevention activity sits across the system and includes: Sussex specialist suicide bereavement support funded by the Integrated Care Board (ICB); elements of the Brighton and Hove mental health support service which is jointly funded by the ICB and the council; grants for city workforce training; and non-recurring programme spend. Where there are funding gaps, these are partly addressed through collaboration and partnership working across organisations.

2.6 Risks

- 2.6.1 The key risks associated with insufficient prioritisation and resources for the plan are:
- greater distress in those bereaved
 - Increased pressure in other parts of the system for both adults and children
 - Lower system ability and capacity to deliver on priority actions.
 - Variation in local funding for suicide prevention activity across the three places leading to differing system pressures, differing outcomes and different capacities for collaboration.

These risks may lead to worsening suicide rates. Mitigations include use of the national evidence-based framework, sustained funding commitments and collaboration at Sussex and Brighton and Hove level.

2.7 Conclusions and next steps

- 2.7.1 The paper provides a summary of the actions delivered at Sussex and city level over the first year of the Brighton and Hove plan. It demonstrates good progress across all action areas.
- 2.7.2 The plan is dynamic and will be amended and informed by changing needs, new intelligence such as the findings of the suicide audit and stakeholder feedback. Delivery requires sustained funding for key services and ongoing collaboration and commitment from system partners.

3. Important considerations and implications

Legal

- 3.1 There are no specific legal implications arising from this progress update on the Brighton & Hove Suicide Prevention Action Plan 2024-2027.

Lawyer consulted: Sian Stevens

Date: 17 March 2025

Finance

- 3.2 Funding for suicide prevention activity sits across organisations including Sussex Partnership NHS foundation Trust, Integrated Care Board (ICB), Brighton and Hove City Council, Grants from Health Education England and others. Where there are Brighton and Hove contracts, they are funded by the ringfenced Public Health grant (Families Children and Wellbeing directorate), NHS Sussex ICB or external grant funding.

Finance Officer consulted: Louise Hoten

Date: 14 March 2025

Equalities:

- 3.3 The B&H action plan commits to providing tailored support to communities at greater risk of suicide, based on national and local intelligence which identified that many risk factors associated with suicide are more common in people with one of more protected characteristics. This has been compiled into an Equalities Impact Assessment which was approved by the Equalities Team.

Sustainability:

- 3.4 The recommission of mental health support services in Brighton & Hove was approved by Council Cabinet in September 2024 and has taken account of the BHCC and NHS Sussex Integrated Care Board Sustainable Procurement Policy and Social Value Framework.
- In addition, the commission of suicide prevention training for general practice and the delivery of bereavement services included a requirement for Providers to minimise detrimental environmental and social impacts arising from the delivery of these contracts.

Health, social care, children's services and public health:

- 3.5 Suicide is a major public health issue with profound social, emotional and economic impacts for the population of Brighton & Hove and Sussex. The implementation of the suicide prevention action plan has been overseen by the B&H multi-agency steering group led by Public Health which meets regularly and includes representatives from NHS Sussex Integrated Care Board, adult social care, and children's services. The plan aims to reduce risk of suicide in the city and provide greater support to communities at a greater risk of suicide which is a local public health priority. A lack of sustained funding for suicide bereavement services will increase pressure in other parts of the health and care system for adults and children,

Supporting documents and information

Appendix 1: Sussex Suicide Prevention Strategy – summary of progress
Appendix 2: B&H Suicide Prevention Action Plan Progress Report 2025

Appendix 1

This appendix provides a summary of activity delivered as part of the [Sussex Suicide Prevention Strategy](#) and Action Plan 2024 – 2027. The actions completed between April 2024 – March 2025 are summarised below.

Action Area 1: Working with Sussex wide partners

- Governance of the Sussex Suicide prevention Strategy and action plan is provided through reporting from the Sussex Suicide Prevention steering group to the Sussex Mental Health, Learning Disability and Autism (MHLDA) Board. An update was provided to the MHLDA Board November 2024.
- Strong multi-agency partnership working delivered through place based (Brighton and Hove, East and West Sussex) suicide prevention steering and partnership and children and young people groups and connect with Local Mental Health Oversight Boards.
- Oversight regarding delivery of local suicide prevention framework and action plans are through each Health and Wellbeing Board.
- Presentations of each local suicide prevention framework and action plan have been presented to the Childrens and Adults Safeguarding Boards.
- Sussex Partnership Foundation Trust are developing a suicide prevention action plan as part of their Trust Strategy
- Publication and system wide dissemination of co-produced all-age Public Mental Health Needs Assessment (PMHNA).
- West Sussex Mental Health Oversight Board (All ages) oversight and governance of the PMHNA and system response to the needs assessment .
- Development of joint West Sussex Safeguarding Children's Partnership and system wide children and young people's suicide prevention action plan for West Sussex and presentation to Integrated Care System Children and young people's mental health delivery group.
- Delivery of a series of workshops to develop better ways of working for improving children and young people's mental health in response to the Public Mental Health Needs Assessment.
- Development of Sussex wide data dashboard that gives a shared understanding of suicide prevention and self-harm across the system
- Review of the RTS function alongside the DARD guidance.
- Development of RTS workshop and delivery March 2025 to strengthen the RTS function and joint partner working.

Tailored approaches to improve mental health in specific groups

- Development and promotion across the system of the new service for those with gambling addiction. Successful funding application for wider workforce gambling training obtained from NHS England South East.
- Work done with Probation Service to support officers in the early release programme to signpost and raise awareness of sources of support for offenders.
- More than 380 staff in West Sussex working in domestic abuse services in Children's Services and community sector were trained on suicide prevention and

domestic abuse. This training was developed for Sussex and is being rolled out Pan Sussex. The first 80 staff in East Sussex are booked for their training in the next few months.

