TORBAY COUNCIL

Meeting of the Health and Wellbeing Board

Thursday, 5 March 2026
2.00 pm
Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Karen Barry, NHS Devon Integrated Care Board
Peter Collins, NHS Devon
Pat Harris, Healthwatch Torbay
Tara Harris, Divisional Director of Community and Customer Services
Roy Linden, Devon and Cornwall Police
Nancy Meehan, Director Children's Services
Paul Northcott, Adult Safeguarding Board
Paul Phillips, Department for Work and Pensions
Lincoln Sargeant, Director of Public Health
Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)
Simon Tapley, Torbay and South Devon NHS Foundation Trust
Pat Teague, Ageing Well Assembly
Councillor Bye
Councillor David Thomas
Councillor Tranter

HEALTH AND WELLBEING BOARD
AGENDA

1.   Apologies
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.

2.   Minutes   (Pages 5 - 6)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 4 December 2025

3.   Declaration of interest

3(a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

3(b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4.   Urgent items
To consider any other items that the Chairman/woman decides are urgent.

5.   Torbay Joint Health and Wellbeing Strategy - response to   (Pages 7 - 56)
consultation
To note the response to consultation and endorse the post consultation Strategy document for Council approval.

6.   Suicide Prevention Strategic Plan 2026-2031   (Pages 57 - 102)
To review and ratify the One Devon Suicide Prevention Strategic Plan for 2026-2031.

7.   Neighbourhood Health Development Programme   (Pages 103 - 116)
To note the Neighbourhood Health Development Programme.

8. **Torbay Better Care Fund - quarter 3 monitoring report** (To Follow)

To note the quarterly monitoring report.

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Minutes of the Health and Wellbeing Board

4 December 2025

-: Present :-

Karen Barry (chair)

Councillor Bye, Julia Chisnell, Anna Coles, Emma Crowther, Mandy Guy, Pat Harris, Tara Harris, Toby Hewlett, Nancy Meehan, Nigel Williams

(Also in attendance: Simon Bellamy, Victoria Smith (observing))

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15. Apologies

Apologies were received from Paul Northcott, Pat Teague and Councillor David Thomas.

16. Minutes

17. Torbay Joint Health & Wellbeing Strategy 2026 – consultation draft

The Director of Public Health presented the report as published, explaining that iw will now go out for consultation for a period of six weeks, before returning to Full Council in the spring. The board noted the report.

18. Director of Public Health Annual Report 2025 on Ageing

The Director of Public Health presented the report as published, showing Board members a number of video excerpts, and explaining the different versions of the report available to the public, including accessible versions. There were no questions raised, and the board noted the report.

19. NHS Health and Care Strategy 2026 - 2031

Toby Hewlett, Director at Devon ICB outlined the updated strategy, explaining that it has arisen as a result of a renewed 10 year national plans which focusses on prevention and digital transition. Mr Hewlett outlined the methodology and the data which has fed into the strategy design, and outlined the issues it was intended to address.

Board members queried execution frameworks, efficiency measures, opportunities to collaborate and how the strategy may impact on community treatment ambitions. The Board agreed to note the report.

20. Autism Strategy 2025 - 2028

Officers presented the strategy report as published, noting that it had been produced in collaboration with Autism Ambassadors. The board noted an increase in late diagnosis, especially among females, and queried how this strategy interacts with national guidance, internal barriers to autism inclusion and follow up work with autism ambassadors. The Board noted the report.

21.   **Peninsula Health Protection Annual Report 2024/25**

Mandy Guy presented the report as published, highlighting key areas and noting the importance of the actions described in combating public health outbreaks and in improving public health strategies. Members queried preparedness and risk levels in various areas. The report was noted.

22.   **Torbay Better Care Fund - quarterly monitoring report**

Emma Crowther presented the report as published, noting key metrics in various areas, and noting downward trajectories in a number of performance areas.

Action: The Board requests that Better Care Fund Schemes and their performance is added to the work programme of the Adults Health Scrutiny Board (Simon Bellamy/Governance Support to arrange)

23.   **2026 Health and Wellbeing Board work programme**

The Board noted and endorsed the Work Programme as published.

24.   **Any other business**

The Board discussed upcoming CQC reports, including timelines for publication and work undertaken to date.

Chair

TORBAY COUNCIL

Meeting: Health and Wellbeing Board   **Date:** 5/3/26

Wards affected: All

Report Title: Torbay Joint Health and Wellbeing Strategy: response to consultation

When does the decision need to be implemented? March 2026

Cabinet Member Contact Details: Hayley Tranter, Cabinet member for Adult and Community Services, Public Health and Inequalities, hayley.tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk

Authors: Julia Chisnell, Consultant in Public Health julia.chisnell@torbay.gov.uk; Chris Gomm, Engagement and Communications Officer, chris.gomm@torbay.gov.uk

1.   Purpose of Report

1.1   This paper summarises the response to consultation on the Torbay Joint Health and Wellbeing Strategy 2026-30: *Our Healthy Neighbourhoods*.

2.   Reason for Proposal and its benefits

2.1   The programmes of work described in the Strategy are designed help us to deliver our vision of a healthy, happy and prosperous Torbay by helping to promote the health and wellbeing of our population.

2.2   Public consultation ran from 19 January – 8 February 2026. 112 responses were received. Responses were supportive of the direction and priorities of the Strategy, although emphasising the need to be able to demonstrate a real and visible impact. There was also a range of comments on specific issues. The substance of the views and comments is described below.

3.   Recommendation(s) / Proposed Decision

3.1.1 Members are asked to:

- note the response to consultation and endorse the final version of the Strategy to go forward for approval by full Council.

- consider how they would like to monitor implementation of the Strategy, including contributing to spotlight sessions on delivery of the priority action areas during the year.

Supporting Information
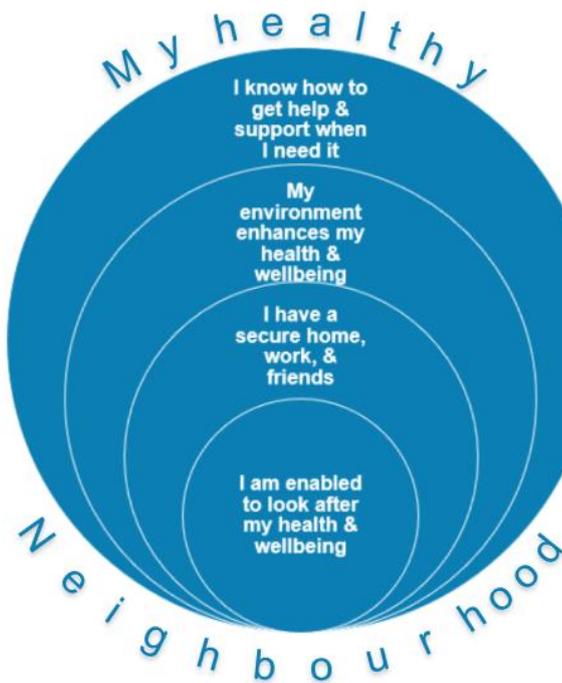
1   Background

Local authorities and NHS have a joint duty to produce, through the Health and Wellbeing Board: (1) a Joint Strategic Needs Assessment (JSNA) and (2) a Joint Health & Wellbeing Strategy.

The Strategy should:

- address the needs & inequalities identified in the JSNA
- set out key strategic priorities for action & outcomes members will jointly achieve
- inform local commissioning
- promote integration between health & care, as well as other Local Authority functions such as housing, transport, economy, and environment.

The draft Torbay Joint Health and Wellbeing Strategy 2026-30 was developed with Health and Wellbeing Board members during 2025. The consultation draft was agreed at the December meeting of the Board and approved by Cabinet on 16 December 2025.

The **vision** of the Strategy is around *healthy neighbourhoods*, with a focus on delivering *prevention in place*.

It also sets out our **aspirations** for promoting healthy neighbourhoods.

The Strategy highlights **activities for all partners** in Torbay to address the key challenges identified in the 2025 Joint Strategic Needs Assessment. These cover:

➢ ***Economy, housing and inequalities:*** poverty reduction; jobs, skills, homes and culture; pipeline from education into employment; a focus on the determinants of health; targeting to reduce inequality

➢ ***Children and young people:*** focus on prevention and enabling; universal to targeted support and early help; breaking the cycle of disadvantage, poor health and wellbeing; co-design with those intended to benefit

➢ **Working age adults:** employment opportunities and skills; support for those out of work due to ill-health; housing provision; community based health and care; promoting positive mental health

➢ **Older adults:** enabling approach building on people's strengths; focus on prevention; *Age Friendly* communities; supporting and enabling carers

➢ **Health behaviours:** screening and immunisation uptake; system approach to healthy weight, food and environments; starting early; focus on healthy places and spaces.

Priority delivery programmes for the first year, which would be sponsored by the Health and Wellbeing Board, are:

- *Healthy spaces - children and young people*

  o Tackling the issues of low physical activity, poor diet, home or school insecurity, education underachievement, and unreadiness for work.
  o Focusing on the work relating to the 'play' domain begun under the auspices of Child Friendly Torbay.
  o Led by community groups in partnership with the local authority and other stakeholders.
  o Involving a programme of activities to build physical, mental and social health and wellbeing.

- *Healthy work - working age adults*

  o Tackling the issues of unemployment through physical or mental ill health, NEETs, and disparities in opportunity for care experienced young people and carers
  o Focusing on Connect to Work with wrap around support from NHS and VCSE partners
  o Building confidence, employment opportunities, mentoring, practical, health, and social support.

- *Healthy ageing - older adults*

  o Tackling disparities in frailty onset, ill-heath, and dependence on social care, isolation, housing insecurity
  o Age Friendly actions around housing, transport and health
  o Led by VCSE, with local authority and other partners

3   The consultation

Consultation ran from 19 January to Sunday 8 February 2026.

There was an online survey on the Council's website and this was promoted initially via a range of channels including a Members Briefing and e-newsletter, press release to all local media and a wider distribution covering community partnerships and key partners from all sectors.

Council Leader and Chair of the Health and Wellbeing Board David Thomas promoted the survey through a video which was shared through the Torbay Council YouTube channel, website, social media, newsletters and the local media.
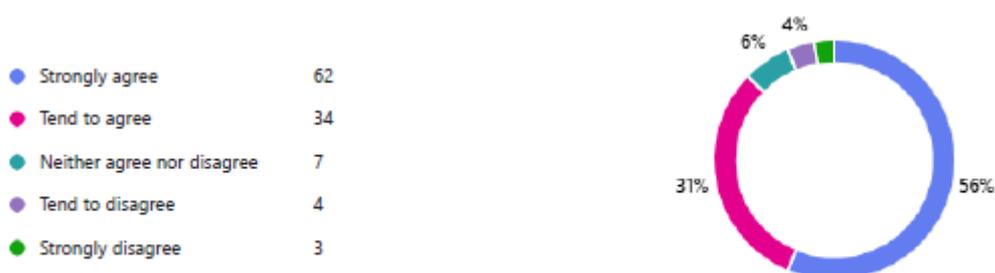
On the day of the launch a consultation event was held at Paignton Library and Community Hub. Representatives from the Public Health and Engagement and Communications teams also met with the Stroke Survivors Support Group who were holding their regular group at the Library. In addition Public Health attended the Grassroots collective of Women's groups in Torbay to gain their views on the Strategy.

Paper copies of the Strategy and survey were made available at Paignton Library, Torquay Library, Brixham Library, and Brixham Town Council. The survey was also promoted via the Council's One Torbay residents e-newsletter, Staff News, and on Facebook, NextDoor, Instagram and LinkedIn.

In total, taking into account online and paper surveys, there were **112 responses** to the consultation.

4   **Response to consultation**

Agreement with the vision for healthy neighbourhoods

● Strongly agree	62
● Tend to agree	34
● Neither agree nor disagree	7
● Tend to disagree	4
● Strongly disagree	3

Agreement with priority 1: healthy spaces for children and young people

● Strongly agree	58
● Tend to agree	31
● Neither agree nor disagree	12
● Tend to disagree	5
● Strongly disagree	3

Agreement with priority 2: healthy work
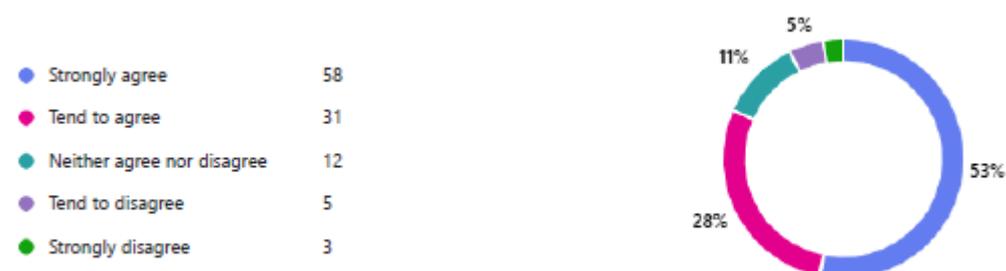
● Strongly agree	57
● Tend to agree	34
● Neither agree nor disagree	6
● Tend to disagree	7
● Strongly disagree	6

(Donut chart: 52% Strongly agree, 31% Tend to agree, 5% Neither agree nor disagree, 6% Tend to disagree, 5% Strongly disagree)
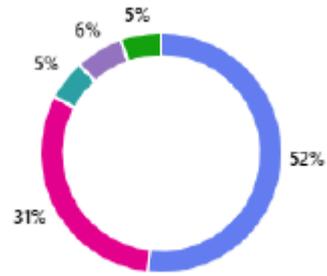
Agreement with priority 3: healthy ageing

● Strongly agree	77
● Tend to agree	18
● Neither agree nor disagree	7
● Tend to disagree	3
● Strongly disagree	5

(Donut chart: 70% Strongly agree, 16% Tend to agree, 6% Neither agree nor disagree, 6% Tend to disagree, 5% Strongly disagree)
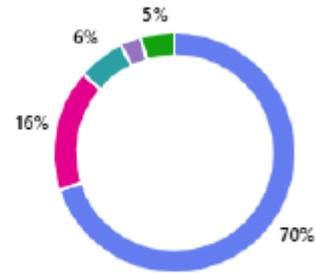
Demographics

Geographical representation

● Torquay	48
● Brixham	16
● Paignton	46

(Donut chart: 44% Torquay, 15% Brixham, 42% Paignton)
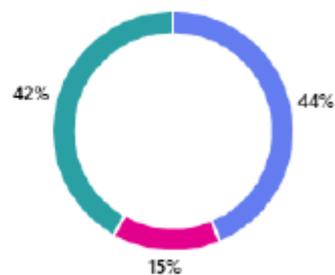
Age

● 0-15	0
● 16-24	0
● 25-34	1
● 35-44	4
● 45-54	19
● 55-64	26
● 65-74	39
● 75+	20

(Bar chart showing age distribution from 0 to 40)

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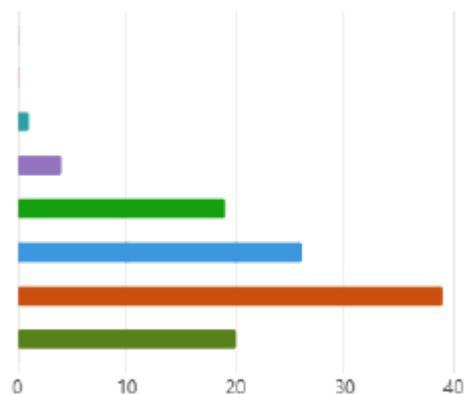
Ethnicity

