

DECISION-MAKER:	Health and Wellbeing Board		
SUBJECT:	Southampton City Suicide Prevention Plan		
DATE OF DECISION:	17 June 2020		
REPORT OF:	Debbie Chase, Interim Director of Public Health		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
NONE	
BRIEF SUMMARY	
The attached Plan presents a final draft of the Southampton Suicide Prevention Plan 2020-23. This is Southampton's second suicide prevention plan, which builds on the 2017-19 plan. The Plan has been developed in collaboration with a range of partners including those with lived mental health experience. The Southampton Suicide Prevention Partnership will oversee the implementation of the Plan.	
RECOMMENDATIONS:	
(i)	The Health and Wellbeing Board is asked to approve the Southampton Suicide Prevention Plan for 2020 - 2023 and support its implementation
(ii)	The Health is Wellbeing Board is asked to receive an update report on delivery against the Plan and the work of the Southampton Suicide Prevention Partnership once a year and exception reports as appropriate.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Five Year Forward View for Mental Health (2016) sets an expectation for every local area to "develop a multi-agency suicide prevention plan that demonstrates how they will implement interventions targeting high-risk locations and supporting high-risk groups within their population".
2.	Local Authorities are well placed to coordinate the development of local suicide prevention plans, given that they are in a very good position to influence key risk factors for suicide, including wider determinants of health.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	The option of not developing a second suicide prevention plan was rejected, on the basis that it is critical in ensuring multi-agency action in preventing deaths by suicide.
DETAIL (Including consultation carried out)	
1	The Five Year Forward View for Mental Health (2016) sets out the ambition to reduce the number of suicides in England by 10% by 2020, and recommends that all local areas have multi-agency suicide prevention plans in place. The NHS Long-

	term Plan (2019) reaffirms the commitment to make suicide prevention a priority over the next decade.
2	Suicide is often the end point of a complex history of risk factors and distressing events. Suicide affects children, young people and adults – whether by taking their own life or as a person bereaved by suicide. Whilst death by suicide is highest in middle-aged men (i.e. 45-49 years), suicide is a leading cause of death (nationally) for young people aged 15-24 years. In Southampton around 26 people take their own life by suicide each year (based on 2016-18 data). Southampton has a significantly higher rate of suicides (12.7 deaths per 100,000) than the national (9.6 deaths per 100,000) and South East (9.2 deaths per 100,000) average.
3	This Plan is being introduced during an international COVID-19 pandemic. As it is widely acknowledged that the pandemic will have a major impact on people's mental health and wellbeing, the direction that this Suicide Prevention Plan provides is critical to ensuring a coordinated response that will support our residents, families and communities both during the pandemic and in the recovery period. The Plan has been refreshed to ensure that it is COVID-19 sensitive, and addresses the risk factors that are likely to be heightened by the pandemic, and which could exacerbate poor mental health and subsequent suicidality.
4	<p>Suicides are not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. By combining the national and local evidence base, seven key areas for action have been identified to support delivery of our aim to reduce the number of suicides in Southampton, and ensure provision of support to those bereaved by suicide, focusing on but not limited to groups at high risk of taking their own life:</p> <ol style="list-style-type: none"> 1. Achieve city wide leadership for suicide prevention 2. Reduce the risk of suicide in key high-risk groups 3. Tailor approaches to improve mental health in specific groups 4. Reduce access to the means of suicide 5. Provide better information and support to those bereaved or affected by suicide 6. Support the media in delivering sensitive approaches to suicide and suicidal behaviour 7. Support research and data collection
5	As well as suicide being preventable, key messages learned from practice and research are that suicide is everyone's business, and that collaborative working is key to successful suicide prevention. In Southampton a multi-agency partnership group (<i>Southampton Suicide Prevention Partnership</i>) has been established for a number of years to oversee the development and implementation of the local Suicide Prevention Plan. The Partnership includes representatives from Southampton City Council, Southampton Clinical Commissioning Group, providers, emergency services, the voluntary and community sector, and other partners (see Appendix B of the Southampton Suicide Prevention Plan for a list of partners).
	Development of the Plan
6	<p>A number of forums and networks have been consulted in development of the Plan, including:</p> <ul style="list-style-type: none"> • Southampton's Suicide Prevention Partnership (responsible for overseeing the development and delivery of the Plan) • Health Overview and Scrutiny Panel (HOSP) • Southampton Drugs and Alcohol Partnership Group • Stakeholders on the MH Partnership Group* • Stakeholders on the Better Care Vulnerable Adults Group*

