

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health & Wellbeing Panel	
MEETING/ DECISION DATE:	Wednesday 19th October 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	SUICIDE PREVENTION	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1: Suicide Prevention Strategy</p> <p>Appendix 2: Suicide Prevention Action Plan 2020/2023</p> <p>Appendix 3: Equality Impact Assessment</p>		

1 THE ISSUE

1.1 This update summarises the work overseen during 2020/2022 by the Bath and North East Somerset Strategic Suicide Prevention Group. It provides background and context to the subject, a brief overview of suicide prevention in B&NES and key achievements during this time.

2 RECOMMENDATION

The Panel is asked to;

2.1 **Proposal 1:** consider the contents of this report

3 THE REPORT

3.1 Background and context

Around 4,500 lives are lost to suicide every year in England (ONS 2018) and in 2020 there were 5,224 suicides registered in England and Wales (ONS 2020). On average 12 people a day in England get to the point where they feel they have no other choice but to take their own life. Suicide is complex and multifaceted issue which stems from an accumulation of adverse life experiences at childhood or during adulthood such as trauma, bereavement, financial loss, relationship breakdown.

National public health profiles show that between 2018 and 2020 there were 54 suicides in B&NES, an equivalent value of 11.1 deaths per 100,000 population. This local B&NES value for suicide is slightly higher than the England average of 10.4 deaths per 100,000, but lower than the South West average at 11.2 deaths per 100,000 people the 3rd highest suicide rate in England. A much wider group of people are also directly or indirectly affected by each death and due to the premature age at which most people die from suicide it accounts for a disproportionate amount of 'years of life lost' locally.

Male suicide rates during this period of time (2018 -2020) in B&NES is noticeably larger than females at 17.5 suicide deaths per 100,000 for males and 4.9 per 100,000 for females. This difference between genders isn't specific to B&NES and is reflected on a national scale where males continue to account for three-quarters of suicide deaths registered 2020. In England and Wales there were 15.4 deaths per 100,000 population compared to 4.9 per 100,000 population for females.

B&NES suicide rate (per 100,000) has remained at roughly this rate since 2011-2013 (Figure 1). However, it is noticeably higher than the rate in B&NES during the preceding decade between 2000 and 2009. This rising pattern is similar to the South West Region as a whole.

