

**Meeting date:** 27<sup>th</sup> February 2023

**Report to:** Health & Adult Social Care Scrutiny Board

**Subject/report title:** Solihull Suicide Prevention Strategy 2023-2026

**Report from:** Joanna Luxmore-Brown, Senior Public Health Specialist

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**Wards affected:**

All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  
 Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  
 Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  
 Shirley West |  Silhill |  Smith's Wood |  St Alphege

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**Public/private report:** Public

**Exempt by virtue of paragraph:** Not applicable.

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**1. Purpose of Report**

- 1.1 To summarise key outcomes of the Solihull Suicide Prevention Strategy 2017 – 2021.
- 1.2 To feedback on Solihull's refreshed Suicide Prevention Strategy 2023 – 2026 prior to sign off and endorsement at the Health and Well-being Board.

**2. Decision(s) recommended**

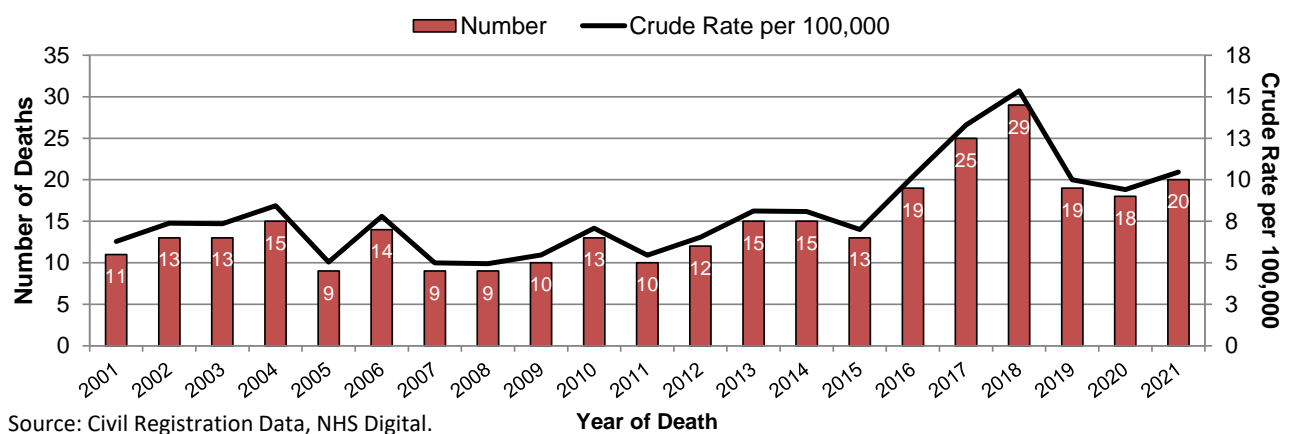
- 2.1 Board to comment on the content of the Solihull Suicide Prevention Strategy 2023 - 2026 prior to sign off and endorsement at the Health and Well-being Board.

**3. Matters for Consideration**

**3.1 Background**

- 3.2 Sadly, since 2001 there have been 311 deaths from Suicide in Solihull, including injuries of undetermined intent (cases where it is not clear whether the death was the result of intentional self-harm, an accident or an assault). (Figure 1).

- 3.3 From 2001 to 2015 the number of suicides per year was stable but started to increase each year from 2015, peaking in 2018, where the rate was significantly higher than the England average. Since the peak, rates have started to decline, and the most recent data, although provisional, indicates they are no longer significantly above the England average.
- 3.4 In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” – balance of probabilities – where previously a “criminal standard” was applied – beyond all reasonable doubt. The lowering of the threshold is expected to lead to an increase in deaths recorded as suicide.
- 3.5 Presenting suicides data by year of death is useful to observe trends, however the more recent data should be interpreted with caution as it is considered provisional and subject to change.
- 3.6 Even with the suggestive decline, suicide rates remain higher than our long-term ambition, which is to achieve ‘zero suicides’ in Solihull as we believe suicide is preventable.
- 3.7 Figure 1: Deaths from suicide (including injuries of undetermined intent), Number and Crude Rate by date of death, Solihull Residents, 2001 – 2021\*



