West Berkshire Suicide Prevention Action Plan 2026

Report being considered by:	Health and Wellbeing Board
On:	24 September 2026
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1. Purpose and Executive Summary

1.1 To present the West Berkshire Suicide Prevention Action Plan 2026 ('the Action Plan'), setting out how the priorities from the England Suicide Prevention Strategy (2023-28) will be addressed locally for the upcoming period through to the point of full strategy refreshes, both nationally and locally / sub-regionally.

1.2 The West Berkshire Suicide Prevention Action Plan includes actions to be taken at the West Berkshire and at the pan-Berkshire level, recognising that suicide surveillance work in particular needs to be undertaken over a large enough geography to be able to identify patterns and risks from the data. Delivery will be lead by the West Berkshire Public Health team, reporting to and supporting the new West Berkshire Mental Health Board as well as the Berkshire Suicide Prevention Group.

2 Recommendation(s)

2.1 The Health and Wellbeing Board is recommended to:

a. Approve the West Berkshire Suicide Prevention Action Plan 2026 as set out at Appendix 1; and

b. Endorse a rapid review of the Berkshire Suicide Prevention Strategy 2021-26, with the aim of extending the lifespan of that strategy through to 2029.

3 Implications

Financial
The Action Plan sets out commitments the West Berkshire Public Health team can make utilising confirmed financial resources.
Human resources

The Action Plan sets out commitments the West Berkshire Public Health team can make utilising confirmed human resources.
Legal
No additional legal implications arise from the proposals in this report.
Risk management
The Action Plan sets out how actions will be taken at a Berkshire and a West Berkshire level to identify and then address risk factors for death by suicide and the impacts of suicide at a community / population level.
Council Strategy
The approach supports achievement of the Council's goals to: - prioritise support for those who need it most; and - help our residents lead fulfilled and active lives.
Other Implications
There are no direct implications arising from this report relating to property or ICT.
Equalities Impacts: Positive
The report references the Berkshire Suicide Prevention Strategy and the West Berkshire Suicide Prevention Action Plan, both of which recognise that certain sections of our community face a greater risk of / from suicide, and set out plans to address and mitigate these.
Data Impacts: Neutral
The report references the proposed introduction of a digital near Real Time Suicide Surveillance system. There is an in-principle commitment to this from the Directors of Public Health across Berkshire but the project is at a very early stage. Implementation in West Berkshire Council would be subject to the authority's usual governance and data protection arrangements, i.e. approval of a supporting Data Protection Impact Assessment.
Environmental Impacts: Neutral
There are no direct environmental impacts arising from this report.
Health Impacts: Positive
The report sets out proposals to reduce suicide risk and incidence locally via a range of surveillance, response, communication and co-ordination functions.

Consultation and Engagement:	The report presents a proposed Action Plan developed through a stakeholder workshop involving members of the West Berkshire Suicide Prevention Action Group and the West Berkshire Mental Health Action Group, and informed by further community engagement, including workshops hosted by the Council to