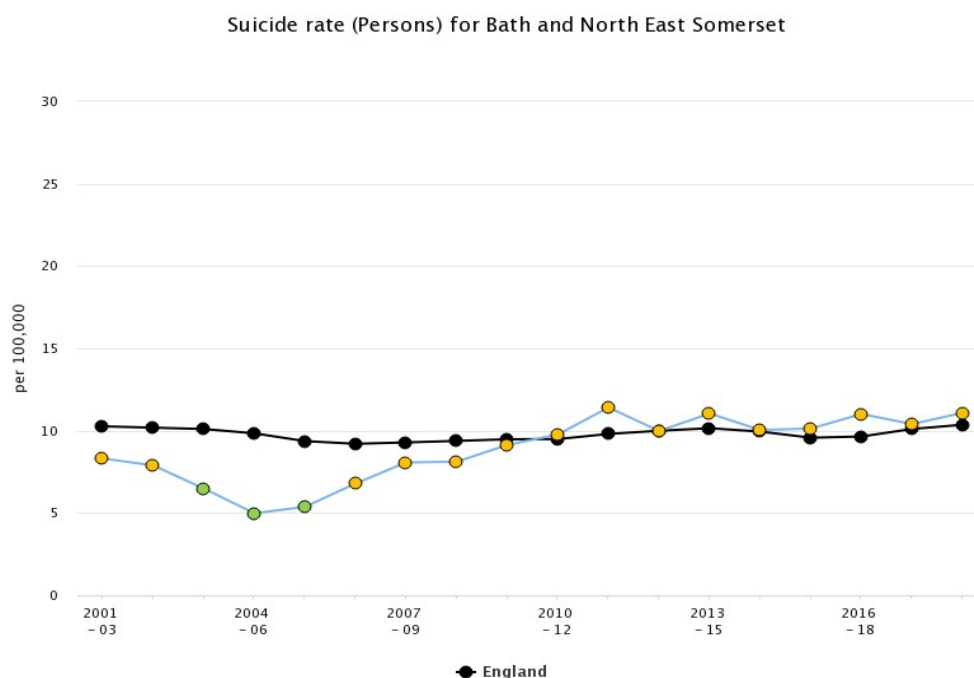


Figure 1 Suicide rate (persons per 100,000) for Bath and North East Somerset starting in 2001, compared with England rates, Image and data taken from Public health profiles

3.2 Current strategy work in B&NES

In 2020 we launched the Suicide Prevention Strategy 2020-2023 outlining the commitment from all partners to work together to reduce suicide in B&NES, aligning to the BSW Suicide Prevention Strategy. (Appendix one)

Working on the basis that every suicide is preventable, partners across B&NES are committed to:

- Reducing suicide and self-harm
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

The production of an action plan (Appendix two) to deliver co-ordinated suicide prevention action within B&NES was overseen by Public Health and its development was informed by the Public Health England guidance, a local stakeholder event held in February 2020 and virtual discussions during early 2021.

More than 60 people representing various organisations and communities attended the first stakeholder event in February 2020 at the Bath Guildhall. The aim of the event was to inform the development of the strategy and action plan and understand how the system is working towards reducing the national target of reducing suicides by 10% by 2021 with an aspiration of having zero suicides in B&NES

The plan has been used as a framework to guide strategic direction and priorities for the period of 2020-2023. It is a living document and has been overseen and reviewed by the Suicide Prevention Group, a multiagency group led and supported by the Council's public health team. The group reports progress to the B&NES Community Safety and Safeguarding Partnership (BCSSP) through the Practice Review Group and is ultimately accountable to the Health and Wellbeing Board.

There are seven sections within the plan, each one include specific actions /pledges that have been put forward by key stakeholders. These are set out below (Figure 2).