- 3.8 Following the publication of the Governments’ Suicide Strategy in 2012 (Preventing Suicide in England), local councils were given the responsibility of developing action plans through their work with health and wellbeing boards.
- 3.9 The Solihull Suicide Prevention Strategy 2017-2021 set out our overall aim, guiding principles, and priorities for reducing the risk of suicide across our Borough.
- 3.10 The Solihull Suicide Prevention Strategy 2017-2021 and Delivery Plan was led by the Suicide Prevention Steering Group; a multiagency group with representation from SMBC, NHS commissioning and provider organisations, the voluntary sector, emergency services including the police, UK Health Security Agency and West Midlands transport. It regularly reports to the Health and Wellbeing Board
- 3.11 An update on the Solihull Suicide Prevention Strategy 2017-2021 was last presented to the Health and Wellbeing Board in February 2022, where it was agreed to carry over relevant outstanding actions from the 2017-21 strategy, that had been delayed due to restricted staff capacity and re-deployment to support the COVID pandemic.

### 3.12 Summary of successes: Solihull Suicide Prevention Strategy 2017-2021

#### 3.13 Priority 1: Development of a Safer Suicide Community.

- Single Point of Access Mental Health Helpline: BSol CCG launched the Mental Health Helpline at the start of the global pandemic. The Helpline offers support for all levels of mental health, including suicidal ideation, and is monitored on a weekly basis.
- Bereavement Services: Solihull MBC collaborated with BSol CCG to model and develop a single point of access bereavement service for the residents. The service offers support for all ages, and all odes of bereavement, including suicide.
- Suicide Prevention Training: in collaboration with Health Education England, we developed a training platform including free online, 20 minute, Zero Suicide Alliance Training. To date, over 200 people have accessed the training, with heightened engagement around World Suicide Prevention Day.
- Applied Suicide Intervention Skills Training (ASIST): we commissioned the two-day ASIST training that prepares people to provide suicide first aid interventions. 30 people attended the training, from a rage of organisations including West Midlands Police and Birmingham and Solihull Mental Health Trust.
- Solihull Zero Suicide Pledge: Over 300 people and 22 organisations across the borough have signed the Solihull Zero Suicide Pledge. By signing the pledge, people are making a commitment to look after family, friends and colleagues and take 20-minute online training to spot the warning signs in others and signpost them to help.

#### 3.14 Priority 2: Better Support and Care for Those at the Highest Risk of Dying by Suicide.

- Solihull Suicide data analysis completed by Public Health and shared with the Solihull Suicide Prevention Steering Group and key partners to inform our local response. Available on SMBC website.
- Identification of groups at highest risk of dying by suicide incorporated into crisis care management pathway.
- Directory of local support and services produced for residents and providers. This is currently being reviewed due to the recent NHS transformation programme.
- Postvention: a review of good practice has been completed to inform local options which reduce risk, support communities, and promote healing after a suicide death. The outcome of the review is informing the future postvention offer across Solihull.
- Care planning for high risk groups: NHS providers and custody suites reviewed suicide prevention practices and developed an organisational suicide prevention plan.

#### 3.15 Priority 3: Working Together to Prevent Suicide.

- Adopted “Information sharing and suicide prevention” consensus statement to address the balance between reducing suicide risk through sharing of information and respecting patient confidentiality.
- Secured 3 years funding to deliver the Suicide Prevention National Transformation Programme, which includes Real Time Surveillance, specialist support for those bereaved by suicide and raising awareness about suicide and suicide prevention.

### 3.16 **Priority 4: Learning from Those Who Have Died by Suicide.**

- Coronial Audit of Suicide deaths. Findings to be shared with key partners in 2023 to inform local Suicide Prevention response and delivery.
- Closer working relationships with Coronial service, Police and Bereavement Services to agree a local process for gathering Real Time Surveillance to inform a timely local suicide prevention response. Real Time Surveillance System to be implemented in 2023.

## **4. Solihull Suicide Prevention Strategy 2023 – 2026: Strategy scope**

- 4.1 A new national suicide prevention strategy is due to be published in 2023, which will reflect the most up to date evidence and will address current challenges, risks and opportunities to prevent suicide.
- 4.2 Solihull MBC responded to the call for evidence on mental health and suicide prevention (National Suicide Prevention Plan Conversation) which informed both the development of the new strategy and our local strategy refresh.
- 4.3 Solihull Suicide Prevention Strategy 2023 - 2026 describes Solihull's ambitions to reduce suicides and the profound impacts on individuals, families and communities in Solihull over the next three years.
- 4.4 The 2023-2026 Strategy focusses on what we can achieve and progress in next 1-3 years, and aligns to our local strategies and plans that involve action to address different risk and protective factors for suicide, suicidal behaviour, and self harm, including, safeguarding, mental health, health inequalities and health and wellbeing.
- 4.5 The strategy also incorporates the best available evidence on what works nationally.
- 4.6 The Strategy includes a delivery plan (currently in development), detailing our actions under each priority. The Solihull Suicide Prevention Steering Group will be responsible for the local data collection model and for tracking the actions and monitoring impact on a quarterly basis. The data will feed into the strategic planning process and help to identify high-risk groups, locations of concern, patterns and trends, provide evidence for targeted interventions and contribute to the monitoring and evaluation of outcomes.