- In response to the findings of the West Sussex public mental health needs assessment and learning reviews regarding mental health, suicide prevention, homeless, domestic abuse, substance misuse and criminal justice; work started to develop a Multiple Compound Needs Board for West Sussex. MCN Boards already established in East Sussex and Brighton and Hove. East Sussex MCN Needs Assessment due for publication soon.
- Publication of the drug related deaths report November 2024 in West Sussex that includes further evidence regarding suicide prevention and substance misuse.
- Publication of a report on the [deaths of people with a homelessness or housing support need in West Sussex - West Sussex JSNA Website](#)
- Support provided via District and Borough councils through the Local Community Networks to those living in temporary accommodation and mental health in West Sussex.
- Neurodevelopmental Disorders All age pathway review conducted by NHS Sussex.
- Development of all-age autism strategies.
- LGBT+ Needs assessment formed part of the West Sussex public mental health needs assessment with areas for focus specific to prioritising LGBTQ+ people.
- Delivery of LGBTQ+ awareness training as part of the Self Harm Learning Network programme and with schools
- Review of evidence of the links between domestic abuse and suicide presented to the Sussex Suicide Prevention Steering Group and establishing a task and finish group to develop the Pan Sussex work programme for this.

Action Area 2: Suicide Response / Postvention

- The Real Time Surveillance System (RTS) is a local system and in partnership with Sussex Police, incidents of suspected suicides in Sussex are notified in near to real time to enable surveillance of trends and for agencies to come together to step up responses where additional risks and impacts are identified. This provides a mechanism of support for people and communities and opportunities for learning from incidents to enhance suicide prevention activity. Regarding step up multi-agency responses to suspected suicides April 2024 – March 2025 there were 9 for adults and children in West Sussex, 4 for children and young people in East Sussex and 2 for children and young people in Brighton . There is a [policy](#) for responses for children and young people and there are standard operating procedures in place for responses.
- Maintenance and ongoing development of response standard operating procedure (SOP) policy for suspected suicides all age.
- Staff wellbeing project delivered across Sussex for those working directly on suicide prevention and continued focus on staff wellbeing during all incident responses.

- Delivery of suicide specific bereavement support for those living in Sussex and delivery of the Sussex wide single point of access for bereavement support by the provider. Quarterly and annual reports received and network meetings conducted by the provider with bereavement support providers across Sussex.
- An evidence review for suicide bereavement support was conducted and qualitative data collection via interviews of stakeholders and bereavement support providers was carried out as part of a rapid needs assessment process for developing suicide bereavement support service offer across Sussex.
- New links and joint working with Highways.
- Worked with rail and highways partners in response to incidents near or on railways or bridges included fences and adding signs with where to seek support.
- NHS Sussex and Sussex Partnership Foundation Trust are part of the safer prescribing work that includes the ten steps, reducing drug misuse, safer wards and personalised risk management.

Adults

- Evaluation of mental health and debt project to inform future work on suicide prevention and financial challenges.
- Review conducted and recommendations agreed for support for women including pregnant women and new mothers as part of the public mental health needs assessment.
- Input into the NHS Sussex women's hubs regarding suicide prevention and domestic abuse.
- Sussex Partnership Foundation Trust delivery of the 10 ways to improve safety programme.
- Development of co-occurring mental health and substance misuse joint care pathway and protocol and workforces training delivered.

Children and young people

- Presentation to the Sussex wide CYP Mental Health Delivery Group on suicide prevention and children and young people.
- Director of Public health report 2022/2023 [children and young people's mental health in a changing world](#) was published August 2024 detailing the work on reducing risks for children and young people regarding suicide and self-harm [and the public mental health needs assessment](#) published September 2024 details the risks and areas for focus for suicide prevention and as well as mental health and wellbeing.
- Workshops held December 2024 in West Sussex to improve access functions for early intervention and support for children and young people's mental health, in response to the public mental health needs assessment.
- Workshop held in December 2024 in East Sussex to develop suicide prevention plan for children and young people.

- Development and expansion of the Multi-agency Mental Health and Education Triage service to support those most at risk in more primary and secondary schools and colleges in West Sussex and Brighton and Hove with plans in East Sussex developing.
- Expansion of the Mental Health Support teams in Schools to more than 60% of schools in Sussex. West Sussex Thriving in Education team support on mental health and wellbeing provided for all education settings including those who are electively home educated. Grants were provided in support of the work of senior Mental health school leads to deliver earlier intervention and support projects in schools.
- Training provided to schools on the use of the toolkit to support responses to unexpected deaths in schools.
- West Sussex policy developed in response to an unexpected death of a care leaver and policy drafted Pan Sussex.

Action Area 3: Training / learning

- Delivery of a successful Multi-agency Pan-Sussex suicide prevention conference October 2024.
- Debriefs are conducted following each multi-agency response group stand up responses and sharing of learning, recommendations and actions for improvement with system partners at the Sussex Suicide Prevention Steering Group and local Children's and Adults Safeguarding Boards.
- Research was conducted on the accuracy of the Real Time Surveillance data against coroner conclusions of suicide, a report will be published spring 2025.
- Training needs analysis report under development through Pan Sussex working.
- Programme of training has been commissioned to increase the confidence, skills and practice of the general practice workforce in listening and responding to those experiencing or at risk of suicidal ideation and/or suicidal behaviours.
- Pan-Sussex collaboration for GPs and staff working in primary care on debriefs after patient suicide.
- CDOP themed suicide prevention meetings delivered.
- Suicide Audit of three years of coroner's records has been undertaken in Brighton and Hove. Workshop and final report with recommendations is planned in 2025.
- Signage audit conducted in Brighton and Hove and East Sussex
- Deeper understanding of local need and intelligence in Brighton and Hove gained through Health Counts survey of adults and Safe and Well at School Survey of school aged pupils. My Health, My School Survey completed annually in East Sussex reaching 10,000 pupils, capturing self-harm and suicide thoughts and behaviour.

Action Area 4: Communications, Engagement with media and online safety

- Establishment and development of Pan Sussex suicide prevention communications and engagement group to lead, develop and coordinate Sussex wide work. This includes the

delivery of Mental health and suicide prevention communications and engagement plan for year-round awareness raising including world suicide prevention day, addressing older people and social isolation, males, females and children and young people and responses to incidents.