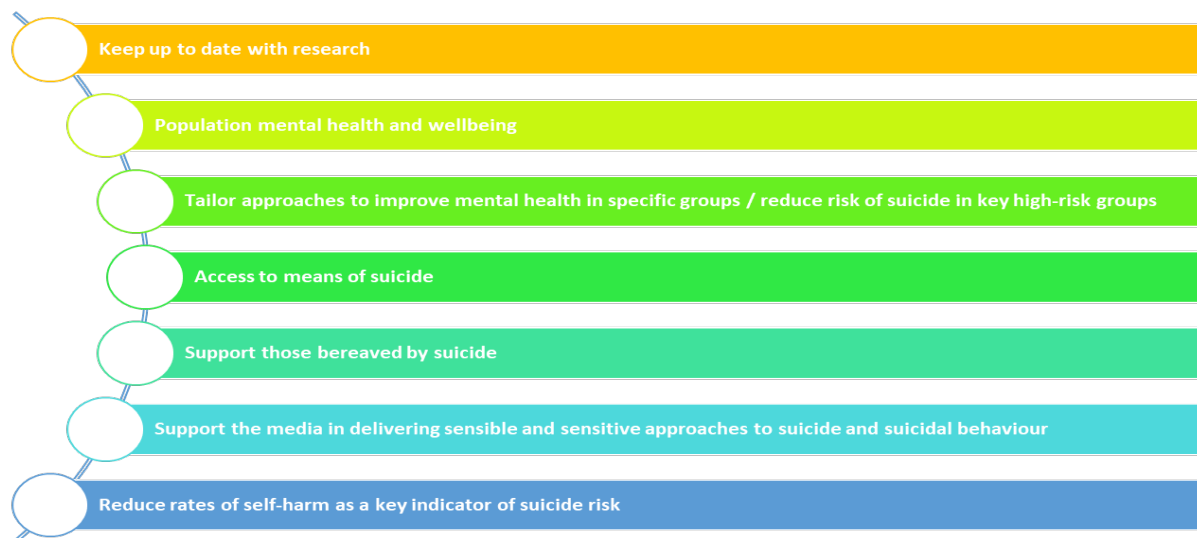


Figure 2 Suicide prevention action plan pledges

3.3 Some highlights on progress from the action plan

- Recently, B&NES have worked with Samaritan's and the British Transport Police to identify higher risk locations in B&NES. Using data regarding the total number of incidents and attempts from the British Transport Police alongside, suicide data from the RTSS, B&NES have been able to work in partnership with Network Rail

and Samaritan's to support interventions which aim to reduce suicides at higher risk locations.

- Bath Mind have launched an Emergency Department Adult Intervention Service which provides 1:1 mental health support for individuals at the RUH who are experiencing mental health decline or crisis.
- Suicide Prevention has been integrated into the B&NES Council compassionate leave policy.
- B&NES has produced several Suicide Prevention newsletters which have been shared with the Suicide Prevention Strategic Group and wider networks. Each newsletter has focussed on a theme such as financial security, LGBTQI+ and loneliness. It also highlights recent Suicide Prevention news within B&NES, training recommendations, key dates and support tools for individuals who are suicidal or have been bereaved by suicide (for example, Boys in Mind and Bath Survivors of Suicide).
- B&NES Council public health team are organising an upcoming Suicide Prevention Stakeholder Workshop on Wednesday 12th October. The event will be an opportunity to discuss the current action plan and key developments from local organisations. We will hear from individuals with lived experience which along with group discussions will help inform the next Suicide Prevention action plan when the current strategy ends.

3.4 Local surveillance and monitoring

The four local authorities in Bristol, North Somerset, South Gloucestershire, and Bath & North East Somerset agreed to jointly establish and fund an Avon Wide Real Time Sudden Deaths Surveillance System (RTSS) initially for two years from 1st February 2022 until 31st January 2024. This is part of a national ambition for real time surveillance to be in place across every local authority.

The RTSS provides data and intelligence on sudden and unexpected deaths to prevent and reduce deaths by suspected suicide, drug related deaths and homelessness deaths.

The aim of the RTSS is to provide a single dataset of all sudden deaths across the Avon area that will enable the identification of trends and patterns leading to better proactive prevention across system wide partners; and to offer timely referrals into a suicide bereavement support service, called the Beside Project.

The Beside project service is run by Second Step and the provision of this service is a commitment from the NHS Long Term Plan funding was received from NHS England to commission it. The service is co-commissioned with BNSSG and working across Bristol, North Somerset, South Gloucestershire, and Bath and North East Somerset began running in July 2021. The service offers emotional and practical support after losing someone to suicide for people over 16 years old, whether they are a family member, next of kin or a loved one.

Since Q3 2021/2022, there have been 16 suicides known to B&NES Council via the RTSS. There was a higher number of suicides during Q4 (2021/22) and Q1 (2022/23) which is in line with the national trend of higher suicides within the winter months. Data

submitted to the RTSS is reviewed and clustered into themes, for example, the method of suicide, deceased demographics including age and sex, and the location of the suicide. Through identifying themes, B&NES Council can work in partnership with local organisations such as, Samaritan’s or Bath Mind to promote awareness (e.g., targeted campaigns to middle aged men) or improve the support offered to these groups.

3.5 Livewell page

The B&NES Suicide Prevention Livewell page is accessible to the public and provides a space where individuals can access Suicide Prevention resources and tools. This includes details of local organisations that can support individuals feeling suicidal or support for those bereaved by suicide. We actively raise awareness of suicide risk and signpost to services which can support B&NES residents through our social media channels and council pages.

Between May 2021 and June 2022 Adult mental health and suicide prevention were the most visited Livewell pages accessed through adult health and wellbeing. 29.4% of the total visits to adults’ health and wellbeing sought information for adult mental health, whilst 9.7% sought information on suicide prevention. When we further review engagement with mental health and suicide prevention information on the Livewell pages there appears to be a higher use of the adult mental health webpages and suicide prevention webpages during January and April (Figure 3).