	<ul style="list-style-type: none"> Residents with lived experience through Solent Mind (via two focus groups) and the MH network facilitated by communicate <p>*Via email as these forums have not been meeting during the current pandemic.</p>
7	<p>Key guidance, evidence, and local intelligence (in addition to stakeholder engagement and consultation) that has been utilised to inform the Plan are as follows:</p> <ul style="list-style-type: none"> The Public Health England (2019) <i>Local Suicide Prevention Planning: A Practice Resource</i>, and its accompanying resources. HM Government (2019) <i>Cross government suicide prevention work plan</i>. NICE guidelines, including on self-harm and quality standards on preventing suicide and supporting people bereaved by suicide published in September 2019 Health Committee Enquiry (2017) and Health and Social Care Committee inquiry into Suicide prevention (2019). Review of the published literature to inform specific actions, and linking with the Centre for Suicide Prevention at the University of Manchester. A local suicide audit of coroners records, performed in 2019. Suicide audits identify the context in which suicides occur, the local groups potentially most at risk, key risk factors, and how the picture changes over time. Data on suspected deaths by suicide provided on a monthly basis by Hampshire Constabulary. <p>In addition, as an NHS England “wave 2” suicide prevention site, H&IW receive national quality improvement support, delivered jointly by the National Collaborating Centre for Mental Health (NCCMH) and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH).</p>
	To note
8	<p>In England and Wales all deaths by suicide are certified by a coroner. In July 2018 the standard of proof used by coroners to determine whether a death was caused by suicide changed. Previously, coroners and juries have applied the <i>criminal standard</i> to suspected suicides, meaning they had to be “sure” that someone had taken their own life. However, appeal court judges ruled that the <i>civil court standard</i> can be applied and therefore coroners and juries only have to be satisfied that it was “more probable than not” that someone had deliberately killed themselves. This is expected to lead to more deaths being recorded as suicide, which may have an impact on reported rates and trends.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9	<p>In 2019 NHS England awarded the H&IW STP £468k as a “wave 2” site within the national suicide transformation programme. It has since been confirmed that H&IW will receive a further £468k in year 2 (2021), and a reduced amount in year 3 (2022).</p> <p>The STP funding will be utilised to support those areas highlighted as STP Priorities within the Plan, and including work in the following areas:</p> <ol style="list-style-type: none"> Self-harm Bereavement support Primary care Workplace health, debt and financial anxiety Community resilience Co-occurring conditions

	The funding is for the whole of the STP area. Local resources and expertise remain critical in implementing the Southampton Suicide Prevention Plan, and will be carried out within the existing budgets of the Council and partner organisations.
<u>Property/Other</u>	
10	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11	Will seek a view from legal prior to HWB
<u>Other Legal Implications:</u>	
12	There are no specific legal implications of this Plan
RISK MANAGEMENT IMPLICATIONS	
13	Southampton has a significantly higher rate of suicides (12.7 deaths per 100,000) than the national (9.6 deaths per 100,000) and South East (9.2 deaths per 100,000) average. This Plan is crucial in preventing deaths by suicide in the city, and to make progress in reducing the rate over time.
14	Families and communities bereaved by suicide are at higher risk of subsequent suicides than the general population. Postvention (as described in the attached Suicide Prevention Plan) is an important aspect of in suicide prevention work.
POLICY FRAMEWORK IMPLICATIONS	
15	Suicide prevention an important aspect of Council and ICU/CCG policy.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Southampton Suicide Prevention Plan 2020-23 (main report)
Documents In Members' Rooms	
1.	N/A
2.	N/A
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
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.	N/A	