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

Title:	Suicide Prevention Strategy 2019-2021	
Date of Meeting:	29th January 2019	
Report of:	Director of Public Health	
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Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

This paper is to inform the Health and Wellbeing Board about the new Suicide Prevention Strategy 2019-2021 and seek authorisation to deliver the Strategy with the objective of reducing the rate of suicide in the city.

Glossary of Terms

Acronym	Full Name
CCG	Clinical Commissioning Group
IMD	Indexes of Multiple Deprivation
ONS	Office of National Statistics
LGBTQ	Lesbian, Gay, Bisexual, Trans, Queer/Questioning,
BME	Black and Minority Ethnic
NHS	National Health Service
NICE guidance	National Institute for Health and Care Excellence

1. Decisions, recommendations and any options

1.1 It is recommended that the HWBB approve the Suicide Prevention Strategy 2019-21.

2. Relevant information

2.1. Locally, rates of deaths by suicide and injury undetermined[1] are consistently higher than that for England. The most recent local rate (2015-17) sees the city having the second highest rate of suicide when compared with other English Districts[2] and the 7th highest rate of suicides in County and Unitary Authority areas [3].

2.2. The Third progress report of the cross-government outcomes strategy to save lives, was published in January 2017. And included a new commitment from the Government to achieve a 10% reduction in suicides by 2020/21. Locally we are not seeing the expected fall needed to achieve this change. In order to meet the expected reduction the city needed to achieve a rate of 14.44 suicides per 100,000, by 2015-19, but actual deaths in this period give the city a rate of 16.0.

2.3. The Brighton & Hove Suicide Prevention Strategy 2019 - 2021 incorporates new national guidance and local intelligence. New guidance including that from "Preventing suicide in community and custodial settings", NICE guideline, September 2018, "Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives" January 2017 and The National confidential Enquiry into Suicide and Homicide by People with Mental Illness 2017, have been used to update the Strategy.

2.4. The strategy has been developed, and will be monitored by the Suicide Prevention Strategy Group. Delivery of the strategy is dependent on a partnership approach across the Council, NHS, community and voluntary sector and communities. The local steering group and stakeholders meetings have established a robust partnership to support this. Going forward there

[1] 'Injury undetermined' refers to deaths given an open verdict by Coroners.

[2] Highest rate St Helen's (17.9)

[3] St Helens (17.9), Weymouth and Portland (17.8), Pembrokeshire (17.6), Powys (16.9), Eastbourne (16.9), Merthyr (16.2), Brighton and Hove (16.1)

are further opportunities to strengthen delivery of this important strategy. These include:

- the forthcoming Brighton & Hove Joint Health & Wellbeing Strategy which will aim to make health and wellbeing everyone's business across the City
- inclusion of Suicide Prevention as a priority work-stream in the Sussex and East Surrey Sustainability & Transformation Partnership (STP)
- Prioritisation of suicide prevention in the NHS Long Term Plan and the closer working between providers and commissioners as part of delivering this plan

2.5. The Strategy is informed by data published by the Office of National Statistics (ONS), and preliminary findings from the local audit of Coroner's Inquest's of Suicide as well as the self-harm needs assessment for children & young people, February 2018.

2.6. Building on the national evidence of good practice, a strong evidence base of local need combined with partnership working across the Clinical Commissioning Group (CCG) primary care, mental health services and the third sector, this strategy will support effective interventions with the aim of delivering the 10% reduction.

2.7. The Strategy prioritises support to key communities based on local evidence of their needs. Locally our priorities are males aged 30-54 years, individuals with existing mental health problems, those in contact with Mental Health support, people who present with incidents of self-harm, those living in areas of deprivation, the LGBTQ Community, people with drug and alcohol problems, members of the BME community, people with physical health problems and people who have been bereaved and young adults including students.

2.8. The Strategy incorporates an Action Plan based on the key themes identified in the 2012 Guidance[4] to:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Reduce rates of self-harm as a key indicator of suicide risk.