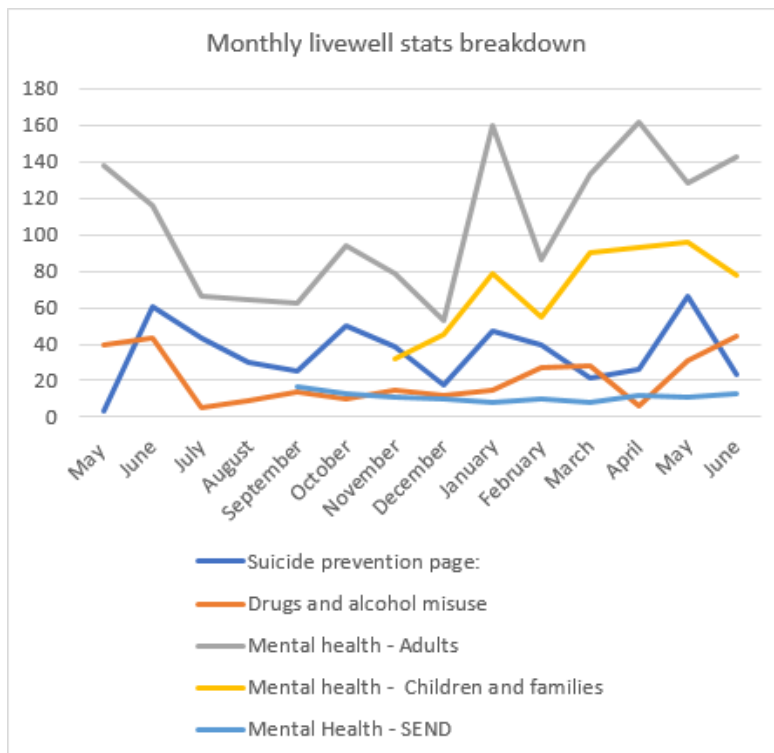


Figure 3 Monthly livewell page engagement breakdown

Through social our social media channels and with support of the B&NES communications team we generate and post monthly generic comms as well as comms related to specific events – like World Suicide Prevention Day (10/09/2022).

Our posts through these channels can have varying impact but have reached over 1000 people and links from these posts have been accessed up to 133 times (Figure 4)

