

Meeting:	Cabinet
Meeting date:	Thursday 25 July 2019
Title of report:	Herefordshire Suicide Prevention Strategy
Report by:	Cabinet member health and adult wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To approve a Suicide Prevention Strategy for Herefordshire 2019 - 2023.

The strategy sets out the profile of suicide in Herefordshire and steps that can be taken to contribute to its prevention. It is intended that partner organisations will each take action and also work collaboratively to reduce the number of suicides in Herefordshire.

The strategy builds upon national strategy, policy and guidance. It includes a shared vision and key priority areas. The vision of the strategy is aligned to the national strategy in seeking to achieve a greater than 10% reduction in the number of suicides by 2021. This includes a zero suicide ambition for mental health inpatient services. There are complexities in interpreting fact and figures in respect of suicide, but overall numbers and rates in Herefordshire are seen to be consistent with national trends.

Partners will be jointly responsible for the delivery of the strategy. The Mental Health Partnership Board will oversee the development of an action plan, which partners will then be responsible for delivering.

Recommendation(s)

That:

- (a) The Herefordshire suicide prevention strategy 2019-2023 at appendix 1 be approved.**

Alternative options

1. Not to approve the suicide prevention strategy for Herefordshire. This option is not recommended as the joint strategy will benefit the residents of Herefordshire to have a robust strategy and subsequent action plan in place that aims to reduce the number of preventable deaths by suicide.

Key considerations

2. The government's ongoing strategy for England, preventing suicide in England: a cross government outcomes strategy to save lives and the five year forward view for mental health recommend that all local areas have multi-agency suicide prevention plans. These plans are set out to contribute to a 10 per cent reduction in suicide nationally. A number of multiagency partners have worked to develop the first suicide prevention strategy for Herefordshire, covering the period up to 2023.
3. This will be the first suicide prevention strategy for Herefordshire. A strategy is needed to meet the requirements set out in the national strategy. The strategy will meet wider policy requirements and will benefit the county's residents by providing a local focus in reducing the number of deaths by suicide, complimenting national strategy, policy and guidance. A summary of the relevant data is set out in paragraph 10.
4. The strategy outlines five strategic objectives and outcomes;

Objective 1

- Enhance the prevention of suicide through the effective sharing of knowledge, resources and expertise with related areas of strategy including mental health, domestic abuse, autism, community cohesion, technology enabled living, corporate parenting, migration, equality and dementia.

Outcome

- All key people focused strategies to include consideration of suicide prevention.
- Relevant findings from Child Death Overview Panel (CDOP), Diagnostic and Outcome Monitoring Executive Summary Report (DOMES) and other relevant mortality programmes used to inform suicide audit.

Objective 2

- Maximise the availability, relevance and application of data and other forms of intelligence about suicide and suicide prevention in Herefordshire.

Outcome

- Regular reporting and analysis of NHS and ONS data on suicides and an agreed approach to use of real-time data in place.

Objective 3

- Address the suicide risk and improve the mental wellbeing of people who have been bereaved by suicide.

Outcome

- Routine provision of immediate information and signposting for people bereaved by suicide.

Objective 4

- Address the priorities and at risk groups identified in the National Suicide Prevention Strategy, to increase knowledge about them and impact upon them locally.

Outcome

- A detailed action plan reviewed annually setting out approaches to the seven priority areas and key at-risk groups.

Objective 5

- Help reduce the number and rate of suicides in Herefordshire.

Outcome

- Measurable progress towards a five year reduction of the number and rate of deaths by suicide in Herefordshire.

These cross cutting objectives capture the overall purpose of the strategy and are complementary to the key areas.

5. The seven key priority areas addressed in the strategy build on the nationally identified areas of priority, within a local context. These key areas explore why attention is required, highlighting key issues and what can be done to address the priority.