●	White	100
●	Mixed ethnicity	2
●	Asian or Asian British	0
●	Black or Black British	0
●	Chinese	0
●	Other ethnic group	5
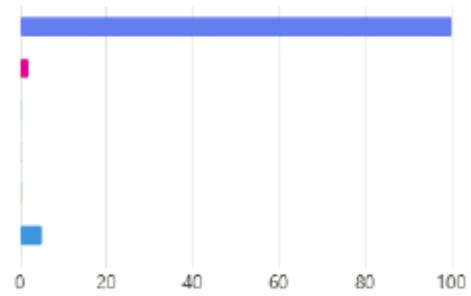
Gender

●	Female	78
●	Male	25
●	In another way	1
●	Prefer not to say	6

5%

23%

71%
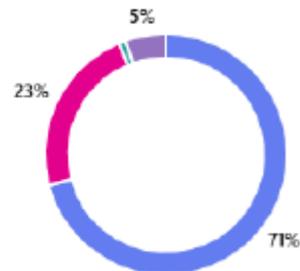
Employment status

●	Working full-time in Torbay	12
●	Working full-time elsewhere in Devon	5
●	Working part-time in Torbay	17
●	Working part-time elsewhere in Devon	2
●	Self-employed - full or part time	3
●	Student	0
●	Looking after family/home	0
●	Temporary sick	0
●	Long term sick	5
●	Retired	59
●	Unemployed	0
●	Other	7
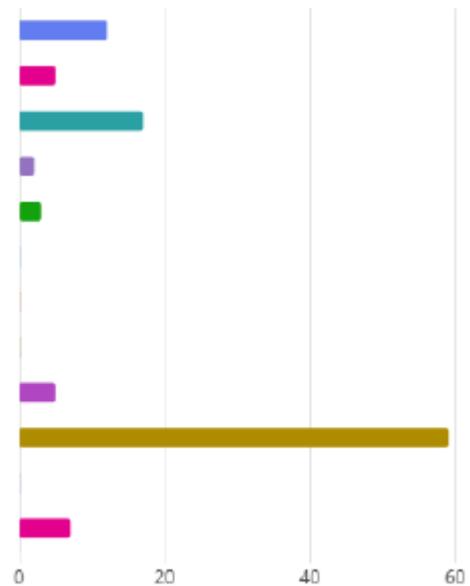
Disability

| ● Yes | 43 |
| ● No | 65 |

40%

60%
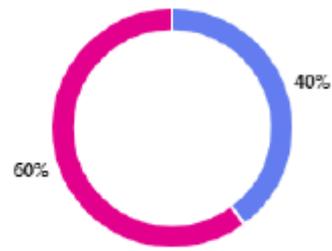
Unpaid carer

● Yes	28
● No	74
● Prefer not to say	8

7%

25%

67%
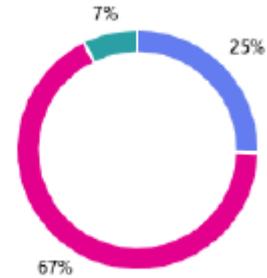
Care experienced

● Yes	7
● No	98
● Prefer not to say	5

5%   6%

89%
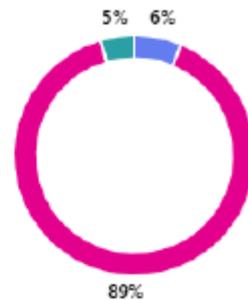
Comments – produced by Torbay Council Communications and Engagement Team with assistance from co-pilot

This summary presents the top themes, concerns and opportunities emerging from all public comments received during the Torbay Health & Wellbeing Strategy consultation. Feedback reflects engagement from residents, community groups, carers, older adults, and people with lived experience of health conditions.

1. Access to Health & Care Services

Access to the NHS—particularly primary care and specialist services—is the most dominant theme across all feedback.

Key issues raised

- Difficulty obtaining **GP appointments**, especially face-to-face.

- Loss or reduction of key services including **stroke support**, **cardiac care**, **dementia workers**, and **community hospital capacity**.

- Strong concern about **NHS dentistry**, with adults and children unable to access care.

- Anxiety about **funding cuts**, especially for stroke coordinators and community-based services.

- Need for better **integration** between the NHS, social care, housing and voluntary sector.

- Calls for a **clear directory of services** and improved support after hospital discharge.

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2. Transport, Accessibility & Mobility

Transport barriers—particularly for older adults—are a major concern across Torbay.

Key issues raised

- Repeated requests to reinstate the 67 bus service in Brixham.

- Limited or reduced bus routes in Paignton, Preston and other neighbourhoods.

- Unsafe or inaccessible **pavements and drop kerbs**, especially for mobility users.

- Concerns about perceived **anti-car policies** and the need not to restrict access.

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3. Children, Young People & Safe Spaces

Residents consistently highlighted a lack of activities and environments for children and young adults.

Key issues raised

- Strong need for **youth clubs**, sports opportunities and safe indoor/outdoor spaces.

- Desire for **better play parks**, similar to Paignton, Teignmouth, Dawlish and Shaldon.

- Requests for **multi-sports/all-weather areas**.

- Concerns about online safety and excessive **screen time**.

- Recognition that **early years (0–4)** must be included in planning.

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4. Housing, Neighbourhoods & the Local Environment

People want healthier, safer, cleaner neighbourhoods and affordable homes.

Key issues raised

- Growing anxiety about **housing affordability**, especially for older adults and young single people.
- Fears about **homelessness and fuel poverty** among pensioners.
- Calls to protect and maintain **green spaces** such as Victoria Park and Oldway Gardens.
- Concerns about litter, dog fouling and general neighbourhood upkeep.
- Interest in grants for home improvements and landlord enforcement.

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5. Prevention, Nutrition, Mental Health & Inequality

Residents believe prevention must be central to the strategy.

Key issues raised

- Strong emphasis on **nutrition education**, cooking skills and reducing reliance on ultra-processed foods.
- **Mental health support for young men**, newly bereaved people, carers and those living alone.
- The importance of **falls prevention, frailty support** and community-level activities.
- Concerns that **digital approaches risk excluding** those without technology.
- Calls for better **communication**, transparency and ongoing co-design with communities.

A full list of comments received is available for members to review on request.

5   Post consultation Strategy review

Responses to consultation were predominantly supportive of the neighbourhood health approach, mission, priorities, and three priority action areas identified for year 1.

There was a large proportion of comments in favour of a focus on young people – given the capacity for impact throughout life – and a large proportion supportive of a focus on older adults – given the demographic trends in Torbay. There were also comments emphasizing the importance of attracting and retaining an active working age population. The three priority action areas in the Strategy cover these areas of the lifecourse, so it is proposed that these are retained.

Mental health was mentioned fairly strongly among responses. Each of the priority action areas has an element of support for mental health and wellbeing underpinning the activity, but this may be an area members want to take as a 'priority to sponsor' in years 2, 3 or 4.

Concerns were expressed around: Page 16

- The availability of green space and areas for children and young people, in the light of priority action area one
- The need to demonstrate delivery of the Strategy and to show what has changed as a result
- The importance of working in partnership with local communities when developing and delivering the priority action areas.

These will need to be considered during implementation and Board members may wish to use the second and third point to test out progress on delivery as part of the monitoring process.

6   Alignment with other Strategies

As highlighted through the last year, the Strategy was developed with an eye to other local strategies including:

- The new Devon Health and Care Strategy

  This has a focus on moving to neighbourhood health in the context of the three key shifts set out in the NHS Plan for England:
  o Hospital to community
  o Analogue to digital
  o Treatment to prevention

  The Health and Wellbeing Strategy is also designed around neighbourhood health, with a focus on prevention.

- Torbay Corporate Plan, Economic Strategy, Housing and Homelessness Strategies, regeneration plans, and strategic plans relating to Children's and Adults Social Care.

  Torbay Adult Social Care Strategy has a vision for 'thriving communities where people can prosper'. Priorities are around helping people to live well and independently, with choice and control.

  The vision of the Health and Wellbeing Strategy is aligned to this, with a vision of 'healthy neighbourhoods where people of all ages can live, work and thrive', and actions designed to promote health and independence across all ages and into later life.

  Torbay Children and young People's Plan looks to fulfil the target of the Council's Corporate Plan to 'Protect all children and give them the best start in life'.

  The Health and Wellbeing Strategy includes an emphasis on the building blocks for promoting health and wellbeing from a young age, with a year 1 priority action area around healthy spaces for children and young people.

  Torbay Council Corporate and Community Plan has a vision of a 'healthy, happy and prosperous Torbay' which again aligns with the vision of the Health and Wellbeing Strategy around health promoting neighbourhoods. The strategic themes of the Corporate Plan are community and people, pride in place, and economic growth. As well as emphasising the relationship between the economic and physical health of

communities, the Health and Wellbeing Strategy includes a priority action area around health and work.

To be effective, the Health and Wellbeing Strategy will need to be delivered alongside these and other related strategic plans, working closely with all relevant partners.

7   Timetable

Following consideration by the Health and Wellbeing Board, the post consultation Strategy is due to be endorsed by the full Council in May 2026.

8   Implementation and monitoring

Members are invited to consider how they would like to monitor implementation of the Strategy, including contributing to spotlight sessions on delivery of the priority action areas during the year.

9.   Financial Opportunities and Implications

9.1   None identified

10.   Legal Implications

10.1   None identified

11.   Engagement and Consultation

11.1   The Strategy has been developed with input from stakeholders including Health and Wellbeing Board and Torbay Place Board members, Council teams, commissioners, Local Care Partnership representatives, Voluntary and Community sector colleagues. It incorporates feedback from recent public engagement in relation to the NHS 10 Year Plan including the plan for neighbourhood health.

11.2   This paper presents the results of the public consultation.

12.   Procurement Implications

12.1   None identified

13.   Protecting our naturally inspiring Bay and tackling Climate Change

13.1   Promoting health and wellbeing includes enhanced use of our natural green and blue spaces through active travel, physical activity, healthy spaces, and connecting with nature.

13.2   Climate change is an identified risk to health through increased infections, population displacement, excess heat and cold, and mental distress. Actions to mitigate the impact are included in our recommendations around health protection and health promotion.

14.   Associated Risks

14.1   No specific risks are identified. The Strategy is built on tacking the needs and risks to population health highlighted in the Joint Strategic Needs Assessment.

15. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision. Different age-groups have different health risks; these are highlighted for priority activity. Year 1-2 priority 1 focuses on mental, physical and social wellbeing of children and young people. Priority 3 focuses on Age Friendly actions around housing, transport and health.	Not applicable	Not applicable
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision. Carers are highlighted as a priority for support.	Not applicable	Not applicable

Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision. People with physical and mental ill-health and disabilities are highlighted for activity.	Not applicable	Not applicable
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision.	Not applicable	Not applicable
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision.	Not applicable	Not applicable
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision.	Not applicable	Not applicable
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our	Not applicable	Not applicable

	West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	population. No adverse impacts are anticipated from this decision. The Strategy contains guidance for commissioners and those developing strategies which includes analysis of differential provision, access and outcomes when planning services, to ensure inequalities are addressed.		
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision. The Strategy contains guidance for commissioners and those developing strategies which includes analysis of differential provision, access and outcomes when planning services, to ensure inequalities are addressed.	Not applicable	Not applicable
Sex	51.3% of Torbay's population are female and 48.7% are male	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision. The Strategy contains guidance for commissioners and those developing strategies which includes analysis of differential provision, access and outcomes when planning services, to ensure inequalities are addressed.	Not applicable	Not applicable

Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision. The Strategy contains guidance for commissioners and those developing strategies which includes analysis of differential provision, access and outcomes when planning services, to ensure inequalities are addressed.	Not applicable	Not applicable
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	The Torbay Joint Health and Wellbeing Strategy aims to promote and improve the health and wellbeing across the whole of our population. No adverse impacts are anticipated from this decision.	Not applicable	Not applicable
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		People in more challenged socio-economic circumstances are at greater risk of poor health and wellbeing and are therefore highlighted for priority activity.	Not applicable	Not applicable
Public Health impacts (Including impacts on the general health of the population of Torbay)		All programmes are designed to improve population health.	All programmes are designed to improve population health.	Not applicable
Human Rights impacts		Services and providers will remain cognisant of human rights, including the right to life,	Not applicable	Not applicable

		health, privacy, education and prohibition of discrimination.		
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	Highlighted as a priority activity.	Not applicable	Not applicable

14. Cumulative Council Impact

14.1   The Strategy takes account of priorities and activities across People and Place teams, including economic strategy, adult and children's social care, education and housing.

14.2   All teams are expected to take note of the needs and priorities highlighted in the Strategy when developing strategy or commissioning services.

15. Cumulative Community Impacts

15.1   All of these programmes involve close partnership working across the Integrated Care System, including voluntary, community and social enterprise (VCSE) sector, and all are intended to promote and improve health across the whole of our population.

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TORBAY COUNCIL

Our Healthy Neighbourhoods

Torbay Health & Wellbeing Strategy

2026-30

Table of Contents

Why do we need a Strategy for Health & Wellbeing?

What is a Health & Wellbeing Strategy?	**Why** do we need one?	**Who** is involved?	**How** does it improve health & wellbeing?
• A Strategy to address the needs & inequalities of our population & set out our strategic priorities for action	• To improve health & wellbeing, & reduce inequalities, through working better together	• All Health & Wellbeing Board partners, in consultation with our community	• By informing local commissioning • Promoting integration between health & care, housing, economy, transport & environment

Health and Wellbeing Boards bring together local authorities, health and care organisations, police, voluntary sector, and other partners, with the aim of improving health and reducing inequalities.

Every Health and Wellbeing Board is required to develop a Health and Wellbeing Strategy setting out the plan for improving the health and wellbeing of the local population. These will be very relevant to the expectations in the NHS 10 Year Plan for the development of *neighbourhood health*.

What could be more important than improving the health and wellbeing of our population?

