



Title of report: Herefordshire Suicide Prevention Strategy

Meeting:	Cabinet
Meeting date:	Thursday 25 September 2025
Cabinet member:	Cabinet member adults, health and wellbeing;
Report by:	Corporate Director Community Wellbeing
Report author:	Public Health Lead - Mental Health and Public Health Principal

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

To approve a Suicide Prevention Strategy for Herefordshire 2025 - 2029. The strategy has been developed in collaboration with local partners and highlights our commitment to reduce the number of local lives lost to suicide. The strategy takes a whole-county, all-age approach. It is intended that partner organisations will each take forward actions and work collaboratively to reduce the number of suicides in Herefordshire.

Recommendation(s)

That:

- a) **The Herefordshire Suicide Prevention Strategy 2025-2029 at appendix 1 be approved.**

Alternative options

1. Not to approve the Herefordshire Suicide Prevention Strategy. This option is not recommended. The purpose of the strategy and proposed action plan are to reduce the number of preventable deaths by suicide which will benefit the residents of Herefordshire.

Key considerations

2. The government's Suicide Prevention Strategy for England:2023 to 2028, has the overall aim of preventing self-harm and suicide. The national strategy highlights that preventing suicide is everybody's business.
3. The development of a local strategy is a key action for suicide prevention within our Good Mental wellbeing priority area, the wider good mental wellbeing action plan supports our preventative approach. The strategy itself builds upon local intelligence, the national strategy, policy and guidance. It includes a shared vision and seven key commitment areas.
4. Partners will be jointly responsible for the delivery of the strategy. The Suicide Prevention Working Group will lead the development of an action plan; partners will be responsible for delivering their own actions within the plan. Public Health will coordinate and update the plan as required.
5. A local strategy is needed to meet the requirements set out in the national strategy. A range of multi-agency partners have worked to develop the latest suicide prevention strategy for Herefordshire, covering the period 2025 - 2029. 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, complementing national strategy, policy and guidance. A summary of the relevant data is set out in paragraph 6, below.
6. The local strategy outlines seven commitments. These commitments capture the strategic engagement themes as well as aligning with national priorities. In addition, our guiding principles will support all activity.

Commitment 1 – Making suicide everyone's business

Encourage all partners to play their part in suicide prevention, work with local, national and social media outlets and support a community approach.

Commitment 2 – Strengthen mental health and early intervention support

Increase awareness of local support, training and activities, support the use of wellbeing plans for a personalised approach and create innovative ways of supporting our residents.

Commitment 3 – Improving data and evidence

Provide up to date local data to inform service delivery and use data and evidence to support those at risk.

Commitment 4 – Expanding partnership working

Maintain and build trusted relationships to improve accessibility and delivery of services, create a safer community and make better use of local intelligence.

Commitment 5 – Identify and support priority groups

Identify at risk priority groups and ensure support is available and accessible.

Commitment 6 – Provide effective crisis support

Ensure that the right support is available at the right time and enhance accessibility of crisis support.

Commitment 7 – Offer suicide bereavement information and support

Increase awareness of suicide bereavement services and support, improve understanding of those affected by suicide and ensure accessibility of support for all ages.

7. 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 so we will work with and offer training to media and communications partners.
8. In terms of governance arrangements, the Suicide Prevention Working Group reports to the Adult Better Mental Health Partnership Board (ABMHPB), which will advise the Health and Wellbeing Board and the Community Safety Partnership on progress. An action plan will be developed with partners with guidance from the suicide prevention working group.
9. Review of progress made in meeting the commitments of the strategy will be undertaken annually, taking account of key changes in data, trends, national guidance, strategy and policy.
10. Local mental health data is listed within the Understanding Herefordshire website, based on data from the Primary Care Mortality Database and the OHID Public Health Fingertips resource. Since late 2023 we have had access to real-time data through the 'real-time suspected suicide surveillance system' (RTSSS); an early warning system for indications of change in suicides primarily to inform suicide prevention. The available data in summary:
 - The suicide rate for Herefordshire has remained consistent over the last 20 years and is not statistically significantly different from the national and regional rate.
 - The age-standardised mortality rate for suicide in Herefordshire in 2019-21 was 13.2 per 100,000 people, compared to 10.4 for England overall.
 - The majority of suicides are amongst males, accounting for approximately three-quarters of all deaths from suicide in Herefordshire in the last 20 years.
 - From 2019 to 2023, a total of 102 suicides were recorded in Herefordshire, with the highest rates among those aged 25-44. Suicide is a leading cause of death for men under 35, accounting for 1 in 4 deaths.

