
Update on the Suicide Prevention Strategy

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
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Item for:	Discussion



1. Purpose of the Report

This report is to provide the West Berkshire Health and Wellbeing Board with an update on the Pan Berkshire Suicide Prevention Strategy (the Strategy) and local works, following on from the report presented on the 21st July 2022. This report is presented to give the West Berkshire Health and Wellbeing Board assurance that works are progressing to develop and refine the development of the Strategy and supporting local action planning and delivery. Alongside this this update presents an update on several central changes, challenges and opportunities flowing from the national Suicide Prevention (SP) Agenda, and the regional and local works under way to address these.

Trigger Warning: Given the sensitivity of the issues raised by the SP agenda please note that the following report contains a discussion of deaths from suicide and may be distressing to the reader.¹

2. Recommendation(s)

- 2.1 The Health and Wellbeing Board are requested to note the update provided and discuss the implications for local works flowing from the report and, in particular progress toward refreshing the Strategy (See section 4), The Local Data and Trends summary (See section 4.2), The Health and Social Care Act 2022 and BOB Integrated Care System (See section 4.3), Learning from the Pandemic and the Current Economic Context (See section 4.4), The New NICE Guidance NG225 (See section 4.5), The Pan Berkshire Suicide Prevention Summit (See section 4.6), The Cube Model Framework resource (See section 4.7) and potential Membership of the NPSA (See section 4.10).
- 2.2 The Health and Wellbeing Board are requested to accept the following proposed submissions following on from the Summit referenced in Section 4.
- A summary of outputs from the SP Summit and updated draft of the Strategy by December 2022
 - A summary of the Cube resource and consultation copy for review by December 2022.

¹ Distressed readers should reach out for support to people in their lives who they can discuss this with or seek support via [Get mental health help - NHS 111](#) or local Voluntary and Community Services including the [Samaritans](#) or [Amparo](#)

- An outline of potential member and executive officer facing briefing materials for the HWB by January 2023
- A summary of the NPSA membership advantages and potential local benefits by January 2023.

3. Executive Summary

- 3.1 There are several significant system level changes in NHS Structures and broader contextual challenges that will impact on the SP agenda including the establishment of the NHS BOB Integrated Care System (BOB ICS) in the wake of the NHS Health and Social Care Act 2022 (HASC22)², the continuing analysis of trends and data as the national SP agenda seeks to understand the impacts of the Pandemic and the country begins to experience the impacts of the “Cost of Living Crises³” and a turbulent national economic environment⁴ as we approach a winter that will prove challenging to systems, services and individuals alike.⁵

4. Supporting Information

- 4.1 Following on from agreement at the July Health and Wellbeing Board to proceed with a refresh of the Strategy discussions with other West Berkshire and East Berkshire system partners have agreed the approach to refreshing the Strategy. Central to suggested refresh have been several key developments in the evolution of the National, Regional and Local postures to suicide prevention with implications for policy, operational delivery and data intelligence environment.

- 4.2 **Local Data Intelligence Summary 2021 to 2022:** Please find below a concise summary of Suicide related data to date. It is crucial to note that each number represents an individual tragedy and wider impacts across families and communities.

• Deaths by Suicide in Berkshire – an Overview from 20221 and the year to date

Pan Berkshire

- In 2021 there was a total of 56 deaths by suicide in all of Berkshire, this was the lowest total for at least the last 5 years. Of these deaths 35 were male and 21 were female.
- So far in 2022 there have been 58 deaths across Berkshire.
- Of these deaths 43 were males and 15 were females.

West Berkshire

- In 2021 there were eight deaths by suicide in West Berkshire – Gender breakdown is suppressed here due to small numbers per cohort of deaths⁶
- So far in 2022 there have been ten deaths by suicide in West Berkshire. Of these deaths nine were males and one was female.