Torbay at a glance

Torbay is a coastal community with comparatively high levels of deprivation, and strong natural and human assets

We have a significantly older age profile than England, with an average age of 49 compared with 40 nationally
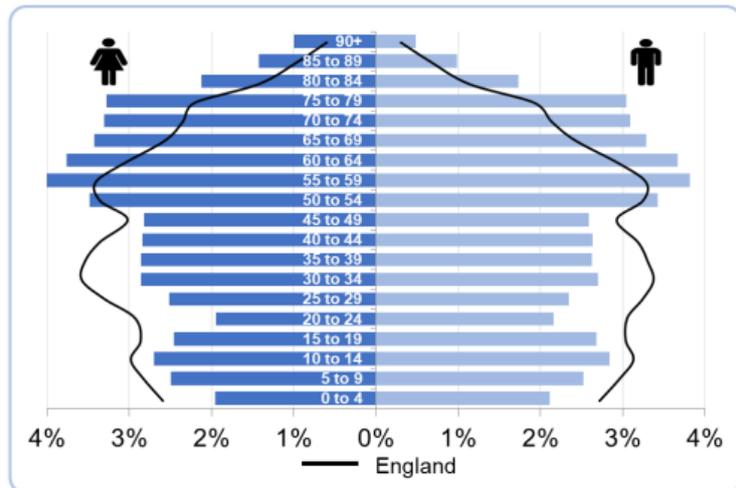
We have a much lower working age population than England and the South West

Under 18 18%

Population 139,485

18 to 64 55%

65+ 27%
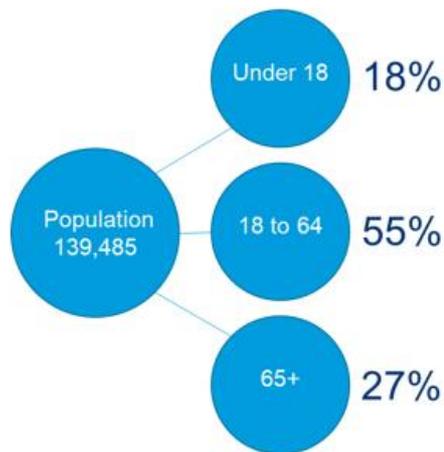
1 in 3 of our residents will be aged 65 and over by 2033

There is 23 years difference in the median age between King's Ash and Wellswood wards

Females
83 years

Males
78 years

8 years

Difference in life expectancy between most and least deprived areas

How long we live varies significantly between men and women, and between the different wards in Torbay

Almost 1 in 4 of our residents have health conditions or disabilities that reduce their ability to carry out day-to-day activities. Numbers are much higher in our more deprived wards

Our vision

Healthy neighbourhoods where people of all ages can live, work and thrive

My healthy Neighbourhood

I know how to get help & support when I need it

My environment enhances my health & wellbeing

I have a secure home, work, & friends

I am enabled to look after my health & wellbeing
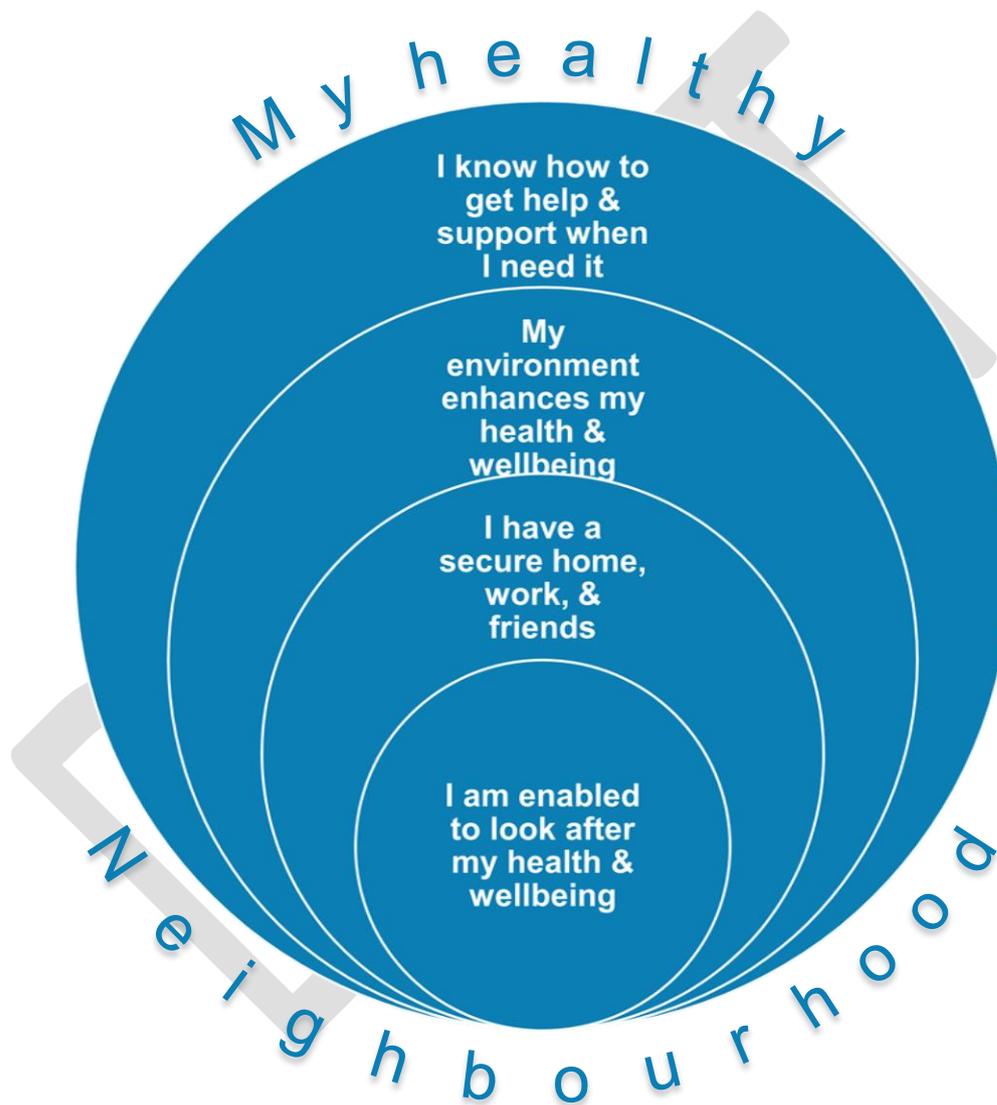
What makes a healthy neighbourhood?

What does national policy and strategy say?

Under the Government's 'Plan for Change' there are five national missions to deliver a decade of national renewal. All five are relevant to our work as statutory and voluntary partners in Torbay, but there is particular resonance in the focus on economic growth, the NHS, and breaking down the barriers to opportunity through giving every child the best start in life.

In order to build an NHS fit for the future, the 10 year Health Plan for England refocuses health around three key shifts:

- Hospital to community
- Analogue to digital
- Sickness to prevention

These are supported by the creation of a *neighbourhood health service* in which all care should be as local as it can be - in the home if possible - and digital by default.

Healthy communities, or healthy places, are not new. With an emphasis on prevention, *healthy neighbourhoods* are a function of all the determinants of health working together to influence individual and community wellbeing.

Dahlgren and Whitehead, 1991

Health and care services have a relatively minor influence on our health, with the greater impact from the way we live, and the environment we live in. And when the way we live is so heavily influenced by environmental factors, they indeed play by far the largest role.
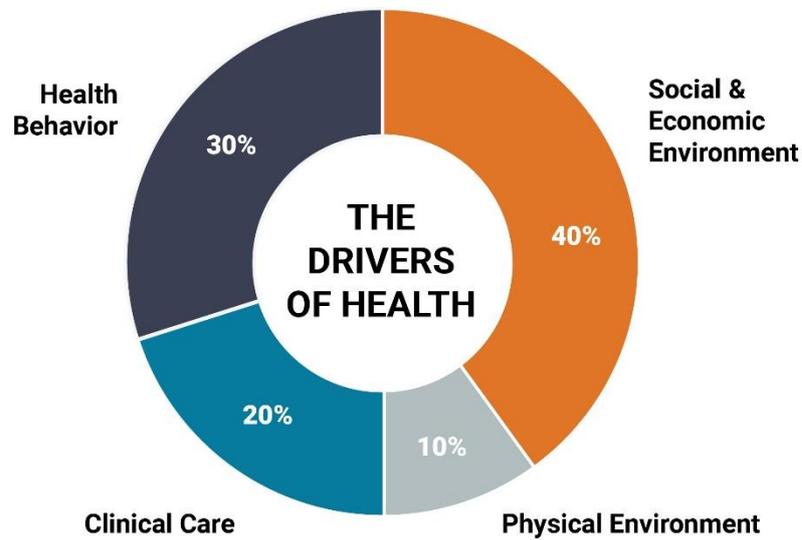
Neighbourhood health is not only, or even predominantly, the responsibility of health services. A response to these and similar problems requires the coordinated mobilisation of the assets in a community including communities themselves.

Department of Health & Social Care July 2025

What constitutes a *neighbourhood* is not formally defined. A neighbourhood might be different things to different people, and to different organisations. The important thing is the move to *local* - wherever we live, work and spend our time - and the opportunity to develop local services and programmes in real collaboration with the people who live there.

What are our communities telling us?

Through engagement in Torbay and Devon to inform the NHS Long Term Plan, residents were asked what was important to them in terms of neighbourhood health. This is what they said.

Health promoting communities
Healthy communities are: • Connected, with strong local networks and support systems • Inclusive, especially for people with disabilities, older adults, and ethnically diverse communities • Empowered, with access to information and the ability to shape services
Fair and easy access to support

We want to see:
 	
• Better access to GPs and primary care
• Joined-up services across health, social care, and community support
• Equity in service provision, especially in coastal, rural, and deprived areas
• Digital inclusion:
    • Technology should support—not replace—human care
    • Services must remain accessible to those without digital skills or internet access

Enabling us to look after our own health

We support a shift from treating illness to preventing it, through:

- Health education in schools and communities

- Annual health checks, especially for older people

- Lifestyle support (e.g. healthy eating, exercise, smoking cessation)

- Screening services for early detection

- Not blaming individuals for poor health outcomes

Locally based care

We support moving care from hospitals into communities:

- Services closer to home – providing care that is community-based, accessible, personalised, and empowering

- Increased convenience, and earlier detection though community diagnostic centres and virtual wards

Support to look after our mental and emotional health

We want to see:

- Mental health support in schools

- Early intervention

- Listening to young people's concerns

- More education around mental health and wellbeing

- Accessible community mental health services

NHS 10 Year Health Plan - One Devon

In summary

A healthy neighbourhood is somewhere where…

	Health & Care services	•go where people are •are easy to access •are enabling •are designed in partnership •start with prevention
	Natural & built environments	•enhance health & wellbeing •promote physical activity & social connections
	Housing, Employment, Education, Transport	•are suitable & secure •promote health & wellbeing •promote independence •reduce inequalities
	Citizens	•are in charge of their health & wellbeing •are partners in their care •are seen in their context

How will we deliver our vision for neighbourhood health?

This Strategy is designed to influence the implementation of health and wellbeing improvement programmes through the following routes:

1   **Highlighting the needs** in our population that all of us developing strategies, or commissioning services, must respond to

2   **Summarising the areas of activity** required to address our population needs, in the ways people have said they want to see

3   Identifying the **priority areas** we want to focus on as a Health and Wellbeing Board over the next four years.

4   Describing the **principles** which underpin our Strategy and how it is implemented.

5   Developing a decision framework to guide selection of Health & Wellbeing Board **annual delivery programmes**, sponsored by the Board, to deliver our priorities. These will be reviewed annually but a delivery programme may be continued through more than one year.

What are the needs of our population?

Our key challenges

Economy, housing & inequalities

- Torbay is ranked as the most deprived local authority in the South West and our **economy** is ranked among the weakest in England.

- Average wages are significantly below the regional and national average with less of the population in full-time **employment** than England.

- There is a continuing impact of the pandemic and persistent high **cost of living**, especially in utilities and food.

- Those who live in the most **deprived areas of our communities are disproportionately affected.**

- Torbay has a growing number of households experiencing **fuel poverty**. Old housing stock is particularly fuel inefficient.

- There is a consistent pattern of **worse health and educational outcomes** for those people who live **in more deprived areas**.

- There is significant **variation in health and wellbeing** across the bay.

- In our most affluent areas residents can expect to live on average almost eight years longer than those in our more deprived communities.
- There are significant **gaps in healthy life expectancy** (years in good health) between the most affluent and deprived areas.

Children & young people

- The number of **cared for children** within the local authority remains significantly higher than England. Rates of referrals to children's social care are consistently much higher than England.

- Torbay schools have a significantly higher proportion of pupils requiring **special educational needs** support through an Education, Health & Care Plan than England although the gap has narrowed.

- Persistent pupil **absenteeism** remains at significantly high levels following the pandemic. Rates are much higher among children from our more deprived areas.

- **Teenage pregnancies** (under 18 years) have fallen over the last decade but are still higher than England.

- Our children have **poor oral health**. There are consistently high rates of hospital dental extractions among children due to dental decay, particularly among Torbay's more deprived communities.

Working age adults

- The number of those who are of **working age is projected to fall** over the next 20 years to approximately 50% of the population from its current rate of 55%.

- A consistently high rate of people are **homeless** or threatened with homelessness.

- There are high **levels of vulnerability** in the population, including groups with specialist needs and high levels of mental ill health.

- There are consistently high levels of **self-harm and suicide**.

Older adults

- Torbay has high levels of need requiring **support from Adult Social Care** in the 18 to 64 population and also in the population over 65.

- We have very **high rates of unpaid carers**. The 2021 Census showed that there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. This care is disproportionately provided by women.

- We have an **ageing population** with 1 in 3 Torbay residents expected to be 65 and over by the middle of the next decade. This will also put increasing demand on health and social care.

Protecting our health

- **Screening and immunisation** rates are lower than they need to be to protect our population from disease. There have been falls in breast and cervical cancer screening rates, childhood immunisation rates, and HPV vaccination rates in girls, since the pandemic.

Health behaviours

- Approximately **1 in 3 adults in Torbay are obese**. **1 in 4 reception age children** and more than **1 in 3 Year 6 children are overweight or obese.**

- Around **1 in 6 adults in Torbay smoke**.

- There are high levels of **admissions to hospital related to alcohol**, and high levels of preventable deaths from liver disease.

The needs in more detail

More detail about the needs of our population can be found in the annual **Joint Strategic Needs Assessment and Ward Profiles**

Activities required to address our population needs

These are the overall areas of activity required to address our population needs, in the ways people have said they want to see.

They are intended to be a guide for all of us developing strategies or commissioning services in Torbay.

Economy, housing & inequalities

- ➢ Take a **poverty reduction** approach in all policies

- ➢ Ensure there are the **jobs, skills, homes & culture** in the Bay that make it attractive to live and work here

- ➢ **Start early** – support the pipeline from education into employment

- ➢ Recognise the links between health & wealth; **focus on the determinants of health** & wellbeing (jobs, homes, education) as well as access to health & care

- ➢ In every intervention, **consider the deprivation gradient** – who has the poorest outcomes & the greatest need? **Target interventions proportionately** to reduce inequalities

Children & young people

- ➢ **Focus on prevention and enabling**

- ➢ Take a graded approach – from **universal to targeted support** when needed

- ➢ Gather a **team around the family** to support healthy development for all our children

- ➢ Maintain the '**early help**' approach, getting the right support, when & where it is needed

- ➢ **Co-design** interventions with those intended to benefit (eg people with SEND, those who are care experienced)

- Develop interventions that will **break the cycle** of disadvantage, poor health & wellbeing

- Improve access to **good oral health**; focus on prevention

Working age adults

- Strengthen **employment opportunities & skills** for all age groups

- Support & enable people who are **out of work through ill-health** back into employment

- Develop **sufficient housing** for people to live & work in the Bay

- Ensure health & care **reach out into the community, going where people are**

- Make it **normal to talk about mental health**; promote resilience & confidence around the *ways to wellbeing*; increase access to information & support; expand peer support & training

Older adults

- Take an **enabling, 'coaching' approach**, building on people's strengths

- Think '**home first'**, enabling people to stay at home rather than go into hospital or long term care

- **Focus on prevention**; expand *healthy ageing* initiatives enabling people to build their physical, mental and social health & wellbeing

- **Implement** *Age Friendly* initiatives to promote healthy environments as we age, including housing, transport, planning, employment

- **Support & enable carers** to look after their own health & wellbeing

Protecting our health

- **Increase uptake of immunisation & screening** through targeted promotion & easier access

- Design delivery in partnership with groups or communities who have low uptake

Health behaviours

- Take a **comprehensive approach**: focus on healthy weight, healthy food, healthy environments

- **Focus on enabling** people to manage & improve their own health & wellbeing

- **Start as early as possible** – healthy and unhealthy behaviours are laid in childhood and in some cases before birth

- **Focus on healthy places & spaces** – family hubs, schools, green and blue spaces, workplaces, neighbourhoods

Identifying our priorities

The needs and activities outlined in this Strategy cover the full breadth of the health and wellbeing of our population.