Community impact

11. Since 2012, councils have been responsible for developing a local partnership suicide strategy and action plan through their work of health and wellbeing boards. The Herefordshire strategy is needed to meet the requirements set out in the national strategy – to prevent self-harm and suicide.
12. The strategy will contribute to the council's delivery plan by supporting people to live safe and healthy lives by reducing their risk of suicide. Suicide has a far-reaching impact on communities, family, friends, workplaces and schools: 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, for example men. Through Talk Community, the council and its partners are extending and consolidating this community capacity. Examples of support through Talk Community include community hubs, training provision and offering opportunities for group-related activities.
13. The ongoing commitment by each of the partners to deliver the actions identified in the strategy is vital in achieving the vision to 'reduce suicides in Herefordshire and make our county a place where there is hope and community connection. We are committed to ensuring that the right support is available to the right person at the right time'. Key partners from the statutory, community and voluntary sectors have contributed to the development of the strategy and will support the development of the action plan.
14. The strategy will support ongoing work to reduce the stigma around suicide, longer term activity following awareness raising through Baton of Hope and the orange button scheme.

Environmental Impact

15. The development of this strategy and associated action plan will aim to minimise any adverse environmental impact and will actively seek opportunities to improve and enhance environmental performance.

Equality duty

16. The Public Sector Equality Duty requires the Council to consider how it can positively contribute to the advancement of equality and good relations and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.
17. An Equality Impact Assessment has been completed and attached as Appendix 2. The following equality considerations should be considered when making a decision about this activity:
 - a. The implementation of the strategy aims to have a positive impact on residents across Herefordshire by working with local organisations and ensuring accessible support for all.
 - b. The action plan will consider accessibility throughout the development, this will include adapting resources, information, service delivery to reduce and potential negative impacts on equality groups considered in the EIA.

- c. Priority groups will continually be identified based on local intelligence; this may include middle-aged men and people with a history of receiving mental health support.

Resource implications

- 18. There are no direct implications for the council's budget arising from this report or the strategy and implementation of the subsequent action plan.
- 19. Any potential resource requests will be considered at a directorate level in the first instance.

Legal implications

- 20. There are no specific legal implications resulting from the recommendation within this report.

Risk management

- 21. If the actions outlined in the strategy are not committed to and reviewed, there is a 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 the vision and reducing the number of deaths by suicide will require capacity and focus from key partners and the community.	Annual review of progress towards achieving the key commitments and responding to emerging data to make changes as required.
The strategy may be implemented in full and there may still be deaths by suicide.	Real Time Suspected Suicide Surveillance – continued oversight by the suicide audit group ensuring regular review of data including real-time data, allows for identification of possible clusters/ links and themes to focus our preventative work
The changes in the law relating to the way coroners can reach conclusions around suicide has not led to an increase in recorded verdicts of suicides locally in recent years, but this will be kept as a risk for future review.	Continued oversight by the suicide audit group ensuring regular review of data
Partner capacity and prioritisation – while annual reviews will track delivery, there is an ongoing risk that partners may have limited resources to implement or sustain actions.	Incorporate the strategy within existing multi-agency governance structures to align with other health and wellbeing priorities, thereby embedding delivery into existing workstreams.
Public perception and community confidence – there is a reputational risk if the strategy is not seen to have impact, or if specific incidents draw public criticism.	Clear communication and engagement plans with communities and stakeholders, alongside transparent reporting of progress and outcomes.
Data quality and availability – suicide prevention depends heavily on timely, accurate data, which may be limited or inconsistent.	Continue to increase the number of data-sharing agreements with partners to ensure consistent, high-quality information flows into the suicide audit process
Emerging national policy changes – shifts in health policy, coronial processes, or funding streams may impact local delivery.	Regular horizon scanning by the working group and proactive adjustment of the strategy in response to national developments

22. The strategic risks associated with the Suicide Prevention Strategy 2025–2029 have been reviewed and are being managed in accordance with the Council’s Risk Management Strategy. The risks and mitigations identified, together with the additional considerations set out above, are proportionate to the scope and aims of the strategy. Oversight will be maintained through directorate-level governance and the established Suicide Audit Group, ensuring risks are effectively monitored, escalated, and addressed in support of the Council’s commitment to reducing the number of lives lost to suicide.

Consultees

23. Consultation took place during 2024:

- 34 organisations as service providers participated in interviews
- 64 members of the public responded to an online survey
- 7 lived experience interviews took place
- Engagement through the Youth board

24. Appendix 1, P.19, details consultation feedback. Qualitative analysis was themed, and all feedback considered in the development of the seven commitments.

25. Consultation undertaken with political groups on 12th September 2025. Political groups were in support of the strategy and supportive of how we continue to use data and surveillance to inform targeted intervention work.

26. Feedback has been provided through the suicide prevention strategy working group and Appendix 1 within the strategy provides an overview of all consultation responses.

Appendices

Appendix 1 – Herefordshire Suicide Prevention strategy 2025-2029

Appendix 2 – Equality Impact Assessment

Background papers

None identified

Please include a glossary of terms, abbreviations and acronyms used in this report.

RTSSS – Real time suspected suicide surveillance

EIA – Equality impact assessment