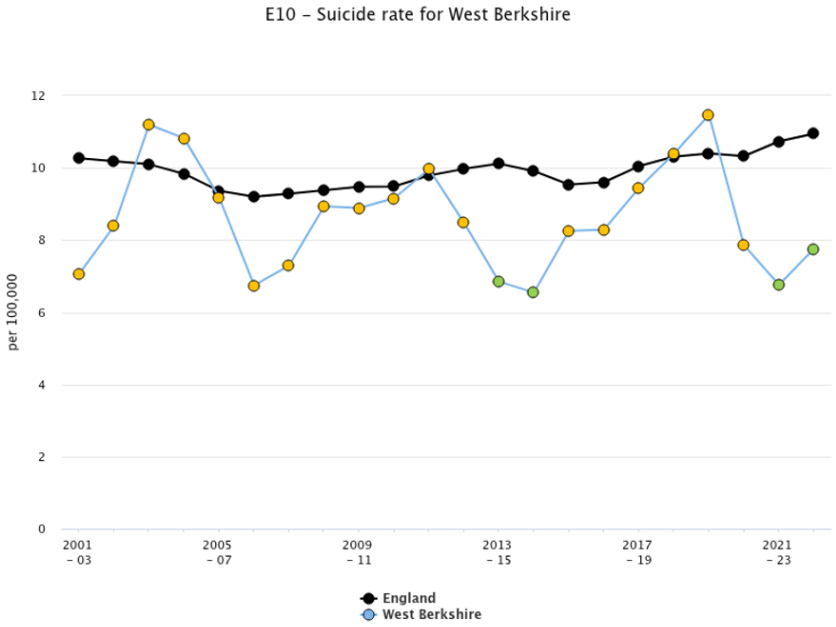
	support the development of a new All Age Mental Health Delivery Plan. The report also references the Berkshire Suicide Prevention Strategy, which is overseen by a multi agency group. This group would be engaged in the proposed review and refresh of the pan-Berkshire strategy.

4 Background

4.1 Between 2022 and 2024, there were 33 deaths by suicide in West Berkshire (i.e. an average of 11 per year), of which 26 were in males (79%). This equates to a rate of 7.8 per 100,000 people, which is lower than the South East rate of 10.4 per 100,000 and the England rate of 10.9 per 100,000.

4.2 Although the number of suicides is small overall, suicide accounts for over a quarter (26%) of male deaths in the 30-34 age range. Moreover, every suicide is a profound and preventable tragedy, with lasting impacts on families, friends, and communities. The Samaritans estimate that 135 people are directly impacted by every death by suicide.

4.3 While the national trend for suicide in England remains stable at around 10 suicides per 100,000 each year, the data for West Berkshire shows more variability across years. Due to the population size of West Berkshire, and the randomness of suicide it is hard to draw conclusions or identify consistent trends at a local level.



Source: Office for National Statistics

4.4 The 2012 Suicide Prevention Strategy for England gave local authorities responsibility for leading local suicide prevention work, in collaboration with partners. The current (2023-28) Suicide Prevention Strategy for England affirms this expectation of local authorities. Additionally, the National Institute for Health and Care Excellence (NICE)

issued guidance in 2019 (QS189) endorsing the establishment by local authorities of multi-agency partnerships for suicide prevention.

4.5 The Berkshire Suicide Prevention Strategy 2021-26 was developed collaboratively across the six Berkshire local authorities. Its implementation is overseen by the multi-agency Berkshire Suicide Prevention Group (SPG) and driven via regular meetings of the Berkshire Public Health Suicide Prevention Leads. Supporting actions are driven either at a Berkshire or a locality level. This approach is in line with the recommendations of a 2019 review of local suicide prevention work by the Samaritans and the University of Exeter[1]:

> *Where possible, local areas would benefit from collaborating with neighbouring local authorities at the regional and sub-regional level, where economy of scale savings could be made, and important good practice lessons shared*.

4.6 The current Berkshire strategy has good - although not complete - coverage across the current national priority areas. The national strategy has been refreshed since the current Berkshire strategy was adopted and this in itself has led to some misalignment of priorities, e.g. a continuing focus on COVID-19 in the Berkshire strategy which is now of less relevance.

4.7 As the current Berkshire strategy is about to expire, a decision is needed on the future approach. This needs to take into account the impact of Local Government reform. Berkshire may not continue to be a suitable geography across which to manage suicide prevention work following the formation of the Ridgeway authority in 2028.

4.8 Whilst there is some variation between areas of England currently as to whether teams refer to a local suicide prevention 'strategy' or 'action plan', most are explicit in setting out that local work is framed by overlaying local data across national priorities. The absolute numbers of people who die by suicide each year are small relative to the incidence of other health issues – although suicides have wider health impacts across families and communities. This means that whilst potential clusters are often identified at a very local level, in general it is important to consider data across wider geographies in order to distinguish patterns and hence identify risk factors as distinct from random variation.