To work towards our vision for healthy neighbourhoods, we have identified a priority approach which we as a Health and Wellbeing Board, together with our partners, want focus on for the next four years. This is intentionally quite broad, to allow for creative local approaches to improving neighbourhood health and wellbeing.

Our goal is to promote health and wellbeing through health promoting places.

This will involve:

- **looking first at the causes** of health and wellbeing, for example addressing the housing, financial, educational or employment situations that contribute to poor health

- **detecting health problems early** so they can be treated before they worsen, for example identifying high blood pressure and preventing future stroke

- **taking an enabling approach**, building on people's strengths to promote their own health and wellbeing

- **building on our South inequalities strategy** to identify those who have the worst health outcomes and opportunities, and scaling our interventions to support and enable those who need most help the most

- **targeting settings** such as schools, homes or workplaces**, or spaces** such as town centres, transport systems or community areas.

Principles underpinning our Strategy

Approach

- An overarching strategic framework

  - responding to the needs of the Joint Strategic Needs Assessment
  - within the context of developing healthy neighbourhoods

- Annual priority delivery programmes where Health & Wellbeing Board will sponsor delivery

Priorities

- should respond to needs identified in the Joint Strategic Needs Assessment but not attempt to cover too many areas

- should be areas where multi-agency working is needed and where all members of the Health and Wellbeing Board have a role and can contribute

Delivery programmes

- should reduce health and social inequalities

- should be developed through a process of co-design with the populations who are intended to benefit

- should target health through the wider causes of poor health

Interventions

- should be based on good evidence and best practice

Outcomes

- should be measurable and meaningful to citizens

Our Strategy in summary

Healthy neighbourhoods where people of all ages can live, work and thrive

Our vision

My healthy

I know how to
get help &
support when
I need it

My
environment
enhances my
health &
wellbeing

I have a
secure home,
work, &
friends

I am enabled
to look after
my health &
wellbeing
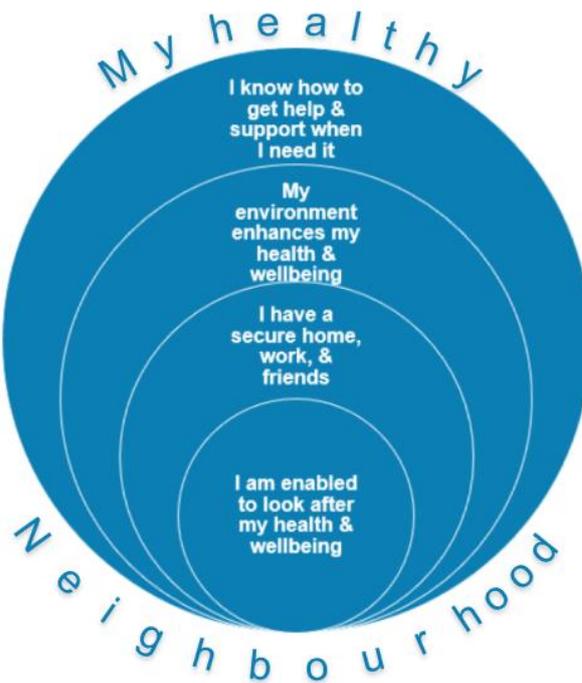
Neighbourhood

Our aspirations

for health

promoting

neighbourhoods

Health & Care services	•go where people are •are easy to access •are enabling •are designed in partnership •start with prevention
Natural & built environments	•enhance health & wellbeing •promote physical activity & social connections
Housing, Employment, Education, Transport	•are suitable & secure •promote health & wellbeing •promote independence •reduce inequalities
Citizens	•are in charge of their health & wellbeing •are partners in their care •are seen in their context

Our priority approach	We will promote healthy neighbourhoods through a focus on preventing poor health, and enabling people to promote their own health and wellbeing, in the places where they live and work
	Our activities should:
The principles underpinning our Strategy	• respond to needs identified in the Joint Strategic Needs Assessment
	• be areas where multi-agency working is needed and where all members of the Health and Wellbeing Board have a role and can contribute
	• reduce health and social inequalities
	• be developed through a process of co-design with the populations who are intended to benefit
	• target health through the wider causes of poor health
	• be based on good evidence and best practice
	• be measurable and meaningful to citizens

Annual delivery plans

This is the framework which we will use to guide the selection of Health & Wellbeing Board annual delivery programmes. Programmes will be reviewed annually but a priority programme may be continued through more than one year.

Annual delivery programme selection framework			
What is the target population?	**Children & young people**	**Working age adults**	**Older adults**
Areas of inequality or where intervention may be targeted for best effect	• Care experienced • With special educational needs & disabilities • Caring for others • In transition to adult	• Low income households • Not working through ill-health • Caring for others • Insecurely housed	• Pre or prematurely frail • Inactive or isolated • Caring for others • Approaching retirement
What are the target needs?	**Needs identified in the Joint Strategic Needs Assessment**		
Economic	Lack of jobs & skills Low incomes Unemployment through ill-health Insecure housing, unsuitable accommodation Fuel poverty		
Dependency	Levels of child & adult social care Special educational needs & disabilities Long term health conditions (prevention, early detection, management)		

	Caring responsibilities
Mental & social health & wellbeing	Poor mental health & wellbeing Suicide & self-harm Isolation
Health behaviours	Alcohol, smoking, unhealthy weight, oral health, screening and vaccination
Assessing the programme or intervention	
Neighbourhood approach	How will it promote neighbourhood health?
Evidence base	Is there quality evidence or best practice? Can we adopt learning from other sites? Or do we need primary research / test & learn?
Prevention first	Is it taking a prevention approach?
Enabling approach	Will the intervention build on people's strengths to promote their own health and wellbeing?
Place	What locations or settings are being targeted?
Inequalities	How will the intervention tackle inequalities?
Partnership	Do all partners have a role? Is there scope for co-design?
Added value	Is there scope for innovation? Creativity? Doing things differently?
Outcomes	Are there meaningful success measures?

How we will know if we are having an impact

The Joint Strategic Needs Assessment is our annual barometer of health and wellbeing in our communities and neighbourhoods across the Bay. Many of these measures are longer term, and will show us over time whether progress is being made.

Individual priority delivery programmes will have individual outcome measures. These will include national health indicators but also more short term local indicators agreed by partners. These should reflect the principles of the Strategy, being real and meaningful for those whom the intervention is designed to benefit.

How we developed this Strategy

This Strategy was developed in collaboration with members of the Torbay Health and Wellbeing Board with input from stakeholders including Local Authority, NHS, and Community and Voluntary Sector partners.

It was informed by insights from local community engagement and consultation with local residents.

It is based on the evidence of the Joint Strategic Needs Assessment for Torbay which sets out the health status of the population including the social and economic factors influencing our health.

Year 1 priority action areas

Overarching theme	Healthy neighbourhoods

Priority 1	Healthy spaces
Target population	Children & young people

Needs	• Inequalities in opportunity • Physical ill-health • Low activity levels • Poor diet • Home or school insecurity • Educational underachievement • Unreadiness for work
Intervention/s	• Programme of activities to build **physical, mental and social** health and wellbeing • Junior **work placements** • Community led **research into homeschooling** • **Pipeline from education into work** – via Coastal Navigators Network programme • **SEND/NEET coaching & mentoring** programme • Child Friendly Torbay – *play* domain
Lead & co-design partners	• Community partnership, Play Torbay collaborative, Torbay Council • Health & Wellbeing Board partners, NHS, VCSE • Co-design with families and young people in the lead

Priority 2	Healthy work
Target population	Working age

Needs	• Population not working due to physical and mental ill-health • NEETs • Disparities in employment for people with SEND, those who are care experienced, and carers
Intervention/s	• *Connect to Work* **programme with wraparound:** • NHS identification of people off work through ill-health • NHS support for long term conditions (eg mental health, musculo-skeletal) • VCSE identification and support for those further from employment – confidence, mentoring, buddying, practical and social interventions
Lead & co-design partners	• Torbay Council and Local Care Partnership • Health & Wellbeing Board partners, Employers, NHS, VCSE • Co-design with target groups eg care experienced

Priority 3	Healthy ageing
Target population	Older adults

Needs	• Inequalities in life expectancy, frailty onset, ill-health and long term conditions, dependence on formal social care • **Social isolation** • **Digital exclusion** • **Carer** inequalities in health and social wellbeing • **Housing** insecurity • **Access** to services and amenities
Intervention/s	• **Age Friendly** activities on housing, transport and health
Lead & co-design partners	Torbay Assembly, Torbay Council, Health & Wellbeing Board partners Co-design with older adults in Torbay

References

Joint Strategic Needs Assessment (JSNA) and Ward Profiles - Torbay Knowledge and Intelligence

South Devon and Torbay inequalities Strategy?

NHS 10 Year Health Plan - One Devon

Plan for Change - GOV.UK

10 Year Health Plan for England: fit for the future - GOV.UK

Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK

Marmot Review 10 Years On - IHE

Communities And Health | The King's Fund

Neighbourhood Health: The Idea Isn't Radical But Implementing It Would Be | The King's Fund

Healthy and safe communities - GOV.UK

Shaping Places for Healthier Lives: about the programme | Local Government Association

NHS England » Your invitation to be involved in the National Neighbourhood Health Implementation Programme

Delivering a neighbourhood health service: what the 10 Year Health Plan means for local integration | NHS Confederation

Torbay Story - Home

TORBAY COUNCIL

Meeting: Health and Wellbeing Board   **Date:** 5/3/26

Wards affected: All

Report Title: Suicide Prevention Strategic Plan

When does the decision need to be implemented? From April 2026

Cabinet Member Contact Details: Hayley Tranter, Cabinet member for Adult and Community Services, Public Health and Inequalities, hayley.tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk

Authors: Julia Chisnell, Consultant in Public Health julia.chisnell@torbay.gov.uk, Olivia Jones, Public Health Practitioner Olivia.jones@torbay.gov.uk

1.   Purpose of Report

1.1   This paper presents the new One Devon Suicide Prevention Strategic Plan 2026-31 for ratification.

2.   Reason for Proposal and its benefits

2.1   Suicide rates have been consistently high in Torbay compared with regional and national rates. Suicide prevention is an important public health issue, requiring wide ranging multi-agency activity.

2.2   In March 2025, Plymouth, Devon and Torbay Health and Wellbeing Boards each supported the proposal to develop a One Devon Suicide Prevention Plan to replace the individual suicide prevention plans in each area. This is designed to allow more effective oversight of the plan, facilitate clearer engagement with organisations that work across multiple local authority areas, improve partnership working across the county, and maximise capacity, whilst maintaining accountability to each local Health and Wellbeing Board.

3.   Recommendation(s) / Proposed Decision

        Members are asked to review and ratify the One Devon Suicide Prevention Strategic Plan for 2026-2031

Supporting Information

1.   Background

A death by suicide is a tragic and traumatic event. Its most fundamental impact is the loss of the opportunity for that person to experience all that life holds. It is also a devastating bereavement for family and friends, and the pain and grief can be immense and long lasting. The impact also extends into the wider community, workplaces and to all services involved.

Suicide can be preventable. But it is essential that the preventative approach addresses the complexity of the issue. No one organisation is responsible for suicide prevention and there are no simple measures to prevent suicide. Suicide prevention is broad and includes measures to improve emotional wellbeing, support for people with mental health issues (from early intervention through to crisis care), and support for people who are bereaved by suicide.

Multi-agency suicide prevention actions help coordinate action to reduce suicides in local areas. In England, responsibility for local suicide prevention strategies and action plans usually sit with local government through Health and Wellbeing Boards. Previously, the multi-agency suicide prevention groups in Devon, Plymouth and Torbay have aligned around a strategic vision but maintained their own plans.

In March 2025, Plymouth, Devon and Torbay Health and Wellbeing Boards each supported the proposal to develop a One Devon Suicide Prevention Plan to replace the individual suicide prevention plans in each area. This would enable more effective oversight of the plan, facilitate clearer engagement with organisations that work across multiple local authority areas, improve partnership working across the county, and maximise capacity, whilst maintaining accountability to each local Health and Wellbeing Board.

2.   Development of the Strategic Plan

The plan has been co-developed by system partners and is structured around the aims and priority areas of the national Suicide prevention strategy for England: 2023 to 2028. Since March 2025 extensive collaborative work has been undertaken, this has involved:

2025/26 Q1: Mapping of existing suicide prevention plans

2025/26 Quarter 1: A mapping exercise of the existing plans in Plymouth, Devon and Torbay against the national strategy. This indicated that the three plans were all well aligned to the national strategy and that there was significant duplication across the plans.

2025/26 Q2: Engagement workshops

Through the summer of 2025 a series of face-to-face workshops were held with partners across the system to develop the new One Devon Suicide Prevention Strategic Plan. The workshops were themed against the priorities of the national strategy and partners from relevant organisations/departments were invited to attend.

The outputs from the workshops were used to develop a draft plan. This plan was reviewed and edited by the Devon ICS Suicide Prevention Oversight Group. This group, chaired by Public Health, consists of colleagues from across Plymouth, Devon and Torbay in Public Health, NHS Devon ICB, NHS Mental Health Providers (Livewell Southwest and Devon Partnership Trust) and the Police.

Following this, partners across the system were further consulted to provide feedback on the developing plan. This consultation occurred via email and themed meetings, for example on suicide risk in the context of domestic abuse.

2025/26 Q4: Finalising the draft plan for Health and Wellbeing Boards

Final feedback from partners reviewed and relevant changes made to create the strategy to be presented to Health and Wellbeing Boards. Starting of prioritisation exercise for the delivery of the objectives in the plan.

3. One Devon suicide Prevention Strategic Plan

This strategic plan has been organised so that it aligns with the national strategy's aims and priority areas. Each section of the plan reflects these themes, allowing local partners to see how their work contributes to the wider national direction, while responding to local needs and priorities.

Aims
1. Reduce the suicide rate within 5 years (with initial reductions in 2.5 years)
2. Continue to improve support for people who self-harm
3. Continue to improve support for people who have been bereaved by suicide

Improving data and evidence	Providing effective crisis support
Tailored, targeted support for priority groups	Reducing access to means and methods of suicide
Addressing common population level risk factors	Providing effective bereavement support ("postvention")
Promoting online safety and responsible media content	**Making suicide prevention everybody's business**

Priority groups
a) Children and young people
b) Middle-aged men
c) People who have self-harmed
d) People in contact with the criminal justice system
e) Neurodivergent people
f) Pregnant women and new mothers

Common risk factors
a) Physical illness
b) Financial difficulty and economic diversity
c) Gambling
d) Alcohol and drug use
e) Social isolation and loneliness
f) Domestic abuse

In total there are 64 objectives in the One Devon Suicide Prevention Strategic Plan. The plan is intended for all partners involved in suicide prevention, including local authorities, NHS organisations, voluntary, community and social enterprise (VCSE) organisations, education providers, emergency services, criminal justice partners, employers and community leaders, as well as for commissioners and system leaders who oversee and

resource suicide prevention activity. It is also a reference point for anyone developing, delivering or commissioning services and interventions that may reduce suicide risk.