There are seven key priority areas that address how the shared vision and strategic objectives will be achieved:

- Communities
 - Media
 - Bereavement information and support
 - Reducing means of access to suicide
 - Reducing the risk of suicide in high risk groups
 - Mental health services
 - Self-harm
6. Education of the local media, role modelling positive messaging and supporting campaigns that promote good mental health requires a joined up approach by key partners.
 7. The impact of the strategy will depend on collaborative working by a number of partner agencies. Both individuals and groups in Herefordshire communities give their time and energy to supporting vulnerable people, ensuring that some of this effort is focussed on

preventing suicide will contribute to reducing deaths by suicide. The fourth review of the national strategy highlights that preventing suicide is everybody's business.

8. To realise the objectives set out in this strategy the mental health partnership board will advise the health and wellbeing board and the community safety partnership on progress. The mental health partnership board is a high level reference group, which is not part of formal governance. The strategy includes general discussion about implementation and indicates areas for consideration in forming an action plan. An action plan will be developed with partners with guidance from the mental health partnership board for approval by the health and wellbeing board in October 2019.
9. Review of progress made in meeting the objectives of the strategy will take place annually in the autumn, to enable the most recent release of data, which is provided in September, to be taken into account. The review should provide the opportunity to identify any key changes in data, trends, national guidance, strategy or policy.
10. There is extensive national policy, guidance and research in respect of suicide. The mental health section of Understanding Herefordshire provides analysis of the local data available from the Primary Care Mortality Database and the Public Health Fingertips resource. The available data is analysed in detail and informs the content of the strategy, in summary;
 - There were 137 deaths by suicide recorded for Herefordshire between 2010 and 2017.
 - In this period the number of suicides in any one year varied, ranging from the lowest number recorded at 12 deaths in 2017 to the highest number at 23 in 2016.
 - Herefordshire follows the national trend of the numbers of male suicide being significantly higher than female suicide.
 - The range of methods of suicide in Herefordshire are similar to those seen nationally.
 - Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.
 - Residents of the most deprived areas of Herefordshire are approximately 19% more likely to die as a result of suicide than the county population in general.
 - Agricultural workers and those in the building trade account for the occupations with the highest number of deaths between 2010 – 2017, with 12 deaths in each occupational area.
 - Whilst those with established mental health needs have an increased risk of suicide, many of those who die by suicide do not have mental ill health.

Community impact

11. In the 2012 national strategy, councils are given the responsibility of developing local suicide action plans through their work with health and wellbeing boards. The five year forward plan for mental health requires all CCGs to contribute fully to the development and delivery of local multi-agency suicide prevention plans, together with local partners. These local plans are to contribute to the national ambition of reducing the suicide rate in the general population and providing better support for those bereaved or affected by suicide. The joint Herefordshire suicide prevention strategy is the local response to these requirements.

12. Each key area in the Herefordshire joint suicide prevention strategy identifies what can be done to benefit the county's residents. The strategy addresses the councils corporate plan by supporting people to live safe and healthy lives by reducing their risk of suicide. Suicide has a far-reaching impact on the community; family, friends, neighbours and colleagues. By preventing suicide and improving support for those who are bereaved by suicide this will benefit communities.
13. Developing the community response to preventing suicide is identified as a priority area nationally and locally. The role of the community is particularly important for those who are unlikely to be engaged in mainstream provision, specifically men. Through its initiative, Talk Community, Herefordshire Council and its partners are extending and consolidating this community capacity. Talk Community is the council's new approach to working with communities and innovating to ensure that wellbeing and independence are inevitable. This will include some focus on community safety and mental wellbeing and establishing of a number of talk community hubs throughout Herefordshire during 2019-21.
14. Several key Herefordshire partners have been identified and involved in the development of the strategy. The ongoing commitment by each of the partners to deliver the actions identified in the strategy is imperative in achieving the vision to realise a zero suicide mind set in Herefordshire. The following key partners are now being asked to confirm that commitment;
 - NHS Herefordshire Clinical Commissioning Group
 - Herefordshire Council
 - 2gether NHS Foundation Trust
 - Wye Valley NHS Trust
 - Samaritans
 - Taurus Healthcare
 - West Mercia Police
 - Hereford and Worcester Fire And Rescue Service
15. Looked after children and care leavers are at risk of suicide, particularly males. As part of wide ranging work in supporting care leavers in its role as a corporate parent, the council and partners will review their approach with the aim of reducing risk of suicide among this group.
16. An awareness of suicidal risk among property and housing developers, council services and other agencies needs to be raised to aid the designing out risk from new structures and buildings. This will include providing information and training to members and professionals involved in the planning process, linking with neighbourhood plans. A detailed approach will be included in the subsequent action plan.