² [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

³ [Rising living costs: The impact on NHS, staff and patients \(nhsproviders.org\)](https://www.nhs.uk/news/2022/07/rising-living-costs-the-impact-on-nhs-staff-and-patients/)

⁴ [Chancellor Statement - 17 October - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/chancellor-statement-17-october-2022)

⁵ [NHS England » Winter resilience](https://www.nhs.uk/news/2022/07/nhs-england-winter-resilience/)

⁶ It is usual practice to suppress details of any group, characteristic or occurrence where the number drops below 5 to avoid the potential of deductive identification

Methods of Suicide in Berkshire:

- Ligature (hanging) remains the most common method of suicide across Berkshire, accounting for more than half the deaths across the county. Other common methods include the railway (either jumping in front of a train or from a bridge) and overdose.
- In 2022 there has been an increase in the numbers of deaths on the railway, particularly in Slough and Windsor & Maidenhead. Appropriate measures have been taken in these areas in order to review and create actions moving forward. This method of suicide will be monitored closely across Berkshire and appropriate measures will be put in place if an increase is seen in other areas.
- A recent and emerging concern centres on the use of Sodium nitrate and nitrite related deaths in Berkshire in 2022 ("**Number suppressed**") compared to zero in 2021). Since this has been raised at the Berkshire Suicide Prevention Group meeting action has been initiated in order to explore this in more detail and ascertain local, regional, and national trends.

Deaths by age in Berkshire:

- In 2022 most deaths can be seen in the 30 to 39 age bracket (15), followed by 20-29 (11) and 60-69 (10).
- There have been **Number Suppressed** deaths by suicide in those under 20.
- There is some concern at what looks to be an increasing death rate in those under 30, other than this these figures are similar to 2021.

Female suicides and shift in trends

- There was a concerning increase in deaths by suicide in females seen in early 2020 which continued over the following months. A subgroup was set up to explore these deaths in more detail, gather more information from GPs and attempt to spot any trends and patterns in these deaths. Deaths in females have subsequently returned to pre-2020 levels, although the overall deaths by suicide in Berkshire has remained stable, meaning male suicides are now increasing and require attention.
- The female suicide subgroup that feeds into the Pan Berkshire Partnership Group will continue to meet under a new title that looks to start to explore and address occurring trends and patterns as they occur. These will include male deaths, deaths related at sodium nitrate and nitrite and the age-related trends.

- 4.3 **The HASC22 and BOB ICS** With significant developments arising from the act, and the formation of the Berkshire Oxfordshire and Buckinghamshire Integrated Care Strategy and Board there is a significant reorganisation of regional and local Place based delivery across health services across all age ranges. A range of materials for public and professional consultation on the overall strategy for delivery of services across the BOB footprint is currently being drafted, with the intention that "Engagement" versions of its key agendas and priorities for provision of services across the Starting Well, Living Well and Ageing Well agendas is shared before between November and December 2022. Public Health officers from across the West Berkshire System have been heavily involved in the drafting of these and have provided steer and insight on the centrality of SP as a priority area for works within the border context of physical and mental health services. The cross-boundary nature of the SP agenda⁷ – where vulnerable people have contacts and associations or presentations across local geographical and service delivery

⁷ See [NIMH » Suicide Prevention \(nih.gov\)](#) and [Regional suicide prevention planning: a dynamic simulation modelling analysis | BJPsych Open | Cambridge Core](#)

boundary – has been stressed alongside the need to ensure that there is a range of local place-based support for priority agendas including SP and “post-vention”⁸ support and widened availability of wellbeing and social prescribing style supports for local places, communities and individuals requiring additional support to mitigate the impacts of the national economic situation.

- 4.4 **Learning from the Pandemic and the current Economic Context:** The National Confidential Enquiry into Suicide and Safety in Mental Health (NCISH)⁹ is the Manchester University SP surveillance and prevention “observatory” commissioned by the NHS via the Healthcare Quality Improvement Partnership.¹⁰ They and the National Suicide Prevention Alliance have published a wide range of materials reports and analyses of how the Covid 19 Pandemic have impacted on both the numbers and rate of completed suicides in the UK and Global system.¹¹

4.4.1 In summary they report that whilst there may have been local increased in numbers there has not – thankfully – been an increase in the overall UK rate¹², refuting a wide range of media reported increases on rates and or numbers of completed suicide over both. The NCISH Lancet report goes on to note “*These are early findings:...It is too soon to examine the effect of any economic downturn - serious economic stresses as a consequence of COVID-19 may represent the greatest risk of a rise in the suicide rate. These overall figures may mask increases in suicide in population groups or geographical areas, just as the impact of the acute pandemic has not been uniform across communities*”¹³. Given the current and emerging economic context it is important to note the NCISH recommendations for additional support for those whose mental health will be adversely impacted by the economic turbulence and disruptions faced nationally, regionally and locally. It is hoped but not by any means certain that HM Treasury will announce the raft of supports for services, communities and individuals to help mitigate the impacts of the national economic position on individuals.