Governance for this action plan is provided through the existing suicide prevention partnerships in Devon, Plymouth and Torbay and accountable to their respective Health and Wellbeing Boards. Oversight, prioritisation of the objectives and development of specific actions to meet the objectives will be held by the Devon ICS Suicide Prevention Oversight Group (SPOG), which provides senior strategic leadership and ensures effective cross-communication and alignment between suicide prevention partnerships and the wider ICS. This governance framework enables consistent priorities across the system while allowing local adaptation based on existing contexts and assets, supports timely sharing of learning and intelligence, and ensures that progress, challenges and successes are fed back to all areas.

Overarching principles

The following principles underpin the development and delivery of this suicide prevention strategic plan. They reflect how we will work together as a system and the values that should guide all activity across Devon, Plymouth and Torbay:

Localised delivery within a system-wide framework	Actions agreed at Integrated Care System (ICS) level should be implemented in ways that respond to the specific needs, assets and contexts of local areas. Where appropriate, actions will be adapted to reflect the priorities and delivery models of locality partnerships while remaining aligned to the overall system plan.
Collaborative system working and strong partnerships	Suicide prevention is everybody's business. Success depends on effective collaboration between local authorities, NHS organisations, voluntary and community sector partners, education, employers, emergency services, criminal justice partners and community leaders. System partners will share learning, resources and expertise to maximise impact.
Meaningful involvement of people with lived experience	People with personal experience of suicide, bereavement and mental health crisis bring essential insight to prevention work. The system will review how they will be engaged and supported in a safe, respectful and impactful way, shaping priorities, informing service design and contributing to evaluation and continuous improvement.
Equity and inclusion	All activity will take account of the unequal distribution of suicide risk, ensuring that prevention approaches are inclusive and responsive to the needs of groups who experience higher risk, due to factors such as deprivation, discrimination, trauma, neurodiversity or other vulnerabilities and to differences in local service provision and capacity.

Evidence-informed and continuously improving practice	Decisions will be based on the best available data, research and real-time intelligence. The system will monitor outcomes, evaluate interventions and adapt approaches in response to emerging evidence and feedback from those affected.

4. Recommendation

It is recommended that the Health and Wellbeing Board reviews and ratifies the One Devon Suicide Prevention Strategic Plan for 2026-2031

Reason for recommendation: Suicide Prevention partnerships are accountable to Health and Wellbeing Boards. Therefore, endorsement will enable partners to begin the delivery of the plan, focusing on the highest priority areas in the first year.

5. Next steps

Following Health and Wellbeing Board approvals of this plan, partners in the Devon ICS Suicide Prevention Oversight Group will undertake a prioritisation exercise so that a phased approach to delivering the objectives of the plan can be agreed.

Health and Wellbeing Boards will receive an update on the progress against the plan annually.

6. Financial Opportunities and Implications

6.1 None identified

7. Legal Implications

7.1 None identified

8. Engagement and Consultation

8.1 The Strategic Plan has been developed with input from multiple stakeholders as described above.

9. Procurement Implications

9.1 None identified

10. Protecting our naturally inspiring Bay and tackling Climate Change

10.1 No specific implications, however access to green and blue spaces help to promote good mental health.

11. Associated Risks

11.1 No specific risks are identified.   There is risk attached to having no plan in place.

12. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males.	Not applicable	Not applicable
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action.	Not applicable	Not applicable
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action. Physical disability is identified as a risk factor.	Not applicable	Not applicable

Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males.	Not applicable	Not applicable
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	No differential impact anticipated. The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action. Relationship break up is identified as a risk factor.	Not applicable	Not applicable
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	No differential impact anticipated. The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action.	Not applicable	Not applicable
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being	No differential impact anticipated. The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action.	Not applicable	Not applicable

	amongst the 20% most deprived areas in England.			
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	No differential impact anticipated. The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action.	Not applicable	Not applicable
Sex	51.3% of Torbay's population are female and 48.7% are male	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males.	Not applicable	Not applicable
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action.	Not applicable	Not applicable
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males. Previous service can be an identified risk factor.	Not applicable	Not applicable
Additional considerations				

Socio-economic impacts (Including impacts on child poverty and deprivation)		The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males. Economic disadvantage is identified as a risk factor.	Not applicable	Not applicable
Public Health impacts (Including impacts on the general health of the population of Torbay)		The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males.	All programmes are designed to improve population health.	Not applicable
Human Rights impacts		Services and providers will remain cognisant of human rights, including the right to life, health, privacy, education and prohibition of discrimination.	Not applicable	Not applicable
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	The Suicide Prevention Strategic Plan aims to promote and improve the mental health and wellbeing across the whole of our population. Specific groups experience greater risk and are highlighted for priority action, eg young people, adult males.	Not applicable	Not applicable

14. Cumulative Council Impact

14.1 The Strategic Plan necessitates working across Council departments.

15. Cumulative Community Impacts

15.1 All activities involve close partnership working across the Integrated Care System, including voluntary, community and social enterprise (VCSE) sector, and all are intended to promote and improve health across the whole of our population.

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Suicide Prevention Strategic Plan

2026-2031

Partnerships

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INTRODUCTION

Suicide can have a devastating impact on families, friends, neighbours, colleagues and whole communities. The national suicide rate has not fallen since 2018, and there are still over 5,000 deaths by suicide in England each year.

A death by suicide is a tragic and traumatic event. Its most fundamental impact is the loss of the opportunity for that person to experience all that life holds. It is also a devastating bereavement for family and friends, and the pain and grief can be immense and long lasting. The impact also extends into the wider community, workplaces and to all services involved. In addition, people who are bereaved by suicide are at increased risk of suicide and mental health problems themselves. The impacts of suicide are felt most deeply on a human level. However, the economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings and the intangible costs associated with pain, grief and suffering.

Every life lost to suicide is a tragedy. Preventing deaths by suicide needs action from national and local Government, from the NHS and other health & care services, from Voluntary, Community and Social Enterprise sector (VCSE), from education and businesses, communities, and individuals.

Suicide can be preventable. But it is essential that the preventative approach addresses the complexity of the issue. No one organisation is responsible for suicide prevention and there are no simple measures to prevent suicide. Suicide prevention is broad and includes measures to improve emotional wellbeing, support for people with mental health issues (from early intervention through to crisis care) and support for people who are bereaved by suicide.

We all have a role to play in challenging stigma, improving understanding about mental health and wellbeing, and developing the knowledge, skills and confidence to have mental wellbeing conversations. Suicide prevention is everybody's business. A whole systems approach is required between national and local organisations, communities and individuals so that partners are working in collaboration towards the same priorities.

THE NATIONAL CONTEXT

The Suicide prevention in England 5-year cross-sector strategy sets out the national direction and ambition for suicide prevention from 2023 to 2028. The strategy has three key aims, and eight priority areas for action.

Aims
1. Reduce the suicide rate within 5 years (with initial reductions in 2.5 years)
2. Continue to improve support for people who self-harm
3. Continue to improve support for people who have been bereaved by suicide

Improving data and evidence	Providing effective crisis support
Tailored, targeted support for priority groups	Reducing access to means and methods of suicide
Addressing common population level risk factors	Providing effective bereavement support ("postvention")
Promoting online safety and responsible media content	**Making suicide prevention everybody's business**

Priority groups
a) Children and young people
b) Middle-aged men
c) People who have self-harmed
d) People in contact with the criminal justice system
e) Neurodivergent people
f) Pregnant women and new mothers

Common risk factors
a) Physical illness
b) Financial difficulty and economic diversity
c) Gambling
d) Alcohol and drug use
e) Social isolation and loneliness
f) Domestic abuse

Figure 1 National Suicide Prevention Strategy 2023-2028 aims and priority areas.

Alongside the strategy, an action plan was produced which summarises over 100 actions, and details which government department or organisation will deliver each action, and by when. Both the national strategy and its' supporting action plan have been used to benchmark the local position against those national priority areas and actions, to inform the development of this suicide prevention action plan.

This strategic plan has been organised so that it aligns with the national strategy's aims and priority areas. Each section of the plan reflects these themes, allowing local partners to see how their work contributes to the wider national direction, while responding to local needs and priorities.

THE LOCAL CONTEXT

Multi-agency suicide prevention groups help coordinate action to reduce suicides in local areas. In England, responsibility for local suicide prevention strategies and action plans usually sit with local government through Health and Wellbeing Boards.

Previously the multi-agency suicide prevention groups in Devon, Plymouth and Torbay have aligned around a strategic vision but maintained their own strategic plan. The common vision is:

"Our vision in Devon is for all suicides to be considered preventable and that suicide prevention is everyone's business. The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate for all areas of Devon, Plymouth and Torbay so that they are in line with or below the England average."

While this plan seeks to provide a consistent strategic framework, it recognises that there are existing differences between Devon, Plymouth and Torbay in terms of population size, demography and risk profile, as well as variation in the availability of mental health services and VCSE support. Some areas face additional challenges such as smaller populations that make auditing and evaluation more difficult, or higher concentrations of groups at increased suicide risk. Where such variation exists, the plan aims to make these differences visible, promote equity of access and outcomes, and support partners to adapt or strengthen local provision so that people receive timely, appropriate support wherever they live.

The NHS Devon: Health and Care Strategy sets out the future model of the local care system. Mental health is a clear priority in that plan with the aim of moving towards a more prevention, person-centred, community and neighbourhood approach. This Suicide Prevention Strategic Plan aligns with that approach.

ABOUT THIS STRATEGIC PLAN

The plan has been co-developed by system partners structured around the aims and priority areas of the national suicide prevention strategy. It brings together the three existing local suicide prevention action plans for Devon, Plymouth and Torbay into one co-ordinated Integrated Care System (ICS) wide plan. It provides a shared framework for suicide prevention across our region, based on the eight priorities of the Suicide prevention strategy for England: 2023 to 2028, ensuring that activity is connected, evidence informed and aligned to national priorities, while retaining the flexibility to respond to local need.

The plan is intended for all partners involved in suicide prevention, including local authorities, NHS organisations, voluntary, community and social enterprise (VCSE) organisations, education providers, emergency services, criminal justice partners, employers and community leaders, as well as for commissioners and system leaders who oversee and resource suicide prevention activity. It is also a reference point for anyone developing, delivering or commissioning services and interventions that may reduce suicide risk.

Governance for this strategic plan is provided through the existing suicide prevention partnerships in Devon, Plymouth and Torbay and accountable to their respective Health and Wellbeing Boards. Oversight, prioritisation of the objectives and development of specific actions to meet the objectives will be held by the Devon ICS Suicide Prevention Oversight Group (SPOG), which provides senior strategic leadership and ensures effective cross-communication and alignment between suicide prevention partnerships and the wider ICS. This governance framework enables consistent priorities across the system while allowing local adaptation based on existing contexts and assets, supports timely sharing of learning and intelligence, and ensures that progress, challenges and successes are fed back to all areas.

This is a suicide prevention strategic plan, not a mental health strategy. There are significant overlaps between work to improve mental health and suicide prevention. The priority areas of the national strategy and therefore this suicide prevention strategy also highlight this crossover, with people who have self-harmed, people in contact with mental health services being a priority group and providing effective crisis support as a priority area. This strategic plan considers these priority areas with a suicide prevention lens and does not cover the whole scope of mental health services, which can be considered as a core service delivery area for the system.

The plan shows:

- **System-level objectives** where a coordinated approach is needed to deliver consistent impact across Devon, Plymouth and Torbay.
- **Shared ownership** identifying leads and partners, and promoting collaboration across NHS, local authorities, VCSE organisations and other system stakeholders.

Objectives within this plan span the full spectrum of suicide prevention work. It builds on existing core delivery while addressing identified gaps, variation and inequity across the system.

OVERARCHING PRINCIPLES

The following principles underpin the development and delivery of this suicide prevention strategic plan. They reflect how we will work together as a system and the values that should guide all activity across Devon, Plymouth and Torbay:

Localised delivery within a system-wide framework	Actions agreed at Integrated Care System (ICS) level should be implemented in ways that respond to the specific needs, assets and contexts of local areas. Where appropriate, actions will be adapted to reflect the priorities and delivery models of locality partnerships while remaining aligned to the overall system plan.
Collaborative system working and strong partnerships	Suicide prevention is everybody's business. Success depends on effective collaboration between local authorities, NHS organisations, voluntary and community sector partners, education, employers, emergency services, criminal justice partners and community leaders. System partners will share learning, resources and expertise to maximise impact.
Meaningful involvement of people with lived experience	People with personal experience of suicide, bereavement and mental health crisis bring essential insight to prevention work. The system will review how they will be engaged and supported in a safe, respectful and impactful way, shaping priorities, informing service design and contributing to evaluation and continuous improvement.
Equity and inclusion	All activity will take account of the unequal distribution of suicide risk, ensuring that prevention approaches are inclusive and responsive to the needs of groups who experience higher risk, due to factors such as deprivation, discrimination, trauma, neurodiversity or other vulnerabilities and to differences in local service provision and capacity.
Evidence-informed and continuously improving practice	Decisions will be based on the best available data, research and real-time intelligence. The system will monitor outcomes, evaluate interventions and adapt approaches in response to emerging evidence and feedback from those affected.

CORE SERVICE DELIVERY

Alongside the new objectives and priorities set out in this plan, there is already a significant programme of suicide prevention activity in place across Devon, Plymouth and Torbay. This core service delivery forms the foundation on which further work will build. It is delivered collaboratively by local authorities, NHS organisations, the Integrated Care Board (ICB), mental health providers, voluntary and community sector partners, the police, coroner's service and other system stakeholders.

Current system-wide core-delivery includes:

Priority area	Description of core service delivery
1. Improving data and evidence	• Routine use of the Devon Real Time Surveillance System (RTSS) system and national data (Office for Health Improvement and Disparities profiles, ONS data) to monitor trends and novel methods, support early response and inform planning. • Contribution to local suicide audits (Plymouth and Torbay) and sharing of key learning widely. • Coordinated campaigns and communications to raise awareness, reduce stigma, and promote help-seeking. • Insights from audits, reviews (including avoidable deaths reviews, domestic abuse related death reviews and safeguarding processes) and pilots are shared to inform ongoing improvements.
2. Tailored targeted support to priority groups	• Prioritisation of activity to support these priority groups • Existing community and health services providing support to these groups
3. Addressing risk factors	• Prioritisation of activity to support people with these risk factors • Existing community and health services providing support to people with these risk factors
4. Promoting online safety and responsible media content	• Signposting to existing resources
5. Providing effective Crisis support	• A 24/7 local crisis response offer through NHS providers (NHS 111 option 2), supported by clear signposting tools for professionals and the public. • Signposting to appropriate other crisis services such as Shout, Papyrus, and Samaritans.
6. Reducing access to means and methods of suicide	• Work with local authorities, police, and transport partners to address access to high frequency locations, implement safe design principles and share alerts about emerging methods or risks.