- Development of women's communications hub by Grassroots.
- Pan Sussex communications signposting toolkit by SPFT has been developed with a parallel place based campaigns to raise awareness.
- Started to develop a strategic approach to reducing online-harms across Sussex governed under the Sussex Self-harm steering group and the Pan Sussex communications
- University of Brighton -policy support funding awarded to undertake research on online harms to: bring together current evidence to gain an understanding of the online lives of young people, including harms and benefits; gain insight from young people about what would help them to manage their digital lives, and from parents and schools about how we can support them with this issue and bring together professionals across Sussex to share learning about the digital lives of young people, existing services supporting young people and to develop future plans. The project will be delivered by autumn 2025.
- Work with local media regarding responsible reporting.
- Development and sharing of literature review of online harm harms spring 2024.
- Digital safety package for schools delivered.
- Reducing risk of sextortion project delivered across Sussex via Sussex Police and with councils.
- Development of online harm work including communications regarding safe and age-appropriate usage of what's app and communications about reducing harms relating to reading distressing reports in the news globally or in your local area.
- Delivery of Hub of Hope campaign in partnership with Network Rail.
- Baton of Hope visiting Hastings Sept 2025, after successful application by Mr Hastings and St.Leonards (men's mental health project).

Action Area 5: Lived Experience

- Mapping lived experience groups/fora – as the first step in moving towards a sustainable approach to the involvement of people with lived experience in suicide prevention planning and activity.
- The development of a lived experience network

Action Area 6: Reduce risk of self-harm

- Established a Pan Sussex Self Harm steering group in 2024 to develop and coordinate action on self-harm with a focus on children and young people.
- Delivered the Pan Sussex Self-harm learning network sessions and conference for professionals, parents, carers and young people, progress and evaluation reports provided for all sessions including well attended conference. November 2024.

- Pan-Sussex work in progress to develop better data systems to identify levels of self-harm and those who attempt to take their lives to enable opportunities for support and intervention.
- Reviewed and in the process of updating the Managing self-harm guidance and toolkit for school with Pan Sussex partners for delivery by March 2025.

Appendix 2

Brighton & Hove Suicide Prevention Action Plan 2024 – 2027

Progress Report

February 2025

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2 Strategic context

The aim of this report is to provide a detail update on progress against the three-year [Brighton and Hove Suicide Prevention Action Plan 2024 – 2027](#). It was signed off by the Health and Wellbeing Board in November 2023. It identifies actions taken, current risks and planned next steps.

Reducing deaths by suicide is a national, regional and local priority. Key strategy documents are outlined below

2.1 National Suicide Prevention Strategy

A five-year [national suicide prevention strategy](#) was published by UK Government which identified the need for collaborative action across NHS, local government, the voluntary, community and social enterprise (VCSE) sector, employers, local communities and individuals. It seeks to make suicide prevention everyone's business with 3 over-arching aims:

- To reduce the suicide rate over the next 5 years
- To improve support for people who self-harm
- To improve support for people bereaved by suicide

The strategy aims to bring everyone together through 8 action areas

1. Improve data and evidence to ensure that effective, evidence-informed, timely interventions continue to be adapted.
2. Provide tailored, targeted support to priority groups, including those at higher risk.
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support.
4. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
5. Provide effective crisis support across sectors for those who reach crisis point
6. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides
7. Provide effective bereavement support to those affected by suicide
8. Make suicide prevention everybody's business so that we can maximise our collective impact and support to prevent suicides

2.2 Sussex Suicide Prevention Strategy

The [Sussex Suicide Prevention Strategy 2024 - 2027](#) was developed by the Sussex suicide prevention steering group, in alignment with the evidence and priorities within the national suicide prevention strategy. The strategy was published in November 2023, alongside three action plans in Brighton & Hove, East Sussex and West Sussex.

The Sussex suicide prevention strategy has 6 priority actions:

1. **Working with Sussex-wide partners** to strengthen collaboration, system wide ownership and commitment
2. **Suicide response / postvention** to develop system capacity to identify and rapidly support those affected by suicide within days of an incident
3. **Suicide prevention training** to increase the confidence, skills and practice of workforces in listening and responding to those experiencing or at risk of suicidal ideation and/or suicidal behaviours

4. **Communications** alignment across Sussex to ensure that messaging and campaigns relating to suicide prevention are co-ordinated and harnessed to maximise impact, avoid duplication and deliver value for money.
5. **Lived Experience** involvement in the design and delivery of suicide prevention activity through a meaningful and sustainable approach
6. **Self-harm prevention** with a focus on minimising the impact of self-harm in children and young people aged up to 25 years.

2.3 Brighton & Hove Suicide Prevention Action Plan

The [Brighton and Hove Suicide Prevention Action plan 2024 – 2027](#) was approved by Health and Wellbeing Board in November 2023. It has 25 actions including 5 priority actions:

1. **Lived experience.** Explore options so that the voices of people with lived experience are embedded in suicide prevention
2. **Suicide audit.** Undertake an audit of deaths by suicide through review of the Coroner's records in Brighton & Hove
3. **Workforce suicide awareness and prevention training.** Develop workforce programme of tailored suicide awareness and prevention training, including General Practice and people working with priority groups in the national strategy
4. **Self-Harm collaboration.** Strengthen the city-wide strategic approach to supporting people who self-harm, with particular focus on children and young people
5. **Systematic response to incidents.** Develop a city-wide response to suspected suicide notifications, reducing contagion and providing support to those bereaved by suicide25 actions including 5 priorities

Suicide prevention activity in the city is overseen by the multi-agency Brighton & Hove Suicide Prevention Steering Group who provide oversight of the action plan; liaise with Sussex initiatives; identify emerging themes; and share learning.

The Brighton & Hove Suicide Prevention Partnership Group reports to the steering group and is open to local organisations with an interest in suicide prevention. It aims to share expertise, information and good practice; shape strategic activity and promote local, regional, and national resources across the city.