4.9 The suicide data currently available to the Berkshire system consists of the following.

ONS data – robust and validated, and enabling comparison with other geographies on deaths classed as suicide following a Coroner's hearing, but limited in detail around the characteristics and circumstances of those who die or the means of death.

National near Real Time Surveillance System (nRTSS) data – The Office for Health Improvement and Disparities (OHID) produces a national dashboard from police force submissions which provides an approximation of suicide rates and trends ahead of validated data (see above) being available. This covers age, gender and means of death. However, not all police forces are included and there are other exclusion criteria around individual submissions.

[1] Local_suicide_prevention_planning_in_England_full_report.pdf

Local near Real Time Surveillance System (nRTSS) data - based largely on information available at the time a police officer attends a sudden and unexpected death which is suspected to be a suicide. This is based on a manual system in Berkshire currently, to which PH analysts do not have direct access. However, the local nRTSS contains richer information about the characteristics and circumstances of those who die and the means of death. All of the Berkshire authorities will be moving to a digital nRTSS by the end of 2026, utilising the same platform currently used in Oxfordshire.

4.10 Undertaking a Suicide Audit is one of the commitments contained within the 2021-26 Berkshire strategy. However, resource constraints have prevented this from progressing to date. The last Berkshire Suicide Audit covered the period April 2014 to March 2018, and involved a review of 241 coroner court hearings. Thematic analysis identified recurring personal and social factors as well as which agencies the deceased had recent contact with at the time of death. A multi-year or even annual suicide audit is a significant undertaking given the volume of data to be analysed. Suicide audit work also demands emotional resilience on the part of the professionals undertaking it given the risk of vicarious trauma and secondary stress as a result of contact with distressing material. A suicide audit provides data additional to that which can be obtained and analysed from other sources. However, the extent of the additionality may be less than is the case currently for West Berkshire once a digital nRTSSS has been fully embedded, particularly if multiple agencies contribute on a regular basis.

4.11 The West Berkshire Suicide Prevention Action Group (SPAG) was formerly a sub-body of the Health and Wellbeing Board (HWBB). However, following a rationalisation of HWBB governance arrangements to address the findings of an LGA peer review, the West Berkshire SPAG is now a community-led local group sitting outside the Berkshire Strategy governance mechanisms. West Berkshire SPAG has an explicit focus on awareness raising and community education. It remains a key stakeholder in the development of local suicide prevention work in other respects.

4.12 In December 2025, a stakeholder workshop was held to refresh the West Berkshire Suicide Prevention Action Plan. Attendees included members of the West Berkshire SPAG and the West Berkshire Mental Health Action Group.

5 Proposals and Options recommended

5.1 The recommended approach is to adopt a West Berkshire Action Plan, setting out those actions which are most suited to be driven at a locality level, and to support an extension of the Berkshire Suicide Prevention Strategy. This option and the alternatives considered are detailed further below.

Option	**Comment**
Option 1 (recommended): (a) Adopt the West Berkshire Suicide Prevention Action Plan 2026 as set out at Appendix 1. This would support both the West Berkshire All Age Mental Health	The national suicide prevention strategy is due to be refreshed again in 2028, so aiming to re visit local priorities next in 2029 would facilitate alignment with national intelligence and policy. The