7. Providing effective bereavement support to those affected by suicide	• Specialist bereavement services (e.g. Pete's Dragons) are commissioned across the ICS, linked to the RTSS to enable timely support, including support to settings. Police and other partners continue to improve referral processes and promote awareness of available services.
8. Making suicide everyone's business	• Local authority-based suicide prevention partnerships • Training and workforce development: A wide range of suicide prevention, mental health and trauma-informed training is offered across sectors, including universal awareness training (e.g. Making Every Contact Count).

ONE DEVON SUICIDE PREVENTION STRATEGIC PLAN 2026-2031

The strategic objectives described below are framed using the priorities of the Suicide prevention strategy for England: 2023 to 2028, which is sets the overall strategic direction for this plan. Progress of this shared system plan will be overseen and driven by the One Devon Suicide Prevention Oversight Group (SPOG). The objectives under each priority are provided with a rationale and context for that objective, together with the key partners who will support the work to achieve the objective. This includes partners who are members of SPOG (Public Health, NHS Devon, Mental Health providers, Devon and Cornwall Police) as well as partners from the mental health system and beyond.

1. IMPROVING DATA AND EVIDENCE

Timely and high-quality data, evidence and intelligence allow for a better understanding of the drivers of suicide and self-harm, the development of more effective interventions and more rapid responses to prevent suicide. It is an essential part of suicide prevention both to understand what has worked in preventing suicides and where to direct future efforts.

	Objective	Rationale and context	Key partners
1.1	**Create a One Devon Suicide Prevention Dashboard.**	Bringing together data from a range of sources to provide a temporal and spatial view of suicide across the county including risk factors. This includes data from Real Time Surveillance System (RTSS), ONS, Concerns for Welfare and Trust data. This will enable suicide prevention activity to be better targeted to the level of need. Consider how to link to National Real Time Surveillance System.	Public Health, Police, Pete's Dragons, NHS Devon, Highways, BTP
1.2	**Improve local data and use national data on potential or emerging risk factors and priority groups.**	Such as people with chronic pain, people from diverse communities (particularly in the context of the current social and political landscape due to increasing polarisation, discriminatory narratives, and structural inequities), experiencing harmful gambling, people who are homeless and rough sleeping, are neurodiverse, LGBTQIA+, people who are care experienced, farming and fishing communities and the armed forces community.	Public Health, Police, Pete's Dragons, NHS Devon, provider of support services to people in these groups

		Improving understanding of the robust data for certain groups enables more effective prioritisation of resources to where the need is.	
1.3	**Application and sharing of data, evidence and learning from local and national reviews and frameworks related to suicide such as child death reviews, PSIRF, avoidable death reviews, suicide audits to inform support prioritisation and build on this strategic plan.**	There are multiple local and national system reviews that have implications for suicide prevention work. Being able to review these for key learning and trends to share with the wider system is crucial to ensure that these reviews are leading to positive system change and quality improvement.	System-wide. All partners involved in these reviews and services where learning can be applied

2. TAILORED TARGETED SUPPORT TO PRIORITY GROUPS

Suicide prevention is population-wide, and the objectives set out within this plan are designed to support as many groups and individuals as possible. However, there are some groups that could particularly benefit from bespoke support. For some groups, such as people in contact with mental health services, data suggests relatively high numbers of suicide. Others may not have high rates but are of particular concern, such as children and young people, for whom rates have increased in recent years despite being low overall. It is therefore crucial that organisations and individuals tailor and target resources and services to support these groups.

	Objective	Rationale and context	Key partners
2.1	**Raise awareness, challenge stigma, promote training and signposting of resource and support to the priority groups and workforces that support these groups.**	These groups have been identified through national data, evidence and engagement as priority groups for suicide prevention activity.	System-wide

2. Children and young people

While the suicide rate in under-20s is relatively low compared with older age groups, rates across all age groups under 25 have been increasing over the last decade in England. This increase is particularly apparent among females under 25. This trend in rates is now levelling off – however, we must focus action to reverse this trend.

	Objective	Rationale and context	Key partners
2a.1	**Support young people, parents/carers and non-mental health professionals who work with young people to have a greater awareness of self-harm and suicide prevention**	Improving knowledge of self-harm and suicide reduces stigma and improves help-seeking. Through the general and targeted provision of effective resources and training young people, parents/carers and professionals can have greater confidence to recognise risk factors, the signs of distress, have confidence about having a conversation with somebody, make a safety plan and signpost/refer appropriately.	Public Health, CAMHS services, CYP systems

		Children with additional risk factors, including those not in education employment or training (NEET) and those who have Adverse Childhood Experiences (ACEs) are at a higher risk of suicide – specific prioritisation needs to be given here to ensure awareness of risk factors and to support suicide prevention efforts. Target organisations such as CYP drug and alcohol services, Children's Social Care, children not in mainstream education.	
2a.2	**Support all secondary schools, colleges and FE institutions to have a suicide prevention policy**	This should inform staff of the risks and ways to support young people. The policy should contain up to do ate signposting to support individuals or groups where necessary. It should also include examples of how to communicate information to staff, young people, parents/carers. Policies should have senior leadership ownership and be updated annually.	Educational settings Public Health
2a.3	**Support universities to implement national plans regarding student mental health, wellbeing and suicide prevention.**	Support universities to Suicide-safer universities guidance, which covers both prevention of suicide and compassionate responses to suicide in universities. Guidance developed in partnership with PAPYRUS-UK.	Universities, Public Health
2a.4	**Support young people to be aware of ways to support their own mental health.**	Supporting young people to understand and manage their mental health is a key preventative measure that reduces long-term risk of suicide and improves overall wellbeing. Providing accessible information, tools, and resources empowers young people to build resilience, seek help early, and develop healthy coping strategies. Promotion of resources such as 5 ways to wellbeing. Consider participatory work with young people to develop own resources.	Public Health, CYP systems

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2b. Middle-aged men

Men are three times more likely to die by suicide than women, with middle-aged men having the highest rates of suicide of any other group (based on age and sex) since 2010.

There are several factors that have been particularly strongly linked to suicide in this group. Socioeconomic disadvantage is strongly associated with suicide among this demographic, and middle-aged men did not have the highest rates of suicide of any group until after the 2008 recession, suggesting a link between recession and suicides. National evidence on suicide in middle-aged men shows that factors such as living in the most deprived areas and experiencing unemployment or financial difficulties (including debt and housing difficulties) have also been particularly linked to suicide in this group.

A history of alcohol or drug use, contact with the justice system, family or relationship problems, harmful gambling and social isolation and loneliness are also factors that are common in men who died by suicide.

	Objective	Rationale and context	Key partners
2b.1	**Support employers of largely male industries to have adequate and appropriate support in place for employees, including through targeted awareness raising and training.**	Men from more deprived areas have one of the highest suicide rates. Ensuring that suicide awareness and training is targeted to where men are working, particularly in manual and routine workforces, where the suicide rate is higher.	Public Health, training providers, DMHA
2b.2	**Support system-wide Men's Mental Health work across the region, prioritising men in mid-life particularly in deprived areas.**	Raise awareness, challenge stigma, promote training and signposting of resource and support - targeting areas where men may be. Consider engaging with sports clubs, barbers, pubs to normalise conversations about mental health in male-dominated settings. Support development of evidence base including proactive outreach to men who may not traditionally seek help.	Public Health, DMHA, Active Devon

2c. People who have self-harmed

Self-harm does not necessarily mean someone is experiencing suicidal thoughts or feelings. However, as well as being an important issue to address in its own right, we know that self-harm is associated with a significant risk of subsequent suicide. It is therefore important that we focus efforts on prevention and the provision of consistent high-quality care for self-harm (including aftercare and support within community settings).

There are an estimated 200,000 hospital presentations for self-harm per year in England. The occurrence of self-harm in the community is likely to be much higher. Evidence also suggests that the suicide rate is highest in the year following hospital discharge for self-harm, particularly in the first month.

		Objective	Rationale and context	Key partners
Page 83	2c.1	**Review current service provision for people who self-harm to ensure compliance with NICE standards and pathways.**	NHS quality incentive for at least 80% of eligible patients who have self-harmed and referred to psychiatric liaison teams in emergency departments receive a comprehensive psychosocial assessment. For CYP (< 25s) to achieve NICE-compliant self-harm services each Emergency Department should as a minimum, undertake comprehensive psychosocial assessments for any child or young person presenting with self-harm, conducted by multidisciplinary teams (e.g. medical, CAMHS and social care teams) including child protection and safeguarding considerations. For < 25s who are frequent service users should have multi-professional assessments with the appropriate agencies (social care, education, mental health services and paediatrics).Self-harm Prevention in Children and Young People - South West Population Health Tools - Futures	NHS Devon, MH providers, children's social care, acute hospitals, CYP community services (LWSW and CFHD)
	2c.2	**Develop an understanding of local need, system and support for people who self-harm.**	Utilise the self-harm needs assessment, to identify and escalate gaps and further opportunities for improving self-harm care.	Public Health, NHS Devon, MH providers, DMHA
	2c.3	**Raise population level awareness of self-harm, tackle stigma, promote training and safety planning.**	Through the provision of resources, such as written, videos and training offers.	Public Health, NHS Devon, MH providers, DMHA

2d. People in contact with mental health services

When individuals are in contact with mental health services, it is crucial that they are offered safe, compassionate and patient-centred care each and every time.

People known to be in contact with mental health services represent around 27% of all deaths by suicide in England – on average around 1,300 people each year. This includes anyone in contact with mental health community services, people in inpatient settings, and anyone that has been in contact with these services within 12 months.

Evidence suggests that history of self-harm, alcohol and drug use, co-morbidity (more than one mental health diagnosis), and living alone may be particular risk factors for suicide for people in contact with mental health services.

Between 2010 and 2020 there was a 25% fall in the number of suicides in inpatient settings in England when taking into account the number of admissions. This fall is likely due to safer physical environments (including the removal of ligature points), staff vigilance, and wider improvements in mental health inpatient settings.

	Objective	Rationale and context	Key partners
2d.1	**Support system wide identification and response to gaps in mental health services.**	The local mental health system has previous identified gaps such as those between talking therapies and secondary mental health services for adults, and school-based Mental Health Support Team and young people's specialist mental health services. Properly characterising these gaps will support the development of appropriate responses.	NHS Devon, MH providers, DMHA, Public Health
2d.2	**Mental health service providers to identify and implement actions to further prevent suicides, including reviewing and implementing evidence-informed recommendations such as those outlined in the NCISH annual reports.**	Implementing evidence-informed recommendations, such as those outlined in NCISH annual reports, ensures best practice, strengthens clinical governance, and supports continuous learning. Example: the NCISH toolkit – 10 ways to improve patient safety.	NHS Devon, MH providers
2d.3	**Take steps to ensure that patients receive good quality (in line with NICE guidance) follow-up support within 72 hours of being discharged from inpatient mental health settings.**	The period immediately following discharge from inpatient mental health care is a high-risk time for suicide. Ensuring timely, high-quality follow-up within 72 hours, in line with NICE guidance, provides continuity of care, supports recovery, and reduces risk of harm. This includes developing effective integrated pathways.	NHS Devon, MH providers

2d.4	**Ensure that mental health providers across the range of services provide support in line with Staying Safe from Suicide guidance and more broadly the Personalised Care Framework.**	This new NHS guidance promotes a shift towards more a holistic, person-centred approach rather than relying on risk prediction which is unreliable.	NHS Devon, MH providers
2d.5	**Using PSIRF framework and mortality reviews to support the development of a culture of system learning and improvement.**	PSIRF (Patient Safety Incident Response Framework) supports the development and maintenance of an effective patient safety incident response system and includes four aims of compassionate engagement, proportionate responses, system based approaches to learning, and supportive oversight, with an overall emphasis on learning and improvement.	MH providers, NHS Devon
2d.6	**Align to established clinical effectiveness oversight processes to ensure compliance with NICE guidance for specific conditions that are associated with higher rates of suicide.**	This includes affective disorders (depression and bipolar), personality disorders, schizophrenia and other delusional disorders and eating disorders. Consider how waiting times, disengagements, transitions and other factors impact on suicide	MH providers, NHS Devon

2e. People in contact with the justice system

People in contact with the justice system have higher rates of suicide and self-harm behaviour than the general population. Action to prevent suicide and self-harm is needed across the justice system – in police custody, in prison services for those on remand or serving a sentence, in probation services and for all people on release.

	Objective	Rationale and context	Key partners
2e.1	**Explore support at specific points in criminal justice pathways, particularly for sensitive offenses.**	RTSS data indicates that there may be a higher rate of suicide in people who are arrested for sensitive offences.	Police, Public Health
2e.2	**Review and support optimisation mental health pathways for people leaving prison**	Utilisation of mental health continuity of care recommendations from the CMO report: The health of people in prison, on probation and in the secure NHS estate in England - GOV.UK	Prisons, mental health services, drug and alcohol services

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2f. People with neurodiversity including autism and ADHD

Evidence suggests that people who are neurodiverse (particularly ADHD and autism), including children and young people, may be at a higher risk of dying by suicide compared to those who are not. It is essential that health, mental health, and local authority services and education providers consider the needs of people who are neurodiverse in suicide prevention activity.

	Objective	Rationale and context	Key partners
2f.1	**Support universal mental wellbeing and suicide prevention initiatives to be neurodivergent inclusive.**	Embedding neurodivergent inclusion within universal initiatives ensures equity, improves accessibility, and strengthens the effectiveness of prevention efforts across the whole population.	Public Health, DMHA
2f.2	**Raise awareness of learning opportunities such as the Learning from Lives and Deaths (LeDeR) programme and other review processes.**	Learning from Lives and Deaths (LeDeR) and similar review processes provide critical insights into avoidable factors contributing to premature mortality among people with learning disabilities and autism. Raising awareness of these learning opportunities supports continuous improvement, strengthens safeguarding, and ensures that lessons inform practice across all partners.	Public Health, MH providers, NHS Devon, DMHA
2f.3	**Support system wide work to improve earlier identification and timely access to autism and ADHD assessment services.**	Timely identification and access to autism and ADHD assessment services are essential to reducing unmet need, preventing escalation of mental health issues, and improving life outcomes. Delays in diagnosis can lead to increased distress, social exclusion, and higher risk of crisis.	MH providers, NHS Devon
2f.4	**Support for young autistic adolescents transitioning into adulthood**	This should include support for accepting their diagnosis, exploring their identity, building their independence and navigating social interactions	MH Providers DHMA, NHS Devon, social care, CYP community MH providers

2g. Pregnant women and new mothers/parents

In the UK, suicide is the leading cause of direct death 6 weeks to a year after the end of pregnancy. In 2020, women were three times more likely to die by suicide during or up to six weeks after the end of pregnancy compared with 2017 to 2019. Impacts on affected families are devastating and often have lasting effects, particularly on children from a very early stage in their development.

Overall, the level of risk of suicide after pregnancy is not higher than at other times in a woman's life. However, the high risk compared to other cause of maternal death (most of which are rare) and the potential long-term consequence on children's development mean we must take action to prevent suicides in this group. The increasing numbers of teenage maternal suicide, in particular care leavers, in recent years is a significant concern and particular targeted support is needed for this age group.

	Objective	Rationale and context	Key partners
2g.1	**Provide greater person-centred support for women and parents who have children's social care involvement including child removal**	These women often experience multiple disadvantage including mental health issues, domestic abuse, and substance use, and are at risk of harm from themselves and others. Greater person-centred coordinated support should be provided including through the use of Section 42 enquiries and Multi-Agency Risk Management (MARM) processes.	NHS Devon, Children's social care, midwifery, health visitors, adult safeguarding and social care, Mental health services

3. ADDRESSING RISK FACTORS

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Addressing risk factors linked to suicide is a central part of effective suicide prevention. This provides an opportunity for effective early intervention, as well as providing appropriate, tailored support for those experiencing suicidal thoughts or feelings.