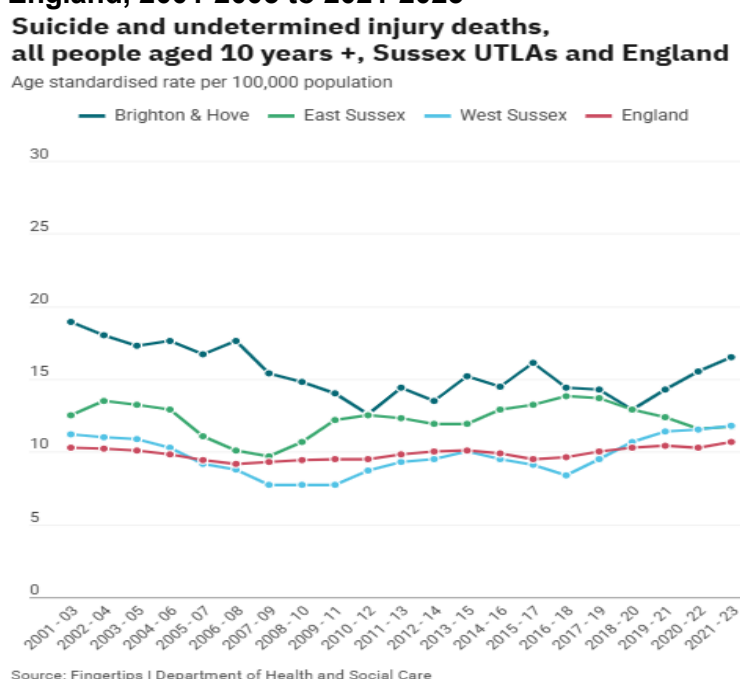
3 Data and intelligence

3.1 Suicide rate in Brighton & Hove and England

Suicide is defined by the Office of National Statistics as all deaths from intentional self-harm for persons aged 10 years and over, and all deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over. Deaths by suicide cannot be registered until a Coroner inquest is completed, resulting in a delay between the date of death and the date of registration.

In Brighton & Hove, there were on average 43 deaths by suicide per year between 2021 and 2023 (Figure 1). Brighton & Hove has statistically significantly higher rates of death by suicide compared to England (16.5 per 100,000) and had the sixth highest rate in the country between 2021 and 2023.

Figure 1: Suicide and undetermined injury deaths in Brighton & Hove, East Sussex, West Sussex and England, 2001-2003 to 2021-2023



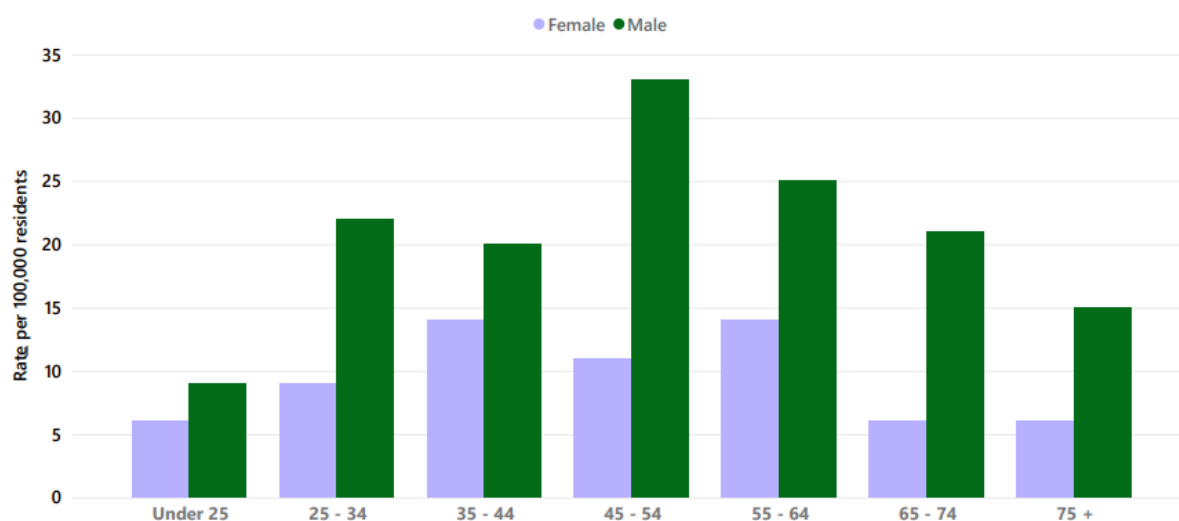
**Source: Office for Health Improvement and Disparities, Suicide Prevention Profile
[Suicide Prevention | Fingertips | Department of Health and Social Care](#)**

Data on deaths by suicide is based on the death certificate or information provided by a Coroner. This means that sex may not reflect an individual's gender identity.

At a national level, men are three times more likely to die by suicide than women. In Brighton & Hove, the suicide rate for male residents is statistically similar to England (20.5 per 100,000 compared to 16.4 per 100,000 in England). However, for female residents, the suicide rate has increased since 2017-19 and is now the highest rate in England as of 2021-2023 (12.6 per 100,000 compared to 5.4 per 100,000 in England). In terms of the age distribution of deaths by suicide in Brighton & Hove, this is similar to England. Figure 2 shows the highest death rate by age-group and sex in the city is men aged 45-54 (Figure 2).

Figure 2: Suicide and undetermined injury death rate by age-group and sex. Brighton and Hove 2012 to 2021

Suicide and undetermined injury age specific rates by sex, per 100,000, Brighton & Hove, 2014 - 2023 (10yr aggregate data), based on date of death registration



Source: [Primary Care Mortality Database - NHS Digital](#)

Source: NHS Digital. Primary Care Mortality Database [Primary Care Mortality Database \(digital.nhs.uk\)](#)

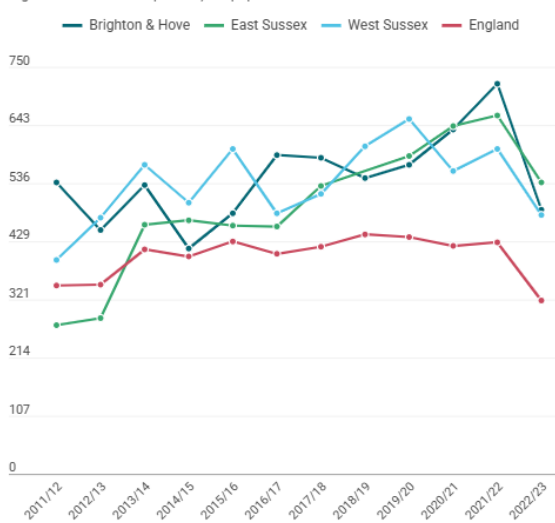
3.2 Self-harm hospital admissions in Brighton & Hove and England

Self-harm is defined as intentional injury to the body, often to express deep emotional feelings such as low self-esteem or coping with traumatic events. Around half of all people who die by suicide have a history of self-harm. Most self-harm occurs in the community and does not lead to hospital attendance or admission, however hospital admission data can be used to identify trends and patterns.