Delivery Plan (2026-29) as well as the Berkshire Suicide Prevention Strategy. (b) Support an extension of the Berkshire Suicide Prevention Strategy 2021-26 through to 2029, following a rapid data review in collaboration with the other Berkshire local authorities.	proposed refresh date also post-dates the proposed implementation of Local Government Reform, which may indicate suicide prevention planning across different geographies in future. A rapid review of the data sets listed at para 4.6 would either provide assurance that local action broadly addresses the most important issues, or alternatively inform a focused re-alignment exercise. The plan to move to a digital nRTSS for Berkshire in 2026 will improve the richness of local data to support planning, but the new system needs time to bed in to generate this.
Option 2 (not recommended): Allow the Berkshire Suicide Prevention Strategy to lapse, and have neither a Berkshire nor a West Berkshire suicide prevention strategy / action plan in place.	This would be contrary to national policy expectations and best practice. To some extent, gaps could be mitigated by the adoption of a local Mental Health Delivery Plan recognising those at risk of suicide as a priority group. However, this would not fully discharge Public Health responsibilities for population-level safety, data tracking, and reducing risk factors.
Option 3 (not recommended): Create a new Berkshire strategy informed by updated evidence, stakeholder engagement, and emerging priorities, and review the need for a West Berkshire plan in light of this.	This would be a resource intensive exercise and not necessarily the best of use of limited resource at this point in time. The most appropriate sub-regional geography for suicide planning will need to be reviewed by 2028 to reflect Local Government Reorganisation, and suicide data for this area remains relatively limited pending implementation of a digital nRTSS and/or an updated suicide audit. This would, however, offer opportunities to reimagine the approach, incorporate new models, and strengthen alignment with the 2023 national priorities, better reflecting post-COVID realities.
Option 4 (not recommended):	There would be limits to how robustly data could be analysed and patterns identified if confined to West Berkshire only.

Let the current Berkshire strategy expire and develop a stand alone West Berkshire strategy / action plan.	Moreover, this option carries the risk of reduced engagement from partners which operate across wider footprints and do not have capacity to engage at locality levels. As drafted, the West Berkshire Action Plan builds on activity at the Berkshire level, particularly in relation to surveillance.

5.2 The advantages of the recommended approach are that it:

- Builds on existing infrastructure, partnerships, and governance;
- Is quicker and less resource-intensive than carrying out a full strategy re-write;
- Defers significant re-scoping to a point in time where we expect to have richer local data alongside greater clarity on planning footprints; and
- Maintains continuity and a framework for all the Berkshire localities, without necessarily disrupting locality action where this remains appropriate.

5.3 However, the proposed approach limits scope for innovation or radical change, and assumes no major shifts in suicide trends, policy, or service landscape.

6 Appendices

Appendix 1: Draft West Berkshire Suicide Prevention Action Plan 2026.

Background Information

Berkshire_Suicide_Prevention_Strategy_2021-2026_30.09.2021.pdf

Suicide prevention strategy for England: 2023 to 2028 - GOV.UK

Joint Health and Wellbeing Strategy Priorities Supported

The proposals will support the following 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 contained in this report will support the above Health and Wellbeing Strategy priorities by framing an approach to supporting West Berkshire residents at risk of or affected by suicide.

West Berkshire Suicide Prevention Action Plan 2026

Vision

Our vision is to reduce the number of suicide deaths in West Berkshire, whilst tackling the inequity which can contribute to suicide. To achieve this, all sectors must come together in partnership, and enable our communities to become safe, compassionate, inclusive, and free of stigma. Our aim is for any child, young person or adult who has thoughts of taking their own life, or is affected by suicide, to get the help they need and feel a sense of hope.

- West Berkshire Suicide Prevention workshop, December 2025

To realise this vision, West Berkshire has taken the priorities from the national suicide prevention strategy (2023-28) and adapted them for local circumstances. This includes identifying a mix of actions to be taken at the West Berkshire and at the pan-Berkshire level, recognising that surveillance-based work in particular needs to be undertaken over a large enough geography to be able to identify patterns from the data.

- The West Berkshire Suicide Prevention Action Plan ('the Plan') has been developed with and informed by local stakeholders from multiple agencies.
- The Plan will be lead by the West Berkshire Public Health team but informed by ongoing stakeholder and partner engagement.
- The Plan contributes to the West Berkshire All Age Mental Health Delivery Plan (2026-29), in particular Priority (5) – *Develop targeted approaches to ensure support can be accessed by 'at risk' groups and reduce health inequalities* – and will be monitored by the Mental Health Board on behalf of the Health and Wellbeing Board.
- The Plan also supports delivery of the Berkshire-wide Suicide Prevention Strategy.