Equality duty

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The strategy may have implications for a numbers of groups with protected characteristics. Although the impact is generally expected to be positive, an EIA has been completed and is attached as appendix 2.

Resource implications

19. There are no direct implications for the council's budget arising from this report or the strategy and implementation of the subsequent action plan. .

Legal implications

20. This is a key decision in accordance with paragraph 3.3.15(ii) of the constitution.
21. Following the publication of the 2012 strategy, councils were given the responsibility of developing local suicide action plans in conjunction with clinical groups. The recommendations of the report ensure that the council complies with this responsibility.
22. In accordance with Chapter 5 Working Together to Safeguard Children all councils are required to have arrangements in place to review the deaths of all children in their area. Herefordshire Safeguarding Children Board Child Death Overview Panel undertake such reviews.

Risk management

23. If the actions outlined in the strategy are not committed to and reviewed, there is an inherent risk that people will continue to die as a result of suicide, where these deaths could have been prevented.

Risk / opportunity	Mitigation
Whilst there are no direct resource implications, success in achieving a zero suicide mind set and reducing the number of deaths by suicide will require time and attention by key partners and the community.	All key partners to be held to account by the Health and Wellbeing Board for their contribution to the delivery of the strategy.
The strategy may be implemented in full and there may still be deaths by suicide.	Review of the strategy, emerging data and actions to understand the impact and make changes as required.
The changes in the law relating to the way coroners can reach conclusions around suicide may lead to an increase in recorded verdicts of suicides in future years.	

24. Risks will be managed at a directorate level.

Consultees

25. Preparation of the strategy has drawn substantially on wide ranging research on suicide, nationally and regionally, with advice from the joint regional lead for NHS England and Public Health England. This has been augmented by analysis of local facts and figures. Research and analysis will continue to inform the implementation of the strategy throughout its life.
26. In developing the strategy the Herefordshire Council and NHS Herefordshire CCG have engaged with professionals and volunteers across voluntary, community and public sectors and those representing people with mental health needs, including through Herefordshire's mental health partnership board. Discussion with West Mercia police has provided background around the methods of suicide that has contextualised data and enriched how this area is considered in the strategy, particularly in respect of rail incidents. Primary care colleagues, including 2gether mental health foundation trust, have highlighted gaps in current arrangements and potential for better reporting of self-harm, which has directly contributed to what can be done to address this high risk area. 2gether mental health foundation trust have also designed and implemented a 'Trust Zero Suicide Plan – Inpatient Mental Health Services 2019/20' that is reflected in the inpatient aspect of the mental health key priority area. The Samaritans and experts by experience have drawn attention to specific resources, for example the 'Letter of Hope' that has brought the voice of those at risk of and those affected by suicide to the strategy. Continued engagement will be undertaken in support of strategy implementation, including direct engagement with communities. This will be incorporated into the development of the Talk Community Plan and Talk Community hubs, along with the development of an updated mental health strategy.
27. Political groups have been consulted and no objections or queries were raised.

Appendices

Appendix 1 – Draft Suicide Prevention Strategy

Appendix 2 - EIA

Background papers

None