

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	SUICIDE PREVENTION AND SOUTHAMPTON'S DRAFT 2020-23 SUICIDE PREVENTION PLAN		
DATE OF DECISION:	5 DECEMBER 2019		
REPORT OF:	INTERIM DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
Not applicable			
BRIEF SUMMARY			
<p>Local Authorities in England have a statutory duty to take appropriate steps to improve the health of the people who live and work in their areas. Public Health functions include responsibility for co-ordinating and implementing work on suicide prevention, with Public Health teams being well placed to co-ordinate efforts to address many of the risk factors for suicide. This paper outlines the key development and achievements in suicide prevention in Southampton since the Panel last considered suicide prevention in June 2017, and presents the draft Southampton's Suicide Prevention Plan (2020-23) for comment.</p>			
RECOMMENDATIONS: That the Panel			
	(i)	Consider the developments and achievements that have been made in suicide prevention since the Panel last reviewed the suicide prevention work programme in June 2017.	
	(ii)	Consider the draft Southampton Suicide Prevention Plan (2020-23) and provide feedback to inform the content of the final Plan.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	The Health Overview and Scrutiny Panel (HOSP) is provided with the opportunity to scrutinise developments in suicide prevention up until the present. In 2017 HOSP noted the report that was tabled and asked that further updates be brought to the Panel in due course.		
2.	HOSP is provided with the opportunity to inform future suicide prevention activity by considering and providing feedback on the draft Southampton Suicide Prevention Plan (2020-23). The House of Commons Health Committee (2017) recommends that there should be scrutiny of local suicide prevention plans.		

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
3.	Not applicable
DETAIL (Including consultation carried out)	
Background information on suicide	
4.	In 2018 there were 6,507 suicides registered in the UK, an age-standardised rate of 11.2 deaths per 100,000 population. This latest rate is significantly higher than that in 2017 and represents the first increase since 2013. Prior to 2013, the increase in suicides (from 2008) is thought to be linked with austerity. However, when looking at suicide rates over the last two decades, there does continue to be a general decrease over time from a rate of 10.3 deaths per 100,000 population in 2001-03 to 9.6 in 2016-18.
5.	In Southampton, the suicide rate has fallen in recent years from 15 deaths per 100,000 in 2012-14 to 12.7 in 2016-18. However, Southampton continues to have a significantly higher rate of suicides than the national (9.6 deaths per 100,000) and South East (9.2 deaths per 100,000) average. Southampton's suicide rate is also the third highest when compared to 15 similar Local Authorities (using the CIFA nearest neighbour definition) ¹ . Translated into numbers of deaths by suicide, we know that around 26 residents in Southampton take their own life by suicide each year (based upon 2016-18 data). This number is subject to small year on year variability, and in the period 2001 to 2018 was highest in 2012-14 when there was an average of 29 deaths per year by suicide.
6.	<p>Public Health works with the coroner's office to undertake suicide audits to gather intelligence on deaths by suicide. For the two year period 2017-2018, 38 deaths by suicide were audited. Of the 38 deaths by suicide:</p> <ul style="list-style-type: none"> • 71% (27) were male, and 28% (11) female. • The highest proportion of deaths took place in men aged 51-60 years. • 90% were White British (for 5% ethnicity is unknown). • 52% were known to mental health services (48% were not), and 31% had been in contact with their GP in the 4 weeks prior to taking their life. • 47% were known to have previously attempted to take their life by suicide, and 23% were known to have a history of self-harm. • Hanging was the most frequent method of suicide (55%), with most people taking their own life at home. The next most frequent methods are overdose/poisoning (16%), injuries (10%), suffocation (5%), falling from a height (3%) and by being hit by a train/life taken on the tracks (2%). • 42% of those that died were employed, 29% unemployed, 13% retired, 13% had a long-term disability which meant they could not work, and 2% "other". • Mental health problems (65%), relationship problems such as separation (52%), physical health problems (52%), job problems (28%), history of contact with the criminal justice system (28%), financial issues

¹ Public Health England suicide prevention profile: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

	(26%), adverse childhood experiences (26%), and being a victim of abuse (21%) were the most common recorded “life event” risk factors.
7.	In relation to risk factors for suicide, according to the Public Health Outcomes Framework (2019), Southampton has a higher than the national average prevalence of recorded depression in those aged 18 years and over, and higher prevalence of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers for all ages. Southampton also has a higher than national average levels of unemployment, and a higher than average percentage of people living alone. In relation to children and young people, Southampton has higher than national average levels of looked after children, care leavers, and children in the youth justice system.
Developments and achievements that have been made in suicide prevention	
8.	STP Suicide Prevention: The Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP), which coordinates health and care across Hampshire, Southampton, Portsmouth and the Isle of Wight, has been awarded £468,000 “wave 2” transformation funding from NHS England for local suicide prevention. This funding forms part of the commitment set out in the NHS Long Term Plan (2019) to reduce suicide rates and self-harm and will support local work on suicide prevention. The funding will be used to focus on four key areas across the STP: to improve the support available in primary care; improve care for people who self-harm; provide training and support in workplaces and in relation to debt (for those in and out of work); and ensure that people bereaved by suicide are able to gain the support they need. Informed by learning from wave 1 sites, some of the funding has been used to employ an STP Suicide Prevention Programme Manager (recruited by Southampton City Council) to support delivery of the programme. See Appendix 1 for further information on the STP Suicide Prevention Programme.
9.	Mental Health Anti-Stigma: Public Health has built upon a strong legacy of mental health anti-stigma work by being awarded (through a joint bid with Solent Mind) Time to Change Funding for a joint Southampton and Portsmouth Time to Change Hub. The Hub has been operational since June 2019, and aims to build a social movement across Southampton, breaking down stigma attached to mental health by changing the way people think and act about mental health problems. Key activities include organising and having presence at both mental health and large city events that have good public reach (i.e. in 2020 this will include Mela, Pride), working with schools and colleges, and developing and supporting the work of Time to Change Champions (local residents with lived experience of mental health). Southampton City Council continues to take action in relation to its own Time to Change Pledge; to promote good mental health in the workplace. Public Health also coordinates a <i>Southampton Anti-Stigma Partnership</i> , where communication leads from partner organisations come together to develop and deliver joint mental health communications, campaigns and events.
10.	Children and young people’s mental health: Public Health conducted a needs assessment on the mental health and wellbeing needs of children and young people in the schools setting in 2018, which informed the content of Southampton’s Children and Young People’s Local Transformation Plan (led by Southampton CCG). This led to a number of actions such as membership of the