Governance

The West Berkshire Suicide Prevention Plan 2026 Actions set out within this Plan which align with and directly support priorities of either the Berkshire Suicide Prevention Strategy or the West Berkshire All Age Mental Health Delivery Plan will be monitored within the established governance mechanisms for those groups. See Fig.1.

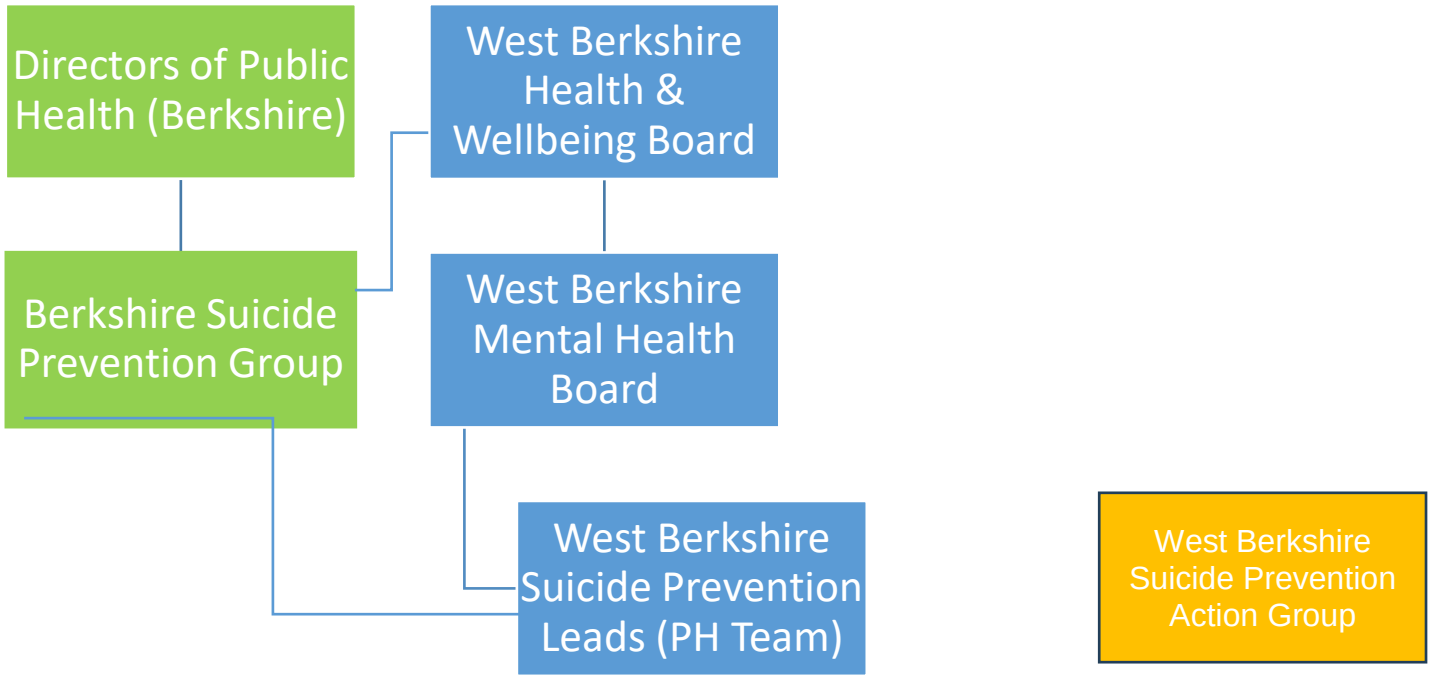


Fig. 1: Accountability for delivery of West Berkshire Suicide Prevention Action Plan

Priority 1: Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted

Data and evidence about suicide is collated on behalf of the Berkshire Suicide Prevention Group, and reviewed quarterly or more frequently where a need in indicated. This supports the Berkshire Group to develop targeted interventions as indicated by the data, and/or to conduct or commission bespoke research – including local deep-dives - into emerging or high-risk topics either at a locality level or across a wider geography.

