

Meeting date: Tue 19th Jan 2021
Report to: Solihull Health & Wellbeing Board



Subject/report title: Suicide Prevention Strategy Annual Update
Report from: Ruth Tennant, Director of Public Health
Report author/lead contact officer: Joanna Luxmore-Brown, Public Health Specialist – Adults & Mental Health

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1. Purpose of Report

- To provide an annual update on progress on the delivery of the Suicide Prevention Strategy 2017-21, and outline our intentions for 2021/22 for information.

2. Decision(s) recommended

- To focus on the following areas in 2021/22;
 - **Solihull Suicide Prevention Strategy Refresh:** work with key partners to review current needs, plan accordingly and deliver within agreed timeframes.
 - **Real time surveillance:** work with NHS England and regional colleagues to embed a systematic process to access real time data and intelligence on suicides in Solihull and Birmingham.
 - **Communications:** work with Birmingham and Solihull Clinical Commissioning Group to deliver a comprehensive and targeted communications plan to raise awareness on suicide prevention and support.

3. Matters for Consideration

Context

3.1 Suicide is often the end point of a complex history of risk factors and distressing events;

the prevention of suicide has to address this complexity. We therefore need to acknowledge the limitations of suicide prevention work, and recognise that it is part of a much wider landscape around mental health and how people in mental health crisis are supported (both children and adults).

- 3.2 Our Solihull Suicide Prevention plan aligns with our Local Transformation Partnership (LTP) which sets out how we plan to address poor mental health in adults and young people. The future model for mental health is premised on moving resources from funding hospital beds and specialist care, to a system able to respond earlier to need, and promote timely recovery and independence.
- 3.3 The LTP also sets out a 'zero suicide' ambition, which includes working closely with mental health providers to ensure plans are in place for a 'zero suicide' ambition for mental health inpatients, supported by evidence based on preventative actions and high-quality crisis support. The STP governance is being strengthened for collective accountability for safety which includes a System Wide Oversight Group to ensure lessons are learned from preventable deaths.
- 3.4 We also need to tackle all the factors which may increase the risk of suicide in the communities where they occur if our efforts are to be effective. Suicide prevention is most effective when it is combined as part of wider work addressing the social and other determinants of poor health, wellbeing or illness.

Suicide Prevention in Solihull

- 3.5 In 2012 the Government developed the 'Preventing Suicide in England' strategy, which recognised suicide as the end point of a complex history of risk factors and distressing events that required communities, individuals and society as a whole to help prevent suicides. Public Health England (PHE) asked all Local Authorities to have a multi-agency suicide prevention strategy in place by 2017.
- 3.6 In November 2017, the Solihull Health & Wellbeing Board (HWBB) agreed to be responsible for overarching governance of the Suicide Prevention plan with oversight by the SMBC's corporate governance processes.
- 3.7 An update on the Solihull Suicide Prevention Strategy 2017-2021 was last presented to the HWBB in January, 2020.
- 3.8 Since the last Suicide Prevention update, we have been affected by a global virus pandemic. The Solihull Suicide Prevention Steering Group has therefore focused on the following priority areas to support the pandemic response.
- **Single Point of Access Mental Health Helpline:** BSOL CCG launched the Mental Health Helpline at the start of pandemic. The Helpline offers support for all levels of mental health, including suicidal ideation, and is monitored on a weekly basis.
 - **Single Point of Access Bereavement Service:** Solihull MBC collaborated with BSOL CCG to model and develop a single point of access bereavement service for the residents of Solihull and Birmingham. The service offers support for all ages, and all modes of bereavement, including suicide. The service has been extensively promoted, and is monitored on a weekly basis.
 - **Mental Health Communications:** Solihull MBC have supported with the development and promotion of the communications for both Mental Health and

Bereavement Services

3.9 Emerging suicide data from several countries currently show no evidence of an increase in suicide during the pandemic thus far. However, numerous surveys have highlighted the effect of the pandemic on children and young people, and how their mental health has been disproportionately affected, relative to older adults, and some suggest an increase in suicidal thoughts and self-harm. Of greatest concern, is the effect of economic damage from the pandemic. One study reported that after the 2008 economic crisis, rates of suicide increased in two thirds of the 54 countries studied, particularly among men and in countries with higher job losses.

3.11 In February 2021, members from the Solihull Suicide Prevention Steering Group will be meeting to discuss and review; the achievements of the current strategy, the current evidence base/data, and the future needs for Solihull. The outcomes of this work will inform a new action plan, to be delivered within an agreed timeframe.

3.12 To support the systematic delivery of Suicide Prevention in 2021/22, we will focus on;

- **Solihull Suicide Prevention Strategy Refresh:** work with key partners to review current needs, plan accordingly and deliver within agreed timeframes.
- **Real time surveillance:** working with NHS England and regional colleagues to embed a systematic process to access real time data and intelligence on suicides in Solihull and Birmingham.
- **Communications:** working with Birmingham and Solihull Clinical Commissioning Group to deliver a comprehensive and targeted communications plan to raise awareness on suicide prevention and support.

