

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Deputy Chief Executive (People)

to
Cabinet

on

19th September 2017

Report prepared by:
Andrea Atherton, Director of Public Health

Suicide Prevention Strategy for Southend, Essex and Thurrock “Let’s Talk About Suicide”

1. Purpose of Report

1.1. To present the draft Suicide Prevention Strategy for Southend, Essex and Thurrock “Let’s Talk About Suicide”

2. Recommendation

2.1. That the draft suicide prevention strategy and associated actions are agreed.

3. Background

3.1. The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to often unexpected nature of the death as well as the delays in investigation and conclusion.

3.2. Mental health is a key factor in suicide, yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with. As such, there is no one solution to preventing suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of those risks.

3.3. In 2012, the government of the day published a report entitled Preventing Suicide in England, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015 recommended that all local authorities have in place suicide audit work, a suicide prevention plan and a multi-agency group to implement the plan. This is now seen as a political imperative, with all areas recommended to have multi-agency suicide prevention plans in place by the end of 2017.

4. Let's Talk About Suicide – The Strategy

4.1. Preventing Suicide in England identified six key areas for action to deliver the objectives:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

4.2. Our actions are set out to mirror those of the national strategy. The action plan set out by the strategy reflects the on-going and intended work of a multitude of organisations and partnerships articulated in a range of documents. These include SET Mental Health and Wellbeing Strategy, Crisis Care Concordats, Safeguarding plans and SET Local Transformation Plan for children and young people's mental health.

4.3. The intention of this suicide prevention strategy, in this first year, is to collate and cross reference the strategic intent and action plans of various local groups and organisations that have a role to play in suicide prevention.

4.4. In addition to the actions already intended by the relevant organisations and partnerships the strategy makes some additional recommendations that will be taken forward by task and finish groups and report into the Suicide Prevention Implementation Programme Working Group for the Mental Health and Wellbeing Strategy.

4.5. Its approach is to recommend that the actions are owned by the responsible organisations and partnerships, with annual oversight by the Health and Wellbeing boards and an annual summit focused solely on suicide prevention.

4.6. The suicide prevention strategy was considered at the July meeting of Southend Health and Wellbeing Board, when it was agreed that a specific local task and finish group would be established to monitor the delivery of appropriate actions in Southend.

5. Reason for recommendation

5.1. This approach recognises the complex geography of Southend, Essex and Thurrock with overlapping boundaries and jurisdictions which require both local and shared approach to suicide prevention. It still allows for local flexibility whilst maintaining a broader overview for those partners who cross local boundaries.

5.2. The three upper-tier local authorities in greater Essex have agreed to work in partnership as a pragmatic measure to working more effectively, reducing duplication and creating better outcomes for our populations. Southend, Essex and Thurrock (SET) have used a common tool for the suicide audits conducted, and have jointly analysed our results in order to gain a richer understanding of

the causal factors, means and circumstances of deaths; and also to identify any 'hotspots' in our wider geography.

- 5.3. The Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-21 identifies suicide prevention as a priority. There is a Strategy Implementation Work stream for this priority that will oversee the delivery of the Suicide strategy, thus linking the objectives and delivery of the two strategies together (see Appendix 1).
- 5.4. The strategic approach to suicide prevention follows the six areas for action in the national "Preventing Suicide in England" (HM Government, 2012) strategy.
- 5.5. The Mid and South Essex Sustainability and Transformation Plan identified reducing suicide and self-harm as one of three key priorities for mental health. This has also provided a better link to clinical leadership for the partnership.

6. Corporate Implications

6.1. Contribution to Council's Vision & Corporate Priorities

Let's Talk About Suicide's aims of reducing suicide rates will support positive outcomes for the council's key aims of Safe, Healthy, and Prosperous – helping to deliver the vision of 'Creating a better Southend'

6.2. Value for Money

The cost of a suicide has been calculated as £1.67million, with 70% of that figure representing the emotional impact on relatives (National Suicide Prevention Alliance) With around 175 deaths through suicide each year across Southend, Essex and Thurrock (a cost of £292.2 million) prevention of even one suicide offers value for money.

6.3. Legal Implications

None

6.4. People Implications

There would be no negative people implications

6.5. Property Implications

There would be no property implications – no suicide 'hotspots' were identified within the town.

6.6. Consultation

As the strategy reflects the ongoing and intended work of a multitude of organisations and partnerships, we have not consulted specifically with the public on this strategy. The SET Mental Health and Wellbeing Strategy was shaped and informed by an independent review of Essex's mental health services and by the views and experiences of hundreds of people with lived experience of mental

health problems, their carers and families, as well as by clinicians and commissioners.

In addition to this a stakeholder event was held on 8th March 2017 in order to test acceptability and completeness. This particularly addressed:

- Were there any actions are we missing
- What should be done at Southend, Essex & Thurrock footprint and what is for local action?
- What will success would look like in 12 months and 5 years?

6.7. Equalities and Diversity

The strategy was informed in its development by an audit of all suicides in Southend, with data collected on a suite of characteristics, in order to identify any specific actions for common factors or groups with specific characteristics.

6.8. Community Safety Implications

Working on an SET basis for suicide prevention allows for the development of a systematic approach to audit data collection and the further investigation through a task and finish group of methods for real time surveillance and data sharing with Essex Police and Network Rail in particular.

6.9. Risk Assessment

This is a national imperative where real progress has been made in reducing the already relatively low suicide rate to record low levels. In Southend we are statistically similar to the national rate, however, we have continued economic pressures on the general population, coupled with the increasing local prevalence of depression and anxiety it is important to take actions to prevent an increase in the rate.

6.10. Environmental Impact

None

7. Appendices

7.1. SET Draft Suicide Prevention Strategy

7.2 SET Mental Health and Wellbeing Strategy Implementation Workstream Brief



SET_Strategy_Implementation_workstrea