Near Real Time Suicide Surveillance (nRTSS) data is collated at a Berkshire and at a Thames Valley level. This is based on information collected by police officers attending a sudden and unexpected death which is deemed a 'suspected suicide' per guidance from the National Police Chiefs Council – and supplemented by data supplied by other agencies. The nRTSS enables agencies to consider, ahead of a coroner's verdict, the broader population level risk associated with suicides and assess any further preventative actions that could be taken to protect the population. Through the nRTSS, the Berkshire Public Health teams can be alerted quickly to issues or suspected clusters, i.e. outside of the routine quarterly monitoring. The Berkshire nRTSS is manual. Moving to a digital nRTSS solution across Berkshire has been identified as a way of improving the provision of timely, accurate and comprehensive data on suspected suicides, and supporting the early identification of trends, multi-agency learning, and timely intervention. This is scheduled to be completed by the end of 2026.

Action	***Target date***	***measure***
1a. Support the collation of data and evidence for the Berkshire Suicide Prevention Group, and then lead on or support targeted interventions or further research as the need arises and as deemed appropriate by the Berkshire Group.	***Ongoing and reported to MHB 6-monthly***	***Effective dissemination of intelligence from and within West Berkshire to inform suicide prevention work***
1b. Respond to nRTSS alerts indicating the need for local support to - ***Deal with the aftermath of a suicide;*** - ***Protect vulnerable or impressionable individuals; or*** - ***Prevent further suicides and in particular a cluster/issues from expanding.***	***Ongoing and reported to MHB 6-monthly***	***Timely support delivered to protect wider population in response to West Berks (suspected) suicides***
1c. Support the local implementation of a digital nRTSS solution across Berkshire.	***LAs – Dec 26*** ***All agencies - Sep 27***	***Effective multi-agency engagement with digital nRTSS across relevant West Berks teams***

Priority 2: Provide tailored, targeted support to priority groups, including those at higher risk.

At a national level, groups identified as a priority for targeted support because of higher suicide risk are:

- children and young people
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers

Additional priority groups identified at a Berkshire level are:

- Anyone who is neurodivergent
- Members of the LGBTQ+ communities
- Those who have been bereaved or affected by suicide (whose needs are addressed under a separate priority focused on postvention support)

The West Berkshire Public Health team will support the development of understanding in this priority area at a local level.

Action	***Target date***	***measure***
2a. Complete a review of availability of tailored, targeted support to priority groups identified as being at higher risk of death by suicide	***Mar 28***	***Mapping and gapping analysis including actionable recommendations to inform local developments***

Priority 3: **Address common risk factors linked to suicide at a population level by providing early intervention and tailored support**

At a national level, common risk factors linked to suicide at a population level are:

- physical illness
- financial difficulty and economic adversity
- gambling
- alcohol and drug misuse
- social isolation and loneliness
- domestic abuse

Additional priority issues identified at a Berkshire level are:

- Parental or carer stress

The Berkshire Suicide Prevention Group forms Task & Finish sub-groups from time to time to explore and develop tailored interventions linked to risk factors. For example, the Domestic Abuse sub-group has launched a toolkit for professionals to help them recognise and address the co-existence of domestic abuse and suicide risk.