4. What options have been considered and what is the evidence telling us about them?

Our plans for 2020 have been informed by both local and national intelligence and guidance;

4.1 National Strategies and guidance;

- Preventing Suicide in England (Department of Health, 2012)
- Support after suicide: A guide to providing local services (Public Health England, 2016)
- Suicide Prevention: A Guide for Local Authorities (Local Government Association)
- Support after suicide: A guide to providing local services (Government, 2017)
- Support After Suicide Partnership:
<https://hub.supportaftersuicide.org.uk/resource>
- Suicide Prevention (National Institute for Health & Care Excellence, 2019)

4.2 Real Time Surveillance <https://hub.supportaftersuicide.org.uk/content/real-time-surveillance/>

- Real Time Surveillance is a system that allows preventative intervention when people are at very high risk of suicide, for example, after a suicide-related bereavement and before a coroner's conclusion, which can take up to a year.

Real Time Data therefore allows people at risk of suicide to get support *when they need it*.

- We know that people who are bereaved by suicide – particularly those with close relationships to the person who died – are at much higher risk of suicide in the months following a death. People bereaved by suicide are more likely to feel suicidal themselves, and around 9% make a suicide attempt. We also know that a single suicide can lead to or be part of a cluster of suicidal deaths, and real time surveillance facilitates the rapid identification and intervention of suicide clusters. In short, a real time surveillance system that is correctly set up, run, and evaluated, *will* save lives.

4.3 Suicide Bereavement Services – postvention

- The term postvention describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation. Postvention programmes have the potential to address known links between suicide bereavement and social isolation, increased physical and mental ill health, and difficulties with meeting work or study commitments (Public Health England, 2016).

4.4 Communications: Recommendations on awareness raising by suicide prevention partnerships in NICE guideline ‘Preventing suicide in community and custodial settings’ (2018)

- Awareness raising by suicide prevention partnerships.
- Take into account socioeconomic deprivation, disability, physical and mental health status, and cultural, religious and social norms about suicide and help seeking behaviour, particularly among groups at high suicide risk.
- Ensure the language and content of any awareness-raising materials is:
 - appropriate for the target group
 - sensitive and compliant with media reporting guidelines, such as the Samaritans' Media guidelines for the reporting of suicide.
- Coordinate local activities and ensure they are consistent – and coordinated – with national initiatives.
- Consider encouraging employers to develop policies to raise suicide awareness and provide support after a suspected suicide. For example, see Public Health England and Business in the Community's toolkits.

5 Reasons for recommending preferred option(s)

5.1 Local Authorities are responsible for developing and implementing a local Suicide Prevention Strategy.

5.2 The 3 priorities recommended for focus in 2021/22 are key areas supported and recommended by Public Health England as part of local suicide prevention work.

- To focus on the following areas in 2021/22;
 - **Solihull Suicide Prevention Strategy Refresh:** work with key partners to

review current needs and produce an action plan. Timeframes to be agreed dependent on needs.

- **Real time surveillance:** work with NHS England and regional colleagues to embed a systematic process to access real time data and intelligence on suicides in Solihull and Birmingham.
- **Communications:** work with Birmingham and Solihull Clinical Commissioning Group to deliver a comprehensive annual communications plan to raise awareness on suicide prevention and support.

6 Implications and Considerations

6.1 How the proposals in this report contribute to the delivery of Council Plan priorities:

Priority:	Contribution:
Securing inclusive economic growth.	Not applicable
Planning & delivery for Solihull's low carbon future (to include biodiversity implications).	Not applicable
Managing demand and expectation for public services.	<ul style="list-style-type: none"> • Increase awareness of suicide by enhancing the training offer for individuals and organisations about what to look for and who to talk to. • Improve the care of people bereaved by suicide. • Greater focus on groups in the community at higher risk of suicide.
Developing our approach to services for adults and children with complex needs.	<ul style="list-style-type: none"> • Increase awareness of suicide by enhancing the training offer for individuals and organisations about what to look for and who to talk to. • Improve the care of people bereaved by suicide. • Greater focus on groups in the community at higher risk of suicide.
Making the best use of our people and physical assets.	Not applicable

6.2 Consultation and Scrutiny:

6.2.1 No formal consultation planned. The delivery of the strategy and the action plan will be undertaken by a wide range of stakeholder organisations involved in the Solihull Suicide Prevention Group.

6.3 Financial implications:

6.3.1 Implementation of the Strategy is dependent upon the on-going support from the partner organisations. No new resources are needed at this time; however, if a policy refresh takes place new funding requirements may be identified and approval sought.

6.4 Legal implications:

6.4.1 None identified

6.5 Risk implications:

The Corporate Risk Management Approach has been complied with to identify and assess any significant risks associated with the recommendations of this report. This includes (but is not limited to) political and reputation risks if effective action is not taken.

6.6 Equality implications:

6.6.1 No new implications identified.

7 List of appendices referred to

7.1 Solihull Suicide Prevention Strategy 2017-21

7.1 Solihull Suicide Data Analysis 2017/18

8 Background papers used to compile this report

8.1 www.supportaftersuicide.org.uk

8.2 <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

8.3 <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

8.4 <https://www.nice.org.uk/guidance/NG105>

8.5 <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/suicide-prevention>

8.6 Trends in suicide during the covid-19 pandemic
BMJ 2020; 371: <https://doi.org/10.1136/bmj.m4352> (Published 12 November 2020)

9 List of other relevant documents

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