## **5. Strategy development**

### 5.1 Strategy development adopted a four-step-process:

- Step 1: Review progress and understand where we are now: our strengths, weaknesses, threats and opportunities
- Step 2: Establish where Solihull wants to be: a collective understanding, leading to priority setting
- Step 3: Plan how we will get there: developing a shared delivery plan
- Step 4: Public consultation and revision

### 5.2 Step 1 was completed in March 2022. Partners from the Solihull Suicide Prevention Steering

Group convened a workshop to discuss progress on the 2017-21 Suicide Prevention Strategy and future options.

5.3 Step 2. The Solihull Suicide Prevention Steering Group agreed that the four priorities for action, identified for the 2017-2021 Solihull Suicide Prevention Strategy, were still relevant and are areas that will have the greatest impact on reducing the number of suicides, and improving the support to people who have been bereaved or affected by suicide.

5.4 Priorities for Action

- 1. Safer Suicide Community
- 2. Better Support and Care for Those at the Highest Risk of Dying by Suicide
- 3. Working Together to Prevent Suicide
- 4. Learning from Those who have Died by Suicide.

5.5 Step 3. A review of the latest evidence base, led by Public Health has been completed and shared with partners to inform the delivery plan.

5.6 Step 4: An online public consultation on an earlier draft of this Strategy ran for 4 weeks from 28th November to 23<sup>rd</sup> December 2022. It was heavily publicised through professional, community and voluntary networks. The insights from the consultation have informed the strategy refresh.

5.7 Who took part?

- 145 people directly received the consultation via our networks.
- 38 people took part in the consultation, which involved filling in a short survey

5.8 Who responded?

- 16% answered as Solihull residents, 60% as professionals, 24% as “other”
- 71% female
- Most respondents were between 50-59 years old.

5.9 The feedback showed overwhelming support (“agree or strongly agree”) for the strategy aims, principles and priorities. On the specifics, respondents told us:

“We need to build on the partnership working but also to strengthen our engagement with Young People in getting them actively involved in advocacy in their communities and schools for suicide prevention.”

“I think this is the right approach. Using research to inform preventative actions.”

“Access to timely support around mental health both in terms of health services and social care is a critical issue.”

“Helping people understand how to talk about suicide is important, as is giving people the confidence to do this.”

5.10 The Strategy is attached separately in Appendix 1.

### 5.11 How we responded

5.12 We revised the final Strategy and Delivery Plan wording in response to feedback. Specifically, this included:

- Including reference to Neurodiversity and Autism
- To support the mental health needs of children and young people
- Ensuring our “higher-risk groups” area explicitly included
- Being clearer the alignment to the Solihull Mental Health Delivery Plan

## 6. Governance

6.1 The Solihull Suicide Prevention Steering Group will be accountable for the oversight, co-ordination and progress of the Strategy and its linked Delivery Plan.

6.2 Annual reports will be taken to both the Solihull Health & Wellbeing Board and Health & Adult Social Care Scrutiny Board

6.3 Synergies between the Integrated Care System programme and Solihull Suicide Prevention Strategy will be further developed.

6.4 The long-term aim is reducing the number of suicides in Solihull and supporting those bereaved and affected by suicide.

6.5 The implementation of the real Time Data Surveillance System will allow for a local, multi-agency timely response to suicide prevention and ensure our delivery plan is fit for purpose, via regular review of our interventions.