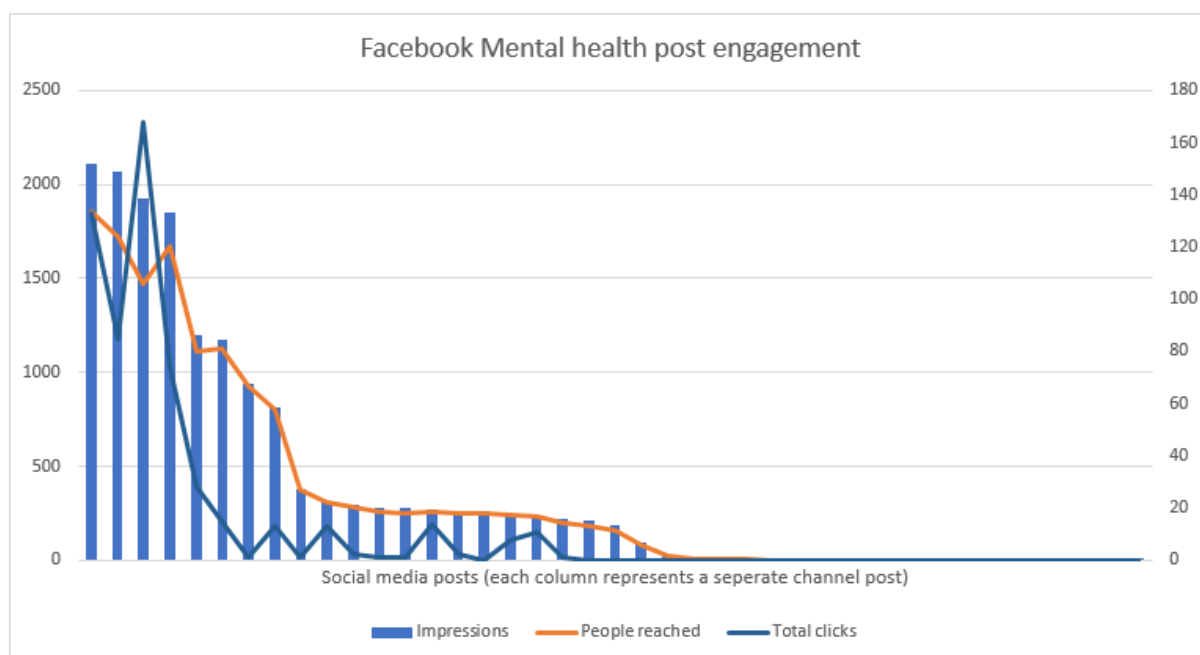


Figure 4 Social media engagement

3.6 Links to BSW work

The work described above is in partnership with wider work on suicide prevention across B&NES, Swindon and Wiltshire

The associate director of public health in B&NES chairs the B&NES, Swindon and Wiltshire (BSW) Suicide Prevention Group. This group has two main aims: to monitor trends in local deaths and contributory factors across BSW; and to coordinate delivery of local programmes funded by NHSE England from fixed term national suicide prevention funding of £181k per year between 2020-2023. To date, new work has been developed working in particular with Avon and Wiltshire Mental Health Partnership Trust, and Bath Mind in B&NES, focusing on:

- Assertive Signposting for people not eligible to access secondary services, or on discharge
- Personal Safety Planning, through third sector wellbeing practitioners (in B&NES working at the emergency department)
- Evaluation and learning for the BSW Place of Safety

Forthcoming programmes of work are planned, with NHSE funding agreed, for:

- Tailored support for adults who self-harm
- Focused support for at risk groups – particular middle aged males experiencing circumstantial change e.g., relationship breakdown, financial issues, debt, gambling problems, etc.
- Insight work with children and young people relating to the higher levels of self-harm in adolescents seen in the last two years
- Suicide Prevention Training across the local workforce.

4 STATUTORY CONSIDERATIONS

- 4.1 This work in B&NES delivers against the ambitions set out in: '[Preventing suicide in England, A cross-government outcomes strategy to save lives](#)' and is part of the public health responsibilities transferred to local government by the *Health and Social Care Act 2012*.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 There is a very small budget allocated to Suicide Prevention, which contribute to the real time suicide surveillance work. Staff from the public health team involved in this work are funded from the substance misuse allocation, including approximately one day a week of a Development and Commissioning Manager, and 3 days a week up to March 2023 from a Health Improvement Officer. Oversight and leadership comes from the associate director of public health, alongside a range of other different work programmes.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An Equality Impact Assessment was completed at the time of the creation of the strategy and development of the action plan (see appendix 3)

8 CLIMATE CHANGE

- 8.1 All meetings held by the Suicide Prevention strategic group are held via Teams to minimise the need for travelling. Stakeholder events have taken place both remotely and in person, we have found that having these events in person is more beneficial as allows for networking to be more effective and this year we are organising a face to face one following the remote event held last year. Every effort is made in minimising the impact of this work on the environment.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

- 10.1 This report has been reviewed and cleared by the S151 Officer and Monitoring Officer, and reviewed and approved by the Director of Public Health and Prevention ahead of submission to the Children, Adults, Health & Wellbeing Panel

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Background papers	Included as attachments to this report as follows: Appendix 1: B&NES Suicide Prevention Strategy Appendix 2: B&NES Suicide Prevention Action Plan 2020/2023 Appendix 3: Equality Impact Assessment
Please contact the report author if you need to access this report in an alternative format	