At a national and local level, self-harm is more common in young people aged 10 to 24 years old. Since the publication of the B&H suicide prevention action plan, the national self-harm rates have been updated for 2022/23. Figure 3 shows in 2022/23, there were 280 hospital admissions as a result of self-harm in 10 to 24 year olds in Brighton & Hove, and the rates are statistically significantly higher than England (486 per 100,00 compared to 319 per 100,000 in England). The ONS definition of this indicator changed in 2022/23 and is thought to explain the downward trend in England and Brighton & Hove.

Figure 3: Emergency hospital admissions for intentional self-harm, ages 10-24, directly age standardised rate per 100,000, Brighton & Hove, East Sussex, West Sussex and England, 2010/11 to 2022/23

**Hospital admissions as a result of self-harm,
all people aged 10-24 years, Sussex UTLAs and England**
Age standardised rate per 100,000 population



Source: Fingertips | Department of Health and Social Care

Source: Office for Health Improvement and Disparities, CYP Mental Health and Wellbeing Profile [Children and Young People's Mental Health and Wellbeing | Fingertips | Department of Health and Social Care](#)

3.3 Communities at increased risk of suicide in Brighton & Hove

As outlined in the B&H suicide prevention action plan, the national strategy identifies the following priority groups and population risk factors, based on data, stakeholder engagement and expert views.

Communities at increased risk

- children and young people
- middle-aged men
- people who have self-harmed
- people with mental health conditions
- people in contact with justice system
- autistic people
- pregnant women and new mothers.

Population risk factors

- physical illness
- financial difficulty & economic adversity
- harmful gambling
- alcohol and drug use
- social isolation and loneliness
- domestic abuse

The national strategy also calls for better understanding of suicide in the following groups:

- occupational groups
- autistic people
- people affected by domestic abuse
- people experiencing harmful gambling
- black and racially minoritised groups including Gypsy, Roma or Traveller communities
- refugees and asylum seekers
- people who are LGBTQ+

In Brighton & Hove, some communities with higher risk of suicide are proportionately larger, including:

- people with mental health needs
- children and young people
- people with care experience
- autistic people

- people who use drugs and/or alcohol
- people experiencing homelessness
- people with multiple compound needs
- people who are LGBTQ+
- black and racially minoritised groups
- people in deprived neighbourhoods

4 Progress to date on the action plan

4.1 Action Area 1: Improve data and evidence

| # | Theme | B&H Action | Outcome | Progress to date | Next steps |
|-----|---|--|---|--|--|
| 1.1 | Lived Experience Sussex collaboration | Explore options so that the voices of people with lived experience are embedded in suicide prevention. | Voices of people with lived experience are better embedded in suicide prevention work in the city | <ul style="list-style-type: none"> ▪ Mapped lived experience networks for mental health and suicide prevention in Brighton & Hove, Sussex, and the UK in July 2024 ▪ Sussex Suicide Prevention Lived Experience Groups set up by Grassroots Suicide Prevention and Possability People in February 2024 ▪ Sussex suicide prevention conference in November 2024 included presentations from people with lived experience | <ul style="list-style-type: none"> ▪ Identify opportunities for embedding the voices of those with lived experience in 2025 ▪ Involve people with lived experience to be in the development of suicide prevention training content for General Practice in 2025/26 ▪ Involve people with lived experience in the mental health and substance use pathways project through Common Ambition in 2025 ▪ Community engagement and development to be part of the B&H mental health support service from October 2025 |
| 1.2 | Suicide Audit | Undertake an audit of suicides through review of the coroner's records in Brighton & Hove | Learning used to improve our prevention approaches | <ul style="list-style-type: none"> ○ Data collected from Coroner's records of 121 people who died by suicide in Brighton & Hove between 2021 and 2024 | <ul style="list-style-type: none"> ▪ Continue data analysis of themes and trends from suicide audit data in 2025 ▪ Hold a workshop with stakeholders in spring 2025 to discuss findings and identify recommendations ▪ Incorporate recommendations into action plan |
| 1.3 | Sussex Suicide and Self-Harm dashboard Sussex collaboration | Develop an all-ages Sussex dashboard using Real Time Surveillance and other datasets | Sussex and Brighton & Hove response is more evidence based in terms of identifying trends and emerging issues | <ul style="list-style-type: none"> • Created a Pan-Sussex Real Time Surveillance Dashboard which is regularly reviewed by a monthly multi-agency Pan-Sussex group to identify local and regional trends related to deaths by suspected suicide for all age groups, including locations, methods and risk factors | <ul style="list-style-type: none"> • Continue to develop dashboard and regularly review emerging trends to inform strategic response across Sussex in 2025/26 |
| 1.4 | Understand needs of local population | Use learning to shape suicide prevention activity, including: <ul style="list-style-type: none"> • Safe & Well at School Survey • Health Counts • SEND, learning disabilities and neurodiversity JSNA | Use findings to inform support to local high-risk communities | <ul style="list-style-type: none"> ▪ Safe and Well at Schools Survey (SAWSS) completed by over 13,000 pupils (43 primary schools and 10 secondary schools). Thematic analysis on a range of topics including suicide prevention has been presented to over 20 strategic & operational groups and has informed a Young Carers guide for schools and a refreshed guide for schools on supporting trans & non-binary pupils • Health Counts survey completed by over 16,000 residents about a range of health topics, including mental health and suicide prevention. | <ul style="list-style-type: none"> • Continue to identify opportunities to use SAWSS results to influence strategic and operational activity in 2025 • Health Counts thematic analysis in 2025 will inform strategic decision-making on a range of health and wellbeing services. |