- 4.5 **National Institute for Health and Care Excellence (NICE) NG225:** In September 2022 NICE published Nice Guidance 225 covering Self Harm across all ages.¹⁴ This is a substantial and wide-reaching refresh of NICE guidance for the agenda and a major updating of clinical and social care facing standards for the care of people of all ages who self-harm. The guidance which covers assessment, management and prevention of recurrence for children, young people and adults who have self-harmed, aims to support the needs of a wide range of priority groups of vulnerable people. This includes those with a mental health problem, neurodevelopmental disorders or learning disabilities and applies to all sectors across the statutory and voluntary and community sector that work with people who have self-harmed. NG225 notes the wide range of vulnerable groups that need to be supported if we are to address self-harm including education, community and health and social care

⁸ Support following on from a completed suicide to address the impact of traumatic death on loved ones and close contacts in an education setting, workplace or community, who require a specific range of support to ensure that they do not go on to experience significantly poorer mental health outcomes than might accompany a bereavement that was anticipated due to an end of life condition or advanced older age,

⁹ [NCISH | The University of Manchester](#)

¹⁰ [HQIP – Healthcare Quality Improvement Partnership](#)

¹¹ See [NCISH | National academic response to COVID-19-related suicide prevention - NCISH \(manchester.ac.uk\)](#) and [Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance - The Lancet Regional Health – Europe](#)

¹² Essentially rate is the number of deaths per 100k of population in any given area for a set period of time.

¹³ NCISH Lancet ibid.– see Discussion

¹⁴ [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

settings.NG225 is the first major update to the agenda for over a decade, stresses a number of key areas for action including the stress on psychosocial assessment as the key to successful support, the prohibition of mechanistic risk assessment as it has potentially fatal consequences and a restatement of the linkages and alignments needed with the suicide prevention agenda.

- 4.6 **The Pan Berkshire Suicide Prevention Summit:** Following on from the July 2022 HWB meeting a Pan Berkshire Suicide prevention summit is being held the 12th of December 2022. The Summit will present overviews of the National, Regional and Local context, an update on Pan Berkshire Works to date, data intelligence and service delivery insights, and the view of priorities and possible next steps for the strategy. The refreshed Strategy will be shared in outline form and discussed with attendees, as an initial engagement and consultation exercise to ensure the Strategy is shared and developed in partnership with all Berkshire place-based system leadership and benefits from their insight and steer.

4.6.1 A key element of the Summit's discussion will focus on what works need to be progressed at regional and local or place based scale and how we can learn from best practice across a variety of agenda areas ranging from infrastructure focussed works (making bridges and other key parts of the built environment in local area where suicide is a risk or sadly historic feature as safe as possible) to positive mental health and wellbeing support for Children and Young People and neurodiverse groups. The Summit will seek to gain an understanding of what the key outputs from the Pan Berkshire works should be through a session devoted to understanding the wide range of support needs that system partners and place-based leadership might wish to see prioritised. Such outputs might encompass Training and Development for the statutory and Voluntary and community sector workforce alongside specific works targeting self-harm and suicide prevention awareness across all or particular age ranges and vulnerable groups including monoritised communities, LGBTQ people, Elected member awareness briefings and localised resource packs and aligned communications to share awareness and ensure impactful public and professional facing messaging in line with the Strategy and wider works.

- 4.7 **The Cube:** The Cube is a model framework to share tools and resources to help those who Self-Harm and to support and strengthen the suicide prevention offer in Berkshire. Taking its structure from a Cube shape the resource is a framework setting out a series of resources designed to present information on Self Harm and Suicide Prevention

1. **Public facing – “I need help”**
2. **Public Facing - I need to help someone”**
3. **Public – “I want to get involved”**
4. **Professional - Data, Research, Resources, Protocols and Training**
5. **Professional – Local Strategy and Links to place based partnerships and plans**
6. **Crisis Pathway & Suicide Prevention - Data, System contacts, safeguarding, and child death review, LEDER¹⁵, etc.**

¹⁵ LEDER - the Learning Disability Mortality Review

Users enter the resource via the face of the Cube that aligns to your need at the time - with three public and three professional entry points linking together to provide a coherent framework and in time comprehensive resource to help the public and professionals tackle the linked agendas of Self Harm and Suicide Prevention. The Cube is meant for both public and professionals who are looking for more information, resources and advice that will help them understand the Self-Harm support and the Suicide Prevention agenda. It is not a clinical resource for specialist colleagues working within mental health services or systems, aiming instead to provide a wide range of general information that can help the wider both public and wider system professionals who are looking for support. The Cube was initially circulated in draft form in July and a revised version for consultation and sign off will be shared at the Summit. Discussions are underway about the best way to ensure that the resources contained within the Cube are available to both public and professional audiences, with Frimley ICS agreeing to host the resource and discussions commencing with BOB ICS to ensure availability across the neighbouring footprint.