	<p>PSHE Association for all schools and colleges in Southampton and the establishment of a CYP Emotional and Mental Health Partnership, which includes a prevention and early-intervention sub-group chaired by Public Health. Current activity includes mapping and articulating pathways for different mental health conditions, and the services and resources available, for use by young people, parents/carers and professionals.</p>
11.	<p>Itchen Bridge: Public Health, Transport (SCC), Balfour Beatty and the Samaritans have worked in partnership to install new signage at the Itchen Bridge to better signpost people with suicidal thoughts to help. The new signs have the updated free Samaritans helpline on them, and appeal to people to call them if things are getting too much for them. These replace the old signage, some of which displayed an old telephone number for the Samaritans (and callers had to be redirected). Public Health is currently reviewing the evidence base on suicide prevention measures on bridges, and the data on attempted and completed suicides from the Itchen bridge, to inform SCC discussion (including transport and infrastructure colleagues) on suicide prevention measures.</p>
<p>Draft Southampton Suicide Prevention Plan (2020-23)</p>	
12.	<p>Deaths by suicide are preventable. There are many ways in which services, communities, individuals and society as a whole can help to prevent people from taking their own life. The 5 Year Forward View for Mental Health (Independent Mental Health Taskforce for NHS England, 2016), recommends that every local area has a multi-agency suicide prevention plan in place. It states that the aim of local plans should be to reduce suicide rates by at least 10% over a three year period.</p>
13.	<p>The Southampton Suicide Prevention Partnership, chaired by Public Health, is in the process of refreshing Southampton's Suicide Prevention Plan. In line with national guidance, the (draft) Southampton Suicide Prevention Plan (2020-23) considers how each priority contained in the national strategy will be addressed locally. The draft Plan is being informed by the following:</p> <ul style="list-style-type: none"> • Intelligence and data on suicide prevention, including suicide audit intelligence. • National suicide prevention guidance. • Learning from a national audit of 99% Local Authority Suicide Prevention Plans. • Good practice Suicide Prevention Plans from other areas. • The published evidence base. • Stakeholder engagement.
14.	<p>The Southampton Suicide Prevention Plan will help to deliver on other key strategies, including Southampton's Health and Wellbeing Strategy (2017-25) through supporting residents to live active, safe and independent lives and through tackling inequalities, particularly in relation to deprivation and men's health. See Appendix 2 for the draft Southampton Suicide Prevention Plan (2020-23). After consideration by the HOSP the draft Plan will go to the following forums for discussion and ultimately the Health and Wellbeing Board for agreement (around March 2020); Alcohol Strategy Steering Group, Substance</p>

	Misuse forum, Better Care Vulnerable Adults sub-group, Children and Young People's Safeguarding Board, Adult Safeguarding Board.
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RESOURCE IMPLICATIONS

Capital/Revenue

15.	The STP suicide prevention programme is funded through NHS England "wave 2" transformation funding (£468,000). An STP Suicide Prevention Steering Group has been established, chaired by Public Health, and reporting to the STP Prevention Board. There is no specific local budget for suicide prevention; the actions rely on partners embedding suicide prevention work into their existing programmes.
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Property/Other

16.	Not applicable.
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LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

17.	Local Authorities in England have a statutory duty to take appropriate steps to improve the health of the people who live and work in their areas.
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Other Legal Implications:

18.	Not applicable.
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RISK MANAGEMENT IMPLICATIONS

19.	There are societal, financial and reputational risks in not developing and implementing a Suicide Prevention Plan. Societal in relation to not taking action in tackling the risk factors for suicide and through a coordinated partnership approach; financial as the Local Authority would not be in a good position to take forward wider STP work or to bid for external funding, and; reputational because all Local Authorities are expected to have suicide prevention plans in place (as stated by national guidance, Department for Health and Social Care).
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POLICY FRAMEWORK IMPLICATIONS

20.	<p>Implementation of the Suicide Prevention Plan (2020-23) will support delivery of the Council strategy, including the following:</p> <ul style="list-style-type: none"> - Through supporting residents to live active, safe and independent lives (Health and Wellbeing Strategy 2017-25, and Council Strategy 2016-20); - Through tackling inequalities, particularly in relation to deprivation and men's health (Health and Wellbeing Strategy 2017-25). - Through supporting children and young people to get the best start in life (Council Strategy 2016-20).
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KEY DECISION?	No
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WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	STP Suicide Prevention Programme (November update).
2.	DRAFT Southampton Suicide Prevention Plan

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	Yes
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	Not for the Plan
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None