Many risk factors are common across different individuals, groups and communities. Therefore, actions to address these risk factors are likely to prevent suicides at a population level with potential benefits for some groups.

Links have been evidenced between suicide and social determinants of health such as housing, poverty, employment and education. Therefore, the impacts of the core determinants of health need to be considered in suicide prevention work.

There are some specific factors (many of which are linked to the core determinants of health) that, through data, evidence and engagement, have been identified as priority areas to address in the national strategy.

	Objective	Rationale and context	Key partners
3.1	**Raise awareness, challenge stigma, promote training and signposting of resource and support people with these risk factors and workforces that support them.**	These risk factors have been identified through national data, evidence and engagement as priority areas for suicide prevention activity.	Whole system

3a. Physical illness

Evidence suggests that a diagnosis of a severe physical health condition may be linked to higher suicide rates. Evidence from NCISH suggests that over half of men aged 40 to 54 who died by suicide had a physical health condition.

And, while 2 or 3 people who die by suicide have not been in contact with mental health services in the previous year, evidence suggests that many (49 to 92%) make contact with primary healthcare services in this time. Over 40% of middle-aged men have been in contact with primary care services for either physical or mental health needs within 3 months before taking their own life. It is essential that we support those seeking help for physical illness to meet both their physical and mental health needs.

Objective	Rationale and context	Key partners

	Objective		Rationale and context	Key partners
3a.1	**Support the General Practice workforce with suicide prevention through exploration of training offers and resource provision.**		Evaluation results of the primary care suicide prevention training pilot indicate that training was well received by primary care and improved capacity and capability to have conversations around suicide in a compassionate way. There was high demand for the course. This outcome should be used to advocate for a regular training offer to people working in primary care.	NHS Devon, Primary Care. Public Health
3a.2	**Raising awareness of suicide risk to workforces supporting people with chronic conditions, especially life-altering conditions and chronic pain.**		Chronic conditions, life-altering conditions, chronic pain, degenerative, terminal, conditions that affect mobility can all increase isolation and affect mental health including leading to suicidal ideation.	Primary care. Secondary care. NHS Devon, Public health

3b. Financial difficulty, economic adversity and unemployment

Financial difficulty and adversity can result in suicidal thoughts or action. Evidence shows an increased risk of suicide for people with debt, and economic recession has been consistently linked to suicide. More recently, evidence from charities has suggested that rises in the cost of living have been linked to some people feeling unable to cope, with some feeling suicidal.

	Objective	Rationale and context	Key partners
3b.1	**Explore how suicide prevention system can support, align to and influence employment programmes such as Connect to Work.**	Connect to Work provides support to help individuals with whatever challenges they face that prevent them from engaging with work, including mental health.	Public Health, DWP, Citizen's advice
3b.2	**Explore opportunities to influence local economic strategies to ensure that there is sufficient focus on local residents living with or at risk of financial difficulty.**	Influencing local growth agenda to be inclusive of local residents living in more deprived communities.	

3b.3	**Embed suicide prevention awareness in housing, employment and debt advice services.**	Embedding suicide prevention awareness within these services enables early identification and signposting for individuals in distress. This approach strengthens frontline capacity, promotes holistic support, and ensures that key partners contribute to reducing risk factors.	Public Health, housing, employment and financial services

3c. Harmful gambling

There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which the suicide may not have occurred. Action therefore needs to be taken to address the harms of gambling, including suicide, and reach people at risk.

	Objective	**Rationale and context**	**Key partners**
3c.1	**Support relevant partners to improve identification of harmful gambling through routine inquiry and promote and raise awareness of gambling support available.**	Supporting partners to include routine inquiry and raise awareness of available support ensures earlier identification and intervention. Signposting to free training available.	Public Health, gambling support organisations

3d. Drug and alcohol use

Consistent links have been evidenced between alcohol and drug use and suicide. Acute intoxication, as well as dependence on alcohol and/or drugs, has been associated with a substantial increase in the risk of suicide and self-harm.

Addressing alcohol and drug use may be especially important for supporting particular groups. In a study of middle-aged men that died by suicide in 2017, 49% had experienced harmful alcohol and/or drug use, particularly where individuals were unemployed, bereaved or had a history of self-harm or violence. Among people in mental health services in England who died by suicide between 2010 and 2020, there were high proportions of both harmful alcohol (45%) and drug (35%) use.

	Objective	Rationale and context	Key partners
3d.1	**Take an avoidable death approach to deaths including by suicide where drugs and alcohol, homelessness and domestic abuse were factors to share intelligence, raise awareness of suicide risk and learning and drive system improvements.**	Deaths involving suicide, drugs, alcohol, homelessness and domestic abuse often share common risk factors and system gaps. This may also include co-existing mental health issues and contact with the criminal justice system (section 2e). Taking an avoidable death approach enables intelligence sharing, learning and coordinated action across agencies. This strengthens awareness of suicide risk, drives improvements in safeguarding and service pathways, and supports a whole-system prevention response.	Public Health, substance use providers, DASVVAWG, housing system, Police
3d.2	**Ensure those with severe mental illness and co-existing alcohol or drug use are receiving treatment for their mental health needs.**	People with severe mental illness and co-existing substance use face significantly higher suicide risk and poorer health outcomes. Ensuring access to appropriate mental health treatment alongside drug and alcohol support promotes integrated care and helps to addresses complex needs. This approach aligns with national guidance on dual diagnosis and supports equity in service provision.	Substance use providers, MH providers, Public Health

3e. Social isolation and loneliness

Social isolation (having few people to interact with regularly) and loneliness (not having the quality or quantity of social interactions we want, regardless of social contacts) have been closely linked to suicidal ideation and behaviour.

This includes for particular groups – one study suggested that social isolation was experienced by 15% of under 20-year-olds and 11% of 20-24 year-olds who died by suicide, and qualitative research undertaken by Samaritans found loneliness played a significant role in young people's suicidal thoughts or feelings. A further national study suggested that, of men aged 40 to 54 who died by suicide, 11% reported recent social isolation.

We know that loneliness is one of the primary reasons that individuals access crisis services, and that actions to reduce social isolation and loneliness are therefore likely to be key to suicide prevention.

	Objective	Rationale and context	Key partners
3e.1	**Promote suicide prevention training for staff who may be in contact with people who are socially isolated.**	Including but not limited to, befriending services, community builders, community hubs, wellbeing hubs.	Public Health, DMHA, social care
3e.2	**Explore further ways to signpost people to social prescribing and other loneliness support.**	Strengthening signposting to social prescribing and community-based support will help individuals build connections, access practical help, and improve wellbeing.	Public Health, Primary Care, DMHA
3e.3	**Increase awareness of the impact of bereavement on suicide risk and organisations that can support people.**	Bereavement is a known risk factor for suicide. Raising awareness of this impact and promoting organisations that provide specialist support ensures timely intervention and reduces isolation.	Public Health, DMHA, Pete's Dragons
3e.4	**Increase awareness of the impact of relationship breakdown on suicide risk and organisations that can support people.**	Relationship breakdown can result in acute crises that increases the risk of suicide. This is often linked to emotional distress, social isolation, access to family (e.g. children) and housing challenges.	Public Health, DMHA

3f. Domestic abuse

Since the 2012 strategy, more evidence on a link between domestic abuse and suicide has emerged. Research on intimate partners violence, suicidality and self-harm showed that past-year suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims. It highlighted deaths in male and female victims, children and young people in households impacted by domestic abuse and among perpetrators. Research by the Kent and

Medway Suicide Prevention Programme and Kent Police found around 30% of all suspected suicides in that area between 2019 and 2021 were impacted by domestic abuse.

Tackling domestic abuse and identifying victims, including children who witness abuse, is key to preventing related suicides.

	Objective	Rationale and context	Key partners
3f.1	**Suicide prevention and VAWG/DASV colleague should work together with partners across multiple disadvantage to ensure that there is a tiered, pragmatic workforce development model for recognising and responding to suicide risk in situations of domestic abuse.**	This should include: Raising awareness of the link between domestic abuse and suicide through the suicide timeline helps professionals understand the mechanisms involved and identify opportunities for early intervention. Particular effort should be targeted to the multiple disadvantage system and situations where children are removed. Ensuring appropriate agencies, such as domestic abuse services have appropriate suicide prevention policies so there is a structured approach to identifying and managing risk. The challenge of implementing safety plans when under coercive control needs to be considered in the response. Understanding and responding to the suicide and homicide-suicide risk of perpetrators of harm, including the use of safety plans.	DASVVAWG system, substance use system, Public Health
3f.2	**Explicitly embed suicide prevention within MARAC, MATAC and Safeguarding processes**	Suicide risk must become a routine and explicit part of MARAC discussion. This includes updating MARAC Operating Protocols and referral forms requiring direct questions to be asked about suicide ideation for both victims and perpetrators. MATACs should also adopt a similar approach. These processes should also be clear on the next steps required if suicide risk is identified.	DASVVAWG system, NHS Devon MARAC/MATAP, Police,
3f.3	**Build suicide prevention awareness in DASH training offers.**	Domestic Abuse, Stalking and Harassment (DASH) assessments often identify individuals at high risk of harm, including suicide. Building suicide prevention awareness into DASH training equips practitioners to recognise warning signs and respond appropriately. However, not all agencies use	DASVVAWG system, Public Health

| | | DASH, and so wider workforce development is required to ensure all frontline practitioners can identify and respond appropriately to suicide risk. | |

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4. PROMOTING ONLINE SAFETY AND RESPONSIBLE MEDIA CONTENT

Recent decades have propelled us forward in advances of the internet, technology and the availability of media resources. This has been invaluable in raising awareness and improving access to support for suicide and self-harm. However, the online world also poses new harms that need to be addressed.

There has been emerging evidence of the link between the online environment and suicide across different age groups. Internet use for suicide-related purposes has been linked to children and young people who have presented to hospital for self-harm or a suicide attempt and middle-aged men who have died by suicide.

	Objective	Rationale and context	Key partners
4.1	**Work with local media to build a positive relationship to continuously improve responsible reporting and relevant signposting within articles and promote positive mental health reporting.**	Building strong relationships with local media supports responsible reporting in line with national guidelines and ensures inclusion of signposting to support services. Promoting positive and accurate reporting helps reduce stigma, encourages help-seeking, and supports community resilience.	Public Health, local media
4.2	**Raise awareness and promote good practice guidance and resources around online safety and reducing online harms.**	Raising awareness and promoting good practice guidance supports safer online environments and empowers professionals, parents and communities to reduce risk.	Public Health
4.3	**Review effectiveness of moderation skills training for social media group administrators and consider ongoing opportunities.**	Social media groups can influence community attitudes and provide support, but poor moderation may allow harmful content that increases suicide risk. Cornwall, Plymouth and Somerset Public Health Teams have collaborated to provide training sessions for social media forum moderators to support them to manage content on their pages.	Public Health

5. PROVIDING EFFECTIVE CRISIS SUPPORT

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Research by NCISH suggests that, of all deaths by suicide by people in contact with mental health services in England between 2010 and 2020, 15% were under the care of crisis resolution and home treatment teams (CRHTs). This is equivalent to 180 suicides per year on average. NHS 24/7 mental health crisis lines currently receive around 200,000 calls each month. And many more people are in contact with crisis services provided by other organisations, including those from the voluntary sector.

It is therefore essential that timely and effective crisis support is available to those who need it.

	Objective	Rationale and context	Key partners
5.1	**Improve system awareness of mental health crisis support provision, including options available and what the service can and cannot provide.**	Improving system awareness of available local and national options, including service capabilities and limitations ensures individuals in crisis receive the most effective support. This may include face to face, digital and telephone offers as different people have different preferences.	NHS Devon, MH providers, DMHA, Public Health
5.2	**Explore how to seek assurances on NHS crisis responses, identify areas of missed opportunities and unmet need and escalate appropriately.**	Exploring mechanisms to identify missed opportunities and unmet need enables system-wide learning and improvement. Escalating concerns appropriately strengthens supports continuous quality improvement across crisis pathways.	NHS Devon, MH providers
5.3	**Joint working with ICBs to explore VCSE alternatives to crisis support such as crisis cafes, sanctuaries and safe havens.**	Community-based alternatives such as crisis cafés, sanctuaries and safe havens provide accessible, non-clinical support for individuals in distress and can reduce pressure on statutory crisis services. Supporting ICBs to explore VCSE-led models promotes innovation, improves choice, and strengthens local capacity for early intervention.	NHS Devon, DMHA, Public Health
5.4	**Build capacity and resilience in communities by providing appropriate intervention training, such as Mental Health First Aid or ASIST.**	Building capacity within communities through training such as Mental Health First Aid or ASIST equips individuals to recognise signs of distress and respond effectively. This approach promotes early intervention, strengthens local resilience, and reduces reliance on statutory services.	Public Health, training providers

6. REDUCING ACCESS TO MEANS AND METHODS OF SUICIDE

We must work together to reduce access to the means and methods of suicide and limit the awareness of these methods.

Our plans to improve early intervention and tackle the drivers of self-harm and suicidality are vital, but only part of the overall picture, because we know there will still be individuals who may be contemplating and planning suicide. For people at this point, one of the most impactful practical interventions is to reduce access and limit awareness of the means and methods of suicide, providing more time to intervene with effective longer-term actions and preventative support.

	Objective	Rationale and context	Key partners
6.1	**Develop a suicide cluster response plan for Devon**	Suicide clusters can have a profound impact on communities and increase contagion risk. Developing a Devon-wide cluster response plan ensures a coordinated, timely approach to prevention and postvention, enabling rapid mobilisation of support and intelligence sharing.	Public Health
6.2	**Working with partners such as highways, bridges, railways and the coast guard to identify and implement appropriate suicide prevention measures.**	Locations such as highways, bridges, railways and coastal areas are associated with higher suicide risk. Working collaboratively with partners to identify and implement prevention measures—such as physical barriers, signage and surveillance—reduces access to means and supports early intervention.	Public Health, Highways, National Rail, Coast Guard
6.3	**Review and strengthen the role of Public Health in assessing planning applications to support 'designing out' risk factors for suicide**	The built environment can influence suicide risk through access to means and lack of protective design features. Reviewing the role of public health in planning applications supports a proactive approach to 'designing out' risk, ensuring developments incorporate safety measures and promote wellbeing. This strengthens upstream prevention and embeds suicide awareness into local planning processes.	Public Health, Planning teams
6.4	**Explore measures to improve medication safety particularly in situations where suicide risk may be higher.**	People who are bereaved and people who have a terminal or life-altering diagnosis may be at increased risk of suicidal ideation. They may also have access to strong (e.g. opioid, benzodiazepines, gabapentin etc.) medication through leftover prescriptions or because they are prescribed for their condition.	

7. PROVIDING EFFECTIVE BEREAVEMENT SUPPORT TO THOSE AFFECTED BY SUICIDE

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Evidence suggests family, friends and acquaintances who are bereaved by suicide may have a risk of dying by suicide that is up to three times higher than the general population. Compassionate, effective and timely support for people bereaved by suicide is essential.