- 4.8 **Commissioning of Amparo: Amparo** a specialist suicide post-vention support service, part of the Listening Ear group of counselling services has been commissioned to deliver services from 1st July 2022, covering Berkshire West, East, Oxfordshire and Buckinghamshire as the commissioned bereavement support provider for the patch. The initial contract is for two years to 2024.
- 4.9 **Office for National Statistics (IONS) Data release**¹⁶ the last significant release of date from ONS was published in 2019, and it is anticipated that ONS will publish a refreshed assessment and summary of prevalence incorporating 2021 census data and population specific details at some point in 2023.
- 4.10 **Health In All Policies and National Suicide Prevention Alliance**¹⁷- **(NSPA) Membership** - There are potential benefits for local pace based systems by applying for membership of the National Suicide Prevention Alliance and seeking to ensure that local Health in All Policies works are supported by ensuring that self-harm and suicide prevention and wider physical and mental health related issues are prioritised at a corporate level and this flows into procurement, commissioning and communications works. Signing up for NSPA membership can be a clear signal of local corporate commitment across the business, statutory and voluntary and community sector. Currently The Volunteer Centre West in Berkshire has membership, and if the HWB were keen to augment local works then the Council could itself sign up as a member and begin to progress SP related works across its network and systems in the local area.

5. Options Considered

- 5.1 To proceed with the development of the strategy in light of the contextual issues raised in section 4 above following on from previous HWB steer and decisions.

6. Proposal(s)

- 6.1 To provide a summary of outputs from the SP Summit and updated draft of the Strategy by December 2022.

¹⁶ [Suicides in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

¹⁷ [About Us - NSPA](#)

- 6.2 To provide a summary of the Cube resource and consultation copy for review by December 2022.
- 6.3 To provide an outline of potential member and executive officer facing briefing materials for the HWB by January 2023
- 6.4 To provide a summary of the NPSA membership and potential local benefits by January 2023.

7. Conclusion(s)

This update report provides a general overview of works across the regional and local system and seeks the West Berkshire Health and Wellbeing Board's input and steer on next steps.

8. Consultation and Engagement

This paper is a follow up to local discussions in West Berkshire and the region and a precursor to engagement works in support of the Strategy and resources referred to in section 4 of this report.

9. Appendices

None

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

- ☒ Reduce the differences in health between different groups of people
- ☒ Support individuals at high risk of bad health outcomes to live healthy lives
- ☒ Help families and young children in early years
- ☒ Promote good mental health and wellbeing for all children and young people
- ☒ Promote good mental health and wellbeing for all adults

The proposals will support the following Health and Wellbeing Strategy priorities:

Suicide touches all aspects health and wellbeing and the impacts on individuals, families and communities are devastating. 1 in 100 deaths worldwide is by Suicide. In West Berkshire there were 40 deaths to Suicide in 2017-2019 compared to 35 deaths in 2015-2017 to 5 the previous year. There is also evidence to suggest that female deaths by suicide is increasing at a faster rate than male suicide, although men continue to be at disproportionate risk of death by suicide. The Suicide Prevention Strategy will deliver across the priorities of the Berkshire West Health and Wellbeing Strategy.

Reduce the differences in health between different groups of people

We know suicide disproportionately affects people in certain jobs or professions, we also know that age and gender play a part is risk factors.

Support individuals at high risk of bad health outcomes to live healthy lives

Understanding the patterns of suicide and who is most at risk and when harm is most likely to occur, we can build prevention and early intervention strategies with partners to mitigate risk.

Help children and families in early years

Promote good mental health and wellbeing for all children and young people

Promote good mental health and wellbeing for all adults

For priorities 3-5 we need to understand better how risk occurs. Only 28% of people who die by suicide are known to services, we therefore need to work with schools and employers to recognise early signs of people needing support and have services in place to signpost people to.