4.2 Action Area 2: Provide tailored, targeted support to priority groups

| # | Theme | B&H Action | Outcome | Progress to date | Next steps |
|-----|--|--|---|---|--|
| 2.1 | Workforce suicide prevention training Sussex collaboration | Develop tailored suicide prevention training for workforces. To include primary care, and people working with priority groups | Frontline staff have more confidence and skills to talk about suicide in line with their job role | <ul style="list-style-type: none"> Commissioned the development and delivery of bespoke training for clinical and non-clinical staff working in General Practice in Brighton & Hove to be delivered until March 2026 Suicide awareness training delivered to professionals working in youth sector, seafront teams, and Sussex Police resulting in improved confidence and skills in talking about suicide and responding to incidents. Wider trauma-informed training for supporting asylum seeker and refugees delivered in 2024 | <ul style="list-style-type: none"> Roll out training programme for General Practice staff in 2025/26 Commission and rollout suicide awareness and prevention training for wider workforces in 2025 Roll out training to support people with complex emotional relational needs in 2025 Deliver suicide prevention training through B&H mental health support service from October 2025 |
| 2.2 | Community mental health transformation programme Sussex collaboration | Increase accessibility of community mental health services for adults in line with the national requirements of the programme. | Improved access to mental health services, improved patient outcomes and experiences and increased staff satisfaction and retention | <ul style="list-style-type: none"> Developed Neighbourhood Mental Health teams in Sussex including 3 teams in B&H, bringing together primary care, mental health and VCSE services in alignment with Integrated Community Teams Launched the Sussex VCSE Mental Health Network in August 2024 bringing together voluntary organisations supporting people with mental health needs in Sussex Launched the Sussex Men's Mental Health Community of Interest group in February 2024 to explore how to better support men to access support Mental Health Services Communications Working Group created a toolkit in February 2024 with consistent messaging for how people can access mental health support in Sussex, informed by people with lived experience.. | <ul style="list-style-type: none"> Implementation of Neighbourhood Mental Health teams in B&H and Sussex throughout 2025/26 Mobilisation of mental health support services from October 2025 including new community engagement and development programme to inform delivery of Neighbourhood Mental Health Teams |
| 2.3 | People in contact with secondary mental health services Sussex collaboration | Review the SPFT Suicide Prevention Strategy and align with city and Sussex activity | People of all ages in contact with secondary mental health services are better supported | <ul style="list-style-type: none"> The Sussex Partnership NHS Foundation Trust are developing a suicide prevention action plan as part of their Trust Strategy. It will be aligned with the Sussex Strategy | <ul style="list-style-type: none"> SPFT plan to be published in 2025 |

| | | | | | | |
|---|-----|--|--|---|---|--|
| 5 | 2.4 | Recommission mental health support service for adults Sussex collaboration | Target support for local communities at increased risk of poor mental health and suicide. | Support to priority groups includes tailored suicide prevention activity. More people report an improvement in health & wellbeing, particularly in more vulnerable groups | <ul style="list-style-type: none"> Multi-agency steering group developed a new service specification in 2024 with a greater focus on tailored mental health promotion, community engagement and psychosocial support for people with mental health needs or at risk of suicide and people in marginalised communities Approval given by BHCC and NHS Sussex ICB to re-procure the service over a 7 year contract (BHCC Cabinet paper) Tender published in November 2024 | <ul style="list-style-type: none"> Evaluate tender bids in March 2025 and award contract in May 2025 New service in place by October 2025 with performance indicators agreed with Provider Performance to be monitored through quarterly contract review meetings for the duration of the seven year contract |
| | 2.5 | Self-harm Sussex collaboration | Strengthen the city-wide strategic approach to supporting people who self-harm, focussing on children and young people | Stronger city response and opportunities identified for more joined-up support across Sussex for people who self-harm | <ul style="list-style-type: none"> Created a multi-agency steering group to develop a Pan-Sussex dashboard on self-harm hospital attendances and admissions for all ages and 10-24 year olds Sussex Self Harm Learning Network Conference in November 2024, attended by over 100 professionals and community members to increase awareness of self-harm and support available | <ul style="list-style-type: none"> Continue to develop Sussex self-harm dashboard and review emerging trends of hospital admissions to inform strategic response at a Sussex and local level in 2025 Update Sussex self-harm guidance for schools and colleges with input from SPFT Review feedback from Self Harm Learning Network conference to inform future direction |
| | 2.6 | Children and Young Person's Emotional Wellbeing and Mental Health Development Programme Sussex collaboration | Improving timely access to effective support for children, young people and families | Improved access to mental health services, improved outcomes and experiences for children and young people and their families. Increased staff satisfaction and retention | <ul style="list-style-type: none"> Priorities agreed, task and finish groups set up. Programme is taking a whole system pathway approach utilising the Thrive Framework. Workstreams include: <ul style="list-style-type: none"> Getting Advice and Help – this includes communications, how to access support and early intervention services; Children and Young People's Mental Health Urgent and Emergency Care (UEC) pathway Specialist Child and Adolescent Mental Health Services (CAMHS) Service Development; | <ul style="list-style-type: none"> Agree delivery plans for 25/26 and 26/27. Clear measures of success will be agreed including metrics to measure impact |