Action	***Target date***	***measure***
3a. Provide West Berkshire support and perspective for the Berkshire-wide risk based Task & Finish Groups and stand up West Berkshire only groups as may be indicated from time to time.	***Ongoing and reported to MHB 6-monthly***	***Effective responses developed / implemented at a West Berkshire level to address areas of elevated suicide risk***

Priority 4: Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm

Online safety is an issue of growing relevance to suicide prevention, with many people now likely to turn to the internet at times when they may be struggling, including with suicidal feelings. This can be a valuable way of connecting people to support and messages of hope, but it also carries risks, e.g. access to graphic images or details around methods of harm. Similarly, media reporting of suicides can encourage vulnerable people to seek help, but sensational and excessive reporting can lead to imitational suicidal behaviour. The Samaritans produce guidelines for reporting suicide responsibly, as well as monitoring media reports and offering practical advice on how to reduce the risks associated with media coverage.

Action	***Target date***	***measure***
4a. Provide West Berkshire support for work led by the Berkshire Suicide Prevention Group to promote online safety and responsible media content	***Ongoing and reported to MHB 6-monthly***	***Responsible information sharing in relation to local suicides***

Priority 5: Provide effective crisis support across sectors for those who reach crisis point

Priority (6) of the West Berkshire All Age Mental Health Delivery Plan (2026-29) is: *Ensure the best support for those approaching crisis with more integrated working between statutory and voluntary sectors.* This will build on previous scoping work, via a multi-agency group, to assess feasibility and complete an options appraisal around meeting gaps in local crisis support. Priority (5) of the West Berkshire Suicide Prevention Action Plan will be achieved via this area of the Mental Health Delivery Plan.

Priority 6: Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides

Public Health's role in suicide prevention is to consider broader population level risk and assess what preventative actions may could be taken to protect the population. As described under priority (1), data-driven targeted interventions may be indicated by the surveillance activity of the Berkshire Suicide Prevention Group. These can include actions to reduce access to means at particular locations, e.g. erecting physical barriers, or exploring ways of reducing cognitive access to means which are widely available.

Action	***Target date***	***measure***
6a. Lead on or support local implementation of interventions to reduce access to means and methods of suicide.	***Ongoing and reported to MHB 6-monthly***	***Targeted interventions delivered as indicated by data for West Berks***

Priority 7: Provide effective bereavement support to those affected by suicide

Those who have been bereaved or affected by suicide are identified within the Berkshire Suicide Prevention Strategy as another priority group which should receive tailored mental health support, including access to specialist suicide bereavement support, and appropriate information resources. Specialist support is currently commissioned at a Thames Valley level and information resources are produced at regional and national levels, but collated and promoted within West Berkshire by the West Berkshire Public Health team.

Action	***Target date***	***measure***
7a. Review postvention support available within West Berkshire and develop proposals for future arrangements, covering both the Bereavement Support and Liasion offer from Thames Valley Police and longer term suicide bereavement support.	***Mar 27***	***Completed assessment with clear recommendations to develop support and address any gaps identified***

Priority 8: Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

The Berkshire Suicide Prevention Group is committed to developing its membership and promoting cross sector working, sharing information and best practice, and raising awareness of the risks for suicide. The West Berkshire Public Health team has a very active role within the Berkshire Group, with one of the West Berkshire Public Health Consultants leading on the suicide prevention agenda for the Berkshire Public Health system and chairing the Berkshire Suicide Prevention Group.

The West Berkshire Public Health team promotes awareness of suicide and suicide prevention training, including through the commissioned Suicide Prevention Outreach and Training Service (SPOTS). A key partner for suicide prevention work in West Berkshire is the West Berkshire Suicide Prevention Action Group (WB SPAG). This is a community led grouping of charitable, statutory and special interest groups which works to enable and prepare people to talk to those who may have suicidal thoughts. WB SPAG promotes training and raises awareness of support resources, including through its dedicated website.

Action	***Target date***	***measure***
8a. Promote awareness of and training in suicide prevention via commissioning of SPOTS project	***Jul 27***	***16 awareness raising comms / sessions p.a.; 40 WB reps p.a. trained in Suicide Prevention First Aid***
8b. Support and promote the work of the West Berkshire Suicide Prevention Action Group	***Ongoing and reported to MHB 6-monthly***	***Greater community awareness of suicide risk and sources of support***