	Objective	Rationale and context	Key partners
7.1	**Adopt a 'Public Task' legal basis for referrals from the Police to suicide bereavement support services, rather than relying on individual consent.**	Using a 'Public Task' legal basis for referrals from the Police to suicide bereavement support ensures timely and appropriate information sharing without relying on individual consent, which can be challenging during periods of acute distress.	Police, Pete's Dragons, NHS Devon
7.2	**Develop a consistent approach across Devon to support education settings affected by a suicide.**	Suicide within an education setting can have a profound and lasting impact on students, staff and the wider community. Developing a consistent approach across Devon ensures timely, coordinated postvention support, reduces the risk of contagion, and promotes emotional wellbeing.	Public Health, CYP system
	Work with organisations to ensure appropriate plans are in place to enable an effective response that supports the wellbeing of staff members (and clients) following a suicide in a client or staff member.	Suicide within an organisation can have profound emotional and operational impacts on staff and clients, increasing risk of trauma and further harm. Ensuring organisations have clear postvention plans promotes timely, compassionate support, reduces stigma, and helps maintain workforce wellbeing.	Public Health

8. MAKING SUICIDE EVERYONE'S BUSINESS

Suicide prevention is everyone's business. Every person, organisation and service play a role. In recent years, good progress has been made to tackle the stigma around suicide and mental health. However, there is more we can all do to ensure we are all equipped with the skills necessary to potentially save lives.

		Objective	Rationale and context	Key partners
8.1		**Develop a shared online space for Devon-wide suicide prevention.**	A shared online space will enable consistent communication, resource sharing, and coordination across Devon partners. This improves accessibility to guidance, training, and data, reducing duplication and ensuring alignment with regional priorities. It supports collaborative working and strengthens the collective impact of suicide prevention efforts.	SPOG
8.2		**Improve system ability to access funding for suicide prevention activity.**	Securing funding is critical to deliver and scale effective suicide prevention interventions. Improving system capability to identify, apply for, and manage funding opportunities will support innovation and continuous improvement of suicide prevention efforts. To achieve this, we need a clear understanding of need and a cohesive and shared strategy with clear system-wide direction.	SPOG
8.3		**Raise awareness, challenge stigma, promote training and signposting of resource and support to the whole population with a particular focus on the priority groups and risk factors identified in the strategy.**	Promoting training, signposting, and accessible resources across the population, while prioritising high-risk groups identified in the strategy (including people who support people in these groups in a formal or informal capacity), will build protective factors, improve community resilience, and ensure equitable access to support.	SPOG
8.4		**Increase the general awareness of safety plans and their use.**	Safety plans are an evidence-based tool that help individuals manage suicidal thoughts and reduce risk during crisis. Increasing awareness of their purpose and use among professionals, communities, and those at risk will promote early intervention and empower individuals to access support.	SPOG
8.5		**Share progress, learning and key updates from the One Devon Suicide Prevention group widely, e.g. through an annual report.**	Transparent reporting and shared learning are essential to maintain accountability, drive improvement, and strengthen collaboration across the system. Disseminating progress and key updates—such as through an annual report—ensures partners remain informed, promotes best practice, and	SPOG

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		supports continuous development of suicide prevention activity across One Devon.	
8.6	**Review as a system how people with lived experience of suicide bereavement and mental health crisis will be engaged and supported in a safe, respectful and impactful way to help shape priorities and inform service design.**	Engaging people with lived experience of suicide bereavement and mental health crisis is critical to ensuring services are relevant, compassionate, and effective. A system-wide review will help establish safe and respectful mechanisms for involvement, reduce risk of harm, and ensure contributions are impactful. The system should also highlight where this is being done currently and share good practice.	SPOG
8.7	**Support the whole system to embed trauma informed approaches, ensuring service are able to recognise and respond to the impact of Adverse Childhood Experiences (ACEs) and other forms of trauma.**	Embedding trauma-informed approaches across the system acknowledges the impact of Adverse Childhood Experiences (ACEs) and other traumatic events on mental health and suicide risk. This ensures services respond with empathy, reduce re-traumatisation, and promote recovery.	SPOG

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TORBAY COUNCIL

Meeting: Health and Wellbeing Board   **Date:** 5/3/26

Wards affected: All

Report Title: Neighbourhood health development programme

When does the decision need to be implemented? Not applicable

Cabinet Member Contact Details: Hayley Tranter, Cabinet member for Adult and Community Services, Public Health and Inequalities, hayley.tranter@torbay.gov.uk

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1.   Purpose of Report

1.1   The following slideset gives the context for the development of neighbourhood health plans and outlines progress in the South Local Care Partnership towards developing integrated neighbourhood teams.

2.   Reason for Proposal and its benefits

2.1   The NHS 10 Year Plan set out a new responsibility for Health and Wellbeing Boards:

In the future, a neighbourhood health plan will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning decisions.

2.2   Final guidance on neighbourhood health plans is still awaited but partners across Devon have been working to develop a new approach to neighbourhood health over the last year.

2.3   The new Torbay Joint Health and Wellbeing Strategy is organised around 'healthy neighbourhoods' with the intention of providing a strategic focus for the neighbourhood development work in Torbay and encouraging a holistic approach to neighbourhood health,

including health promoting environments and preventative interventions as well as health and care services.

3. Recommendation(s) / Proposed Decision

Members are asked to note progress in progress towards *neighbourhood health* to date, and to consider how the Board should work with partners to ensure a comprehensive neighbourhood health plan is developed for Torbay.

4. Financial Opportunities and Implications

4.1   None identified

5. Legal Implications

5.1   None identified

6. Engagement and Consultation

6.1   A consultation and engagement process was undertaken during the development of the NHS 10 Year Plan.

7. Procurement Implications

7.1   None identified

8. Protecting our naturally inspiring Bay and tackling Climate Change

8.1   No specific implications, however a thriving sustainable natural environment is a key part of a health promoting neighbourhood.

9. Associated Risks

9.1   No specific risks are identified.

One ❤ Devon

South LCP Neighbourhood Development

27 January 2026

#OneDevon

National update

Medium Term Planning Framework

- Over the next 3 years it will return the NHS to much better health by reducing waiting times, access to care restored to levels patients and communities expect, and removal of bureaucracy so savings can be moved to front line services and staff.

- Building on the 10 Year Health Plan it sets out how the NHS can deliver three shifts and sets out ways of working:

Hospital to Community	Sickness to prevention	Analogue to digital
• Accelerating progress on Neighbourhood Health • Same-day appointments for urgent cases in general practice • Increasing community service capacity and productivity • Greater use of community pharmacy • 700k extra urgent dental appointments a year	• Tackling obesity, including continued rollout of weight loss medicines and weight management services • Supporting the target of a 25% reduction in CVD-related premature mortality • Implementing opt-out models of tobacco dependency services • Reducing antibiotic use and polypharmacy	• Making full use of the NHS App to communicate with and support patients to better access and manage the care and services they need • Using the NHS Federated Data Platform to improve care through better use of data • Deploying AI tools like ambient voice technology and digital therapeutics

- Neighbourhood Health is an enabler to support the left shift and see a move from hospital care to community care.

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Ambitions and delivery asks from within the 10YHP

Ambitions and Delivery Asks

Unleashing local potential
Setting out core new documents:
- *Strategic commissioning framework*
- *Foundation trust framework*
- *Systems archetype blueprint*
- *IHO contracts*

Sickness to prevention
Preventative goals on:
- Tackling obesity
- CVD-related mortality
- Tobacco dependence
- Use of antibiotics, polypharmacy

Improving Quality
- Implementing: (1) Emergency Department Paediatric Early Warning System; (2) Maternity Outcomes Signal System
- Improving quality of All Age Continuing Care

Our workforce & leadership
- In year action on staff survey results
- Use of forthcoming *Management and Leadership Framework*

2.1 **2.2** **2.3** **2.4** **2.5** **2.6** **2.7** **2.8**

Delivering neighbourhood health
- Support for general practice where demand is above capacity
- Proactive care for the priority cohorts: those with frailty, living care homes, who are housebound, or PEOLC
- Service utilisation and cost for high priority cohorts

Doing digital differently
- Adopt all existing NHS App capabilities
- Onboard to FDP
- Direct-to-patient comms via NHS Notify
- Deploy AI tools, inc. access models, AVT

Patient experience
- In year actions, with a focus on discharge processes

Genomics, life sciences, research
- Support for clinical trials
- Genomic testing and other clinical functions / services

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Neighbourhoods and Integrated Neighbourhood Teams

- Changes for neighbourhood health should not be seen as a one year programme. 2026/27 should be seen as a preparatory year to help plan and embed some of the change expected further into the delivery of the 10YHP.

- Neighbourhood Health guidance has been written. However, NHSE are unable to confirm when this will be released. Guidance is to be aligned with NHSE, central government and LGA. All three parties need to agree the Neighbourhood Health guidance before it can be released.

- NHSE policy (January 2025) asked systems to focus on specific areas through 2025/26 in preparation for a move to Neighbourhood health as defined in the 10 Year NHS Plan:

1. Population Health Management

2. Modern General Practice

3. Standardising Community Health Services

4. Neighbourhood Multi-disciplinary teams (MDTs)

5. Integrated Intermediate Care with a "Home First" approach

6. Urgent Neighbourhood Services

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Detail from Medium Term Planning Framework

The MTPF subsequently provided more detail about what the NHS contribution to NbH should focus on in 26/27

In implementing neighbourhood health, the immediate focus must be on:

• Improving and tackling unwarranted variation in GP access for the whole population

• Reducing unnecessary non-elective admissions and bed days from high priority cohorts – people who have moderate to severe frailty, people living in a care home, people who are housebound or at the end of life

• Enabling patients requiring planned care to receive specialised support closer to home

To support moving at pace, we will produce:

• A model neighbourhood framework, and a planning framework, co-produced with the Local Government Association and local authority colleagues,

• Model system archetypes,

• Model neighbourhood health centres archetypes

From April 2026, ICBs and relevant NHS providers should:

• Identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation

• Ensure an understanding of current and projected total service utilisation and costs for high priority cohorts of those with moderate to severe frailty, living in care homes, housebound or at the end of life

• Create an overall plan to more effectively manage the needs of these high priority cohorts and significantly reduce avoidable unplanned admissions

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- Current information relating to Neighbourhood Health (NbH) outlines six foundational steps which will enable systems to deliver MTPF expectations. This will need to be linked to Integrated Care Framework Funding (ICFF, formerly BCF) requirements at Health and Wellbeing Board Level. NHSE (December 2025), wrote to Integrated Care Board and Provider Chief Execs outline the below steps would be the focus areas in preparation of MTPF submissions due 12 February 2026.

From April 2026, ICBs and relevant NHS providers should:

- Identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation

- Ensure an understanding of current and projected total service utilisation and costs for high priority cohorts of those with moderate to severe frailty, living in care homes, housebound or at the end of life

- Create an overall plan to more effectively manage the needs of these high priority cohorts and significantly reduce avoidable unplanned admissions

(MTPF)

- Foundational steps for NbH:
  - Agreeing Neighbourhood Footprints
  - Reducing Variation in GP Access
  - Improving the Primary - Secondary Interface
  - Implementing Integrated Neighbourhood Teams (INTs)
  - Implementing Non-Elective Plans Across Multiple Neighbourhoods
  - Implementing a Neighbourhood Outpatient Model of Care
  - *These should be planned for with ICFF metrics at HWB level*

- It should be noted "improving the primary and secondary care interface" is broader the primary and acute. This should also include mental health and local authorities.

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National Planning Timelines

- There are a number of interlinked planning submissions which systems are required to submit. These include:
  - Medium Term Planning Framework – *12 February 2026*.
  - Health and Wellbeing Board footprint, Neighbourhood Health Plans and associated ICFF (formerly BCF) submissions – *30 April 2026*
  - Health and Wellbeing Board Neighbourhood Health Plan Operating Plan – *September 2026.*

- The anticipated Neighbourhood Framework and BCF / ICFF guidance has not yet been published. It is expected that one policy framework will be published to include:
  - Neighbourhood Framework
  - Neighbourhood Health Planning guidance
  - Integrated Care Funding Framework Guidance
- This is currently being negotiated between Local Government Association, NHSE and Government.

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Local Development

Devon Integrated Care System

NHS Devon plans to support neighbourhood transformation

Purpose:
- Establish and mature Integrated Neighbourhood Teams (INTs) across Devon
- Strengthen neighbourhood leadership and integration capacity
- Deliver joined-up, preventative care aligned to ICB strategic priorities as set out in the Health & Care Strategy and Commissioning Intentions
- Deliver measurable improvements in health outcomes and experience
- Build sustainable neighbourhood capability and leadership
- Support prevention, proactive care, and reduced hospital attendance
- Embed neighbourhood governance and workforce capability for long-term sustainability

Core Principles:
- Integration and collaboration across health, care, VCSE, and communities
- Shared leadership and accountability at neighbourhood level
- Development and delivery of INT to be driven through LCPs.
- Development aligned to the six core components of neighbourhood health (NHS England)

Devon Neighbourhood Development session

- December 2025, a Devonwide Neighbourhoods development session was held with support from NHSE.

Purpose
- To develop vision(s) for Integrated Neighbourhood Teams (INTs) within and across Devon — drawing on multiple perspectives, preferences and experiences

Neighbourhood health

Neighbourhood health services will bring care into local communities; convene professionals into patient-centred teams; end fragmentation and shift away from the NHS default of 'one size fits all' care.

"The focus in 2025/26 should be supporting adults, children and young people with complex health and social care needs who require support from multiple services and organisations. This cohort has been estimated at around 7% of the population and associated with around 46% of hospital costs"

Six core components of neighbourhood health models
- A) Population health management
- B) Modern general practice
- C) Standardising community health services
- D) Neighbourhood multidisciplinary teams
- E) Integrated intermediate care with a 'Home First' approach
- F) Urgent neighbourhood services

NHS and social care working together to prevent people spending unnecessary time in hospital or care homes

Strengthening primary and community based care to enable more people to be supported closer to home or work

Connecting people accessing health and care to wider public services and third sector support, including social care, public health and other local government services

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South Local Care Partnership

Mission statement

Person centred:

- I know where to go to get the help and information I need to manage my needs and improve my life and wellbeing.

- I only tell my story once and a single place I can get support.

- Whatever my needs are, whether they include MH, LD, Neurodiversity, physical & Social, I am seen as a whole person regardless of my age.

System/Provider:

- We have a clear vision and strategy which all partners are signed up too and involved.

- We have clear governance which holds our system to account.

- We are jointly brave with resources across organisational boundaries for the benefit of the patient.

- Our services are wrapped around the individual, not by organisation. We are proactive not reactive.

- Our decisions are driven by data (qualitative and quantitative) measures of what is of value.

Actions to make this happen

Define neighbourhoods clearly:

- Agree services in scope and resources.

- Start somewhere "good enough" and build from there.

- Map what already exists and assess unmet need.

- Identify what's missing and who is not currently involved.

- Use neighbourhood-level insight to shape system design.

Outcomes & Pathways

- Agree shared outcomes across:
    - All ages.
    - Health and care (including Physical & Mental health).
    - Short, medium, and long-term needs.
- Develop shared action plans between services.
- Focus on whole pathways, not isolated interventions.

Design principle

- Good data informs decisions
- Peer reviews with similar places
- Review tech opportunities

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