[4] Preventing Suicide in England, A cross-government outcomes Strategy to Save Lives, *HM Government, September 2012*

Reduce the risk of suicide in key high-risk groups

2.9. An important way that we will reduce suicide amongst high risk groups, is to increase suicide prevention training. The Strategy prioritises the importance of suicide prevention training in enabling those who work with those at risk of suicide to effectively support people at risk and prevent incidents. We will actively engage with Sussex Partnership NHS Foundation Trust, primary care and other key stakeholders including the Police to ensure saturation of training amongst these services.

Tailor approaches to improve mental health in specific groups

2.10. Seventy-three percent of those who died 2006-17 were males. We support men's mental health by working in partnership with organisations where males are visible e.g. public houses, sports organisations: football, rugby, cricket, music venues, motor sports, barbers and others.

Reduce access to the means of suicide

2.11. We will reduce access to the means of suicide, particularly at high risk locations by ensuring the repair and maintenance of fencing along the cliffs. We will also improve use of Samaritans signage at this location, along the seafront wooded areas and road bridges.

Provide better information and support to those bereaved or affected by suicide

2.12. We will support those bereaved by suicide through commissioning of specialist bereavement services. This will build on the successful work already under way by the Rethink SOS service commissioned jointly by the CCG and Public Health.

Support the media in delivering sensitive approaches to suicide and suicidal behaviour

2.13. We will continue to work with local media organisations to ensure appropriate reporting of cases and that national guidelines are applied. This will include ongoing monitoring of reporting as well as holding a media workshop to support local journalists in good practice.

Support research, data collection and monitoring

2.14. Our evidence base of need in the city will be supported through improved surveillance of suspected cases identified via Sussex Police and the Her Majesty's Coroner. We will also gain greater understanding of how we can develop and improve suicide prevention in the city by engaging with those at risk, including those who have attempted suicide and those who have been bereaved in this way.

Reducing rates of self-harm as a key indicator of suicide risk

2.15. We will reduce rates of self-harm by continuing to ensure that A&E staff are effectively trained to support these vulnerable individuals and managed effectively. We will support delivery of the action plan following the 'Self-harm needs assessment for children & young people'. This will include exploring options for improving communication and information sharing between services.

2.16. We will also raise awareness of suicide support to those at risk through use of Samaritans resources (business cards, leaflets) etc. within for example gambling premises, pay-day loan outlets, organisations that provide financial advice and via the Department of Work and Pensions, as well as other agencies.

3. Important considerations and implications

3.1 Legal:

Following the implementation of the Health & Social Care Act 2012 in April 2013 which designated responsibility for a range of public health services to local authorities, the Council became responsible for the co-ordination of and implementation of suicide prevention measures and for the development and publication of local suicide action plans in accordance with national guidelines.

Lawyer consulted: Judith Fisher Date: 18.12.2018

3.2 Finance:

In overall terms partnership working across the Clinical Commissioning Group (CCG) primary care, mental health services, the Council and the third sector is key to the overall strategy and will include contributions from all parties.

The 2018/19 Council budget for the provision of the mental health promotion training programme for the Suicide Prevention Strategy is £0.038m. At this stage a standstill budget is anticipated for future years of the new commission, however this will be subject to council's annual budget setting process.

On the basis that the contract is extended for a period of 2 years to end of March 2021, there will not be any further pressure on the Council.

Finance Officer consulted: Sophie Warburton Date: 17/12/2018

3.3 Equalities:

This strategy aims to have a positive outcome on equality by supporting specific demographic groups and those most at risk of suicide, as identified from the evidence base mentioned above.

We anticipate that the strategy will make a significant difference to people with mental ill health in the city. Early findings from the 2016 Coroner's audit found 79.5% of those who died had a mental health diagnosis. Individuals living in the most or second most deprived areas of the city were over represented amongst those who died across the 2006-16 period. Men are at a higher risk of suicide. Recent changes in the pattern of cases also appear to show a rise in the number of females who complete suicide. People from LGBTQ+ communities also have increased risk. Members of the LGBTQ+ community are also over represented amongst those who took their own life. The strategy therefore has a particular focus on, and will continue to focus support for these specific groups.

Equalities Officer consulted: Anna Spragg Date: 04/01/2019

Supporting documents and information

Appendix 1: The Suicide Prevention Strategy 2019-21