4.3 Action Area 3: Address common risk factors through tailored support.

| # | Theme | Action | Outcome | Progress | Next steps |
|-----|---|---|---|--|--|
| 3.1 | Substance use and mental health pathways | Map and review pathways of support for people with co-occurring mental health and substance use needs for all ages | People with both mental health and substance use needs are better supported | <ul style="list-style-type: none"> • Mapped existing substance use support pathways and mental health support pathways in the city • Reviewed national guidelines, best practice and local joint working protocols • Gathered insight from 130 professionals working in substance use and mental health services in the city and people with lived experience on the strengths, challenges and opportunities in supporting residents with mental health and substance use needs | <ul style="list-style-type: none"> • Deliver an event for professionals supporting people with mental health and drug & alcohol services to review findings from mapping, best practice and local insight to identify recommendations in spring 2025 • Combatting Drugs Partnership to consider how to implement the recommendations in 2025 |
| 3.2 | Mental Health & Debt | Review existing programme and make recommendations for future activity | Workforce have better skills to support people with mental health and debt issues. | <ul style="list-style-type: none"> • End of project report published in March 2024 with recommendations to identify further funding opportunities to coordinate mental health and debt activities and shared with mental health and debt network of over 300 local professionals | <ul style="list-style-type: none"> • N/A no further funding identified |
| 3.3 | Physical activity and mental health | Provide insight to the Let's Get Moving Partnership on mental health and suicide prevention, and empower partners to signpost to share advice, comms and local services | People accessing physical activity groups are better supported to access mental health and wellbeing services | <ul style="list-style-type: none"> • Shared key messages related to mental health and suicide prevention activity and local support available with Lets Get Moving Partnership subgroup for older adults, and discussed how to improve collaborative ways of working to ensure people accessing physical activity sessions are aware of how to access the right mental health support at the right time | <ul style="list-style-type: none"> • Attend children & young people subgroup and sports clubs subgroup of the Lets Get Moving Partnership in 2025 to promote key mental health and suicide prevention messages to enable greater collaboration and improve awareness of local mental health and wellbeing support |

4.4 Action Area 4: Promote online safety and responsible media content

| # | Theme | Action | Outcome | Progress | Next steps |
|-----|---|---|---|---|--|
| 4.1 | Educate and inform the public about safe use of online platforms Sussex collaboration | Promote the Samaritans' guidance on safe internet use with parents, carers, professionals and the public. | The public is educated and equipped with knowledge and skills for healthy and safe usage of online platforms | <ul style="list-style-type: none"> Promoted internet safety resources to local schools and colleges including Samaritans guidance and the R;pple web search intervention tool through Schools Mental Health Service Promoted internet safety resources to the public through Children's Mental Health Week. This included Samaritans guidance and Internet Matters resource for parents and carers with tailored advice for different age groups. | <ul style="list-style-type: none"> Review opportunities for promotion of internet safety resources to different groups and communities through the development of our local suicide prevention communications approach throughout 2025 |
| 4.2 | Reach and engage with groups at increased risk at all ages Sussex collaboration | Review our communications approach to targeting groups at greater risk of suicide, promoting prevention campaigns and signposting to local support. | High-quality signposting and support are prevalent in an accessible way for people who might need support for suicidal ideation and self-harm | <ul style="list-style-type: none"> Mapped organisations in Brighton & Hove supporting different groups and communities at an increased risk of suicide Mapped local and national awareness days and campaigns related to mental health and suicide prevention to identify opportunities to engage with groups at increased risk of suicide through tailored messaging Input into Sussex suicide prevention communications subgroup to align communication approaches, messages and signposting in East Sussex, West Sussex and Brighton & Hove Sussex Mental Health Services Communications Working Group developed a toolkit with consistent mental health signposting information for Sussex in December 2024 | <ul style="list-style-type: none"> Update public-facing Council webpages on mental health and crisis support to ensure consistent messaging in Sussex in 2025 Set up local subgroup to agree a strategic approach to promote local and national campaigns over the next year in spring 2025 Sussex communications group to continue to align campaigns across Sussex to maximise reach, engagement and impact Mobilise delivery of local communications and campaigns through B&H mental health support services in 2025 |
| 4.3 | Support and monitor local media approach to suicide reporting Sussex collaboration | Monitor and respond as needed to local media coverage of suicide, including engaging with local media outlets to ensure reporting is in line with Samaritans guidance | Improved media reporting on suicide and self-harm in line with Samaritans guidance | <ul style="list-style-type: none"> Sussex suicide prevention communications subgroup set up to explore approach to engagement with local media organisations in relation to the appropriate portrayal of suicide-related content in line with Samaritans guidelines | <ul style="list-style-type: none"> Agree Sussex-wide approach to engaging with local media organisations in 2025 Monitor local media reporting of suicide-related topics in Brighton & Hove throughout 2025/26 |

4.5 Action Area 5: Provide effective crisis support across sectors

| # | Theme | Action | Output | Progress | Next steps |
|-----|--|---|--|--|--|
| 5.1 | Crisis Support Sussex collaboration | Improve accessibility and signposting to timely and effective support and information for anyone experiencing suicidal crisis. | Improved access and delivery of mental health crisis services | <ul style="list-style-type: none"> Staying Well crisis café services in Brighton, Crawley and Worthing moved from appointment-based to a walk-in service, reducing A&E attendance and improving patient experience during 2023/24 New model for SPFT Blue Light Triage for emergency services developed across Sussex in 2024 to provide rapid advice and guidance Continued promotion of Text SUSSEX to 85258 as an alternative method of accessing crisis support via text message | <ul style="list-style-type: none"> Transform Staying Well crisis café services in Eastbourne and Hastings to be open access, and develop a digital offer for all five Staying Well services in 2025 Roll out Mental Health Response Vehicles in Sussex to provide assessments in the community in 2025/26 Review NHS 111 mental health line and Text SUSSEX to 85258 models in 2025/26 to improve access to crisis support Develop simplified guidance for seafront staff on where to go in a mental health crisis in Sussex in 2025 |
| 5.2 | Pilot an education-based Children and Young People's multi-agency meeting | Pilot a Multi-Agency Triage meeting to reduce risk in young people who have been to A&E for attempted suicide or high levels of self-harm | Children and young people at high risk of self-harm and suicidal ideation are better supported | <ul style="list-style-type: none"> Pilot began in September 2023 with 3 schools bringing together professionals to discuss cases of young people in school at greatest risk of mental health crisis. This has now broadened to all schools and colleges. March 2024 to March 2025 61 have been discussed and the high-risk cases tend to be reviewed on a 2-4 weekly basis, which has led to greater information sharing between organisations and rapid support to be put in place. Since July 2024 it has been agreed that over the school holidays referrals can be received from Social Care, Police and other partner agencies for discussion. | <ul style="list-style-type: none"> Continue with MAMHET meetings in 2025/26 and pilot involvement of social care and Police at the Multi-Agency Safeguarding Hub to bring cases. Evaluation of MAMHET in 2025 |