## 7. Progress reporting

7.1 Progress on the Delivery Plan will be reported to the Solihull Mental Health POD.

7.2 A first-year progress update is scheduled to go to Health & Adult Social Care Scrutiny Board in the winter of 2024.

## 8. Next steps

Activity	Timeline	Status
Draft Strategy Document	September 2022	Complete
Draft circulated to priority and enabler leads for comments and feedback	September 2022	Complete
Online public consultation on Strategy	Nov and Dec 2022	Complete
Health & Adult Social Care Scrutiny Board for comments and feedback	February 2023	Planned
Feedback from consultation Scrutiny incorporated into final strategy and updated delivery plan	February 2023	Planned

Finalised content to Health and Wellbeing for sign-off (March 14 <sup>th</sup> )	March 2023	Planned
Solihull Suicide Prevention Steering Group to review design work and progress delivery plan	April 2023	Planned
Signed off Strategy to corporate publishers for design work	May 2023	Planned
Signed-off and corporately designed Strategy published on SMBC website	July 2023	Planned

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

9.1 Not applicable

10. Reasons for recommending preferred option

10.1 Not applicable

11. Implications and Considerations

11.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
<p>Economy:</p> <ol style="list-style-type: none"> <li>1. Revitalising our towns and local centres.</li> <li>2. Deliver UK Central (UKC) and maximise the opportunities of HS2.</li> <li>3. Increase the supply, quality and energy efficiency of housing, especially affordable and social housing.</li> </ol>	Not applicable
<p>Environment:</p> <ol style="list-style-type: none"> <li>4. Enhance Solihull's natural and physical environment.</li> <li>5. Improve Solihull's air quality.</li> <li>6. Reduce Solihull's net carbon emissions.</li> </ol>	<ul style="list-style-type: none"> <li>• Closer working relationships with network rail, Samaritans and Solihull MBC Highways and Planning departments to ensure high risk locations are appropriately risk assessed.</li> </ul>
<p>People and Communities:</p> <ol style="list-style-type: none"> <li>7. Take action to improve life chances and health outcomes in our most disadvantaged communities.</li> <li>8. Enable communities to thrive.</li> <li>9. Sustainable, quality care and support for adults &amp; children with complex needs.</li> </ol>	<ul style="list-style-type: none"> <li>• Increase awareness of suicide by enhancing the training offer for individuals and organisations about what to look for and who to talk to.</li> <li>• Improve the care of people bereaved by suicide.</li> <li>• Greater focus on groups in the community at higher risk of suicide</li> </ul>

Priority:	Contribution:
10. Promote employee wellbeing	<ul style="list-style-type: none"> <li>This Strategy aligns to the SMBC Equality, Diversity and Inclusion Strategy, which includes promoting diversity and inclusion in the workplace to promote employee wellbeing.</li> </ul>

## 11.2 Consultation and Scrutiny:

11.3 The Draft Strategy was developed in consultation with the multi-agency Suicide Prevention Steering Group via workshops and steering group meetings.

11.3.1 Online public consultation on the Draft Strategy ran for 4 weeks from 28th November to 23<sup>rd</sup> December 2022. Feedback has been collated and incorporated into the final Strategy.

11.3.2 The West Midlands Regional Suicide Prevention Lead, who links in with the National Suicide Prevention Team contributed to the consultation process.

## 11.4 Financial implications:

11.4.1 The Strategy does not come with a budget. Actions are expected to shape and improve suicide prevention interventions within existing budgets. Where new spend is identified, this will need to be approved through local partners' usual financial authorisation processes.

## 11.5 Legal implications:

11.5.1 None.

## 11.6 Risk implications:

11.6.1 Suicide prevention is on the corporate risk register.

## 11.7 Equality implications:

11.7.1 The Solihull Suicide Prevention Steering group will be responsible for instructing Fair Treatment Assessments to be carried out prior to the implementation of any new interventions.

## 12. List of appendices referred to

12.1 Solihull Suicide Prevention Strategy 2023 - 2026 attached as separate document

## 13. Background papers used to compile this report

13.1 None.

## 14. List of other relevant documents

14.1 [Council Plan 2020-2025 \(2022/23 update\)](#)



- 14.2 [Health and Well-being Strategy 2019-23 \(2021 update\)](#)
- 14.3 [Suicide prevention strategy for England - GOV.UK \(www.gov.uk\)](#)
- 14.4 [Support after a suicide: a guide to providing local services - GOV.UK \(www.gov.uk\)](#)
- 14.5 [Suicide prevention: a guide for local authorities | Local Government Association](#)
- 14.6 [PHE LA Guidance 25 Nov.pdf \(publishing.service.gov.uk\)](#)
- 14.7 [Resources – Support After Suicide](#)
- 14.8 [Overview | Suicide prevention | Quality standards | NICE](#)

## **Appendices**

### **Appendix 1: Solihull Suicide Prevention Strategy 2023-2026**



Suicide Prevention  
in Solihull 2023-2026

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