4.6 Action Area 6: Reduce access to means and methods of suicide

| # | Theme | Action | Output | Progress | Next steps |
|-----|-----------------------------------|--|---|---|--|
| 6.1 | Benzodiazepines | Contribute to the Brighton & Hove benzodiazepines prescribing programme and apply learning | Safer benzodiazepines prescribing in the city | Project to commence in 2025 | |
| 6.2 | Coastal suicide prevention | Contribute to the Sussex Coastal Suicide Prevention group and apply learning to the city | Response along Brighton & Hove coasts are informed by the | <ul style="list-style-type: none"> Completed an audit of the location and condition of safety signs, Samaritans crisis signs and fencing along the Brighton and Hove coast | <ul style="list-style-type: none"> Update Samaritans crisis signs in 2025 Recommendations for safety signs to be reviewed by Seafront Team |

| | | | | | |
|--|-------------------------|--|---|---|---|
| | Sussex collaboration | including a review of local signs and fences. | evidence from Sussex and national learning | <ul style="list-style-type: none">Public Health, Samaritans and Seafront Team have reviewed the location of Samaritans crisis signs | <ul style="list-style-type: none">Recommendations for fencing to be reviewed by City Services |
|--|-------------------------|--|---|---|---|

4.7 Action Area 7: Provide effective suicide bereavement support

| # | Theme | Action | Output | Progress | Next steps |
|-----|---|--|--|--|---|
| 7.1 | Systematic response to incidents | Develop a city-wide response to suspected suicide notifications, reducing contagion and providing support to those bereaved by suicide | Improved identification and support provided to those affected by incidents with agreed process. | <ul style="list-style-type: none"> Multi-agency responses mounted to incidents of suspected suicide in Brighton & Hove which suggested a greater risk and complexity, in order to identify those affected by suicide and offer support, and identify multi-agency learning opportunities Strengthened join up with rail organisations Strengthened join up with university of Sussex and university of Brighton | <ul style="list-style-type: none"> Map local response to incidents and develop a proposal to address gaps in 2025 Sussex Real Time Surveillance system workshop to be held in spring 2025 by Public Health and Sussex Police to improve how partners work together in responding to deaths by suicide and support those impacted. |
| 7.2 | Support to those bereaved by suicide Sussex collaboration | Review need for suicide bereavement support for all ages in Brighton & Hove and Sussex | Suicide Bereavement support services better address need | <ul style="list-style-type: none"> Suicide bereavement support provided to 22 people in B&H from January to September 2024 Sussex-wide paper went to ICB Exec in September 2024 and MHLDA in November 2024 highlighting the need for funding and risks if services are discontinued Literature review and stakeholder interviews undertaken in summer 2024 as part of Sussex recommissioning process | <ul style="list-style-type: none"> Commission suicide bereavement services for 2025/26 Continue to highlight the risk of terminating suicide bereavement services Use needs assessment findings to inform future commissioning |
| 7.3 | Toolkit in the Event of an Unexpected Death | Embed the use of the Toolkit in the Event of an Unexpected Death in schools | Schools and their staff feel better prepared and have a greater suicide awareness. | <ul style="list-style-type: none"> Toolkit has been widely adopted by schools across B&H and Sussex in responding to sudden deaths in children and young people in 2024 Toolkit disseminated to youth workers in 15 organisations in B&H in 2024 as part of bespoke suicide awareness training. | <ul style="list-style-type: none"> Toolkit under review to assess suitability for adapting into a version for youth workers to respond in the event of an unexpected death in 2025 |
| 7.4 | Support for Primary Care staff | Offer After Death Reviews to support Primary Care staff following the suicide of a patient and identify learning opportunities | More staff working in Primary Care affected by suicide are supported | <ul style="list-style-type: none"> In 2024 contact was made with 13 GP practices after the death of 20 patients by suicide in Brighton & Hove, resulting in 2 After Death Reviews to offer condolences, share bereavement support and provide a contact for peer support | <ul style="list-style-type: none"> Develop a Sussex Suicide Postvention Support Pack for General Practice based on resource made in Derbyshire, endorsed by Royal College of GPs in 2025 |
| 7.5 | Support for suicide response and prevention workforces Sussex collaboration | Participate in NHS Sussex project providing supervision for workforces operating in suicide response and prevention | Improved wellbeing reported by staff in non-frontline roles working on suicide prevention | <ul style="list-style-type: none"> Piloted reflective practice groups with teams in Sussex involved in non-frontline suicide prevention and response from September 2024, including 2 teams in B&H Consulted wider workforces in Sussex involved in suicide prevention in November 2024 to inform the commission of tailored wellbeing resources | <ul style="list-style-type: none"> Evaluate the impact and effectiveness of reflective practice groups in 2025 Commission wellbeing training and resources in spring 2025 for wider organisations in Sussex involved in suicide prevention |

4.8 Action Area 8: Make suicide prevention everybody’s business

| # | Theme | Action | Output | Progress | Next steps |
|-----|--|---|---|--|---|
| 8.1 | Working with wider partners Sussex collaboration | Bringing together the wider partners involved in suicide prevention | Local partners meet regularly to share good practice and local delivery | <ul style="list-style-type: none">Sussex suicide prevention conference in November 2024 with over 200 professionalsSuicide prevention partnership group met regularly in 2024 supported by a new multiagency development subgroup to shape future direction | <ul style="list-style-type: none">Develop Sussex suicide prevention conference in 2025Strengthen ways of working in the B&H partnership group in 2025/26 |

