

**Meeting:** Torbay Health and Wellbeing Board **Date:** 14 December 2023

**Wards affected:** All

**Report Title:** Suicide prevention annual update

**When does the decision need to be implemented?** Endorsement of the new action plan

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## 1. Purpose of Report

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- 1.1 Provide a summary of the new national suicide prevention strategy 2023-28
- 1.2 Provide a summary of local intelligence
- 1.3 Provide a summary of the new local suicide prevention action plan 2024-27 for the purpose of endorsement by the Health and Wellbeing Board

## 2. Reason for Proposal and its benefits

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- 2.1 The information and priorities outlined in this report will help us to collaboratively deliver improvements in the lives of residents in mental health distress, will help to reduce the number of suicides in our community and support those bereaved by suicide.

## 3. Recommendation(s) / Proposed Decision

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1. Note progress since last year's suicide prevention action plan.
2. Endorse the new multi-agency suicide prevention action plan.
3. Suicide prevention is everybody's business. Consider the national suicide prevention strategy, local intelligence, and the new local action plan in the context of members respective organisations and their organisational contribution towards multi-agency actions.

## Appendices

Appendix 1: Torbay multi-agency suicide prevention plan

### Background Documents

National suicide prevention strategy:

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>

National suicide prevention action plan:

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-strategy-action-plan>

Torbay Joint Strategic Needs Assessment suicide profile:

<http://www.southdevonandtorbay.info/media/zddd5ycl/suicide-2023.pdf>

Torbay Joint Strategic Needs Assessment self-harm profile:

[http://www.southdevonandtorbay.info/media/1037/self\\_harm\\_2019.pdf](http://www.southdevonandtorbay.info/media/1037/self_harm_2019.pdf)

## 1. Introduction

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- 1.1 Suicide is a major public health issue: it is the leading cause of death in men under 50 years, young people and new mothers. Every death is a tragedy. Not only does it hint at the distress and pain that was felt by the person who died, it is sorely felt by the people that are closest to them. For every person who ends their life by suicide, a minimum of six people will suffer a severe impact on their lives due to the bereavement. For every life lost, the estimated total cost<sup>1</sup> to the economy was 1.67 million in 2011 and is likely to be closer to 1.9 million nowadays. 60% of this economic impact is to those who are bereaved<sup>2</sup>. If we apply this to the Torbay population which experiences an average of 20 deaths by suicide per year; the potential cost to the local economy is £38 million and 120 residents will be severely impacted by bereavement annually.
- 1.2 Torbay has experienced significantly higher suicide rates since 2014-16 and sits amongst the highest suicide rates in the whole of England (fourth highest of county/unitary authorities). Despite this we have seen a small but consistent decline in rates since 2016-18 when local suicide prevention plans came into place. Encouragingly, strategic partners across the Integrated Care System (ICS) have prioritised a reduction in suicides via the Devon Integrated Care System Joint Forward Plan 2023-28 by including a system target to reduce suicides to England average levels within the next five years. It should be acknowledged that Torbay's suicide rate is the local outlier and that if our suicide numbers do not significantly reduce, we are unlikely to meet this system target. As such we need to work harder, smarter and more collaboratively to reduce both human and system pain.

## 2. National suicide prevention strategy 2023-28

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- 2.1 On September 11<sup>th</sup> 2023, following World Suicide Prevention Day, the government published a new suicide prevention strategy for England, 2023 to 2028, which sets out the government's vision and aim to prevent self-harm and suicide and improve support. A separate national action plan has also been published containing a summary of the actions within the strategy. The strategy acknowledges that the current suicide rate is not significantly higher than in 2012 (when the previous strategy was published), but the rate is not falling.

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<sup>1</sup> Total costs include direct, indirect and human costs as exemplified in the following text. Direct costs i.e. the services used by the individual leading up to and immediately following the suicide (e.g., GP visits, prescribed medication, counselling, funeral costs, court costs, use of emergency services, insurance claims and medical services). Indirect costs i.e. the costs to society of each suicide (e.g., time lost from work and lost production). Human costs such as lost years of disability free life in addition to the pain and grief experienced by family and friends.

<sup>2</sup> [House of Commons Health Committee suicide prevention report](#)

**The key aims of the national strategy are to:**

1. Reduce the suicide rate over the next five years – with initial reductions expected within half this time
2. Improve support for people who have self-harmed
3. Improve support for people bereaved by suicide

**National priority areas for action are:**

1. Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
2. Provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes:
  - a. children and young people
  - b. middle-aged men
  - c. people who have self-harmed
  - d. people in contact with mental health services
  - e. people in contact with the justice system
  - f. autistic people
  - g. pregnant women and new mothers
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are:
  - a. physical illness
  - b. financial difficulty and economic adversity
  - c. gambling
  - d. alcohol and drug misuse
  - e. social isolation and loneliness
  - f. domestic abuse
4. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
5. Provide effective crisis support across sectors for those who reach crisis point
6. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides
7. Provide effective bereavement support to those affected by suicide

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

### 3. Local intelligence

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- 3.1 In addition to the Torbay Joint Strategic Needs Assessment profiles on suicide and self-harm, this year we have conducted a coroner's file suicide audit to collect local intelligence which is not available nationally. This also highlights where Torbay may deviate from national data. Files from 2017 to 2022 (n=92) were reviewed and have provided additional intelligence on demographics, risk factors and interactions with services prior to death. This information is summarised in the following table and bullet point lists. Please note, that coroners' files may not always contain complete information for the indicators outlined as the primary purpose of a coroner's file is to determine the cause of death of an individual.

<b>Indicators with national comparators</b>	<b>Torbay (2017-22)</b>	<b>National (2021)</b>
% of male suicides	72%	74%
% of suicide deaths aged 25-64yrs	64%	73%
% of suicide deaths over 65yrs	23%	16%
% of suicide deaths aged 10-24yrs	13%	11%
Age standardised suicide rate per 100,000 in most deprived areas (national quintile 1)	24.7	15.4 (2010-17)
Rate of suicide in people classified as single per 100,000 (highest risk)	25.2	26.0 (2011-21)
Rate of suicide in people classified as separated or divorced per 100,000 (second highest risk)	111.9	24.4 (2011-21)
Rate of suicide in people classified with partner deceased per 100,000	27.0	19.3 (2011-21)
Rate of suicide in people classified in a partnership per 100,000	6.5	10.6 (2011-21)

Rate of suicide deaths in people who have never worked or are long-term unemployed	57.0	30.6 (2010-17)
% of suicides in public places	29.3%	31% (2000-04)*
% of deaths by hanging, strangulation and suffocation (most common method)	46%	58.4%
% of deaths by self-poisoning (second most common method)	30.4%	20.5%

\*Based on Devon County data (Owens et al, 2009)

### **Intelligence on risk factors:**

- 87% experience two or more risk factors for suicide (e.g., lived in the most deprived areas, were classified as single/separated/divorced/widowed, had mental health and/or physical health concerns, substance misuse issues, were bereaved and/or experienced debt).
- 75% had experienced some form of isolation (bereavement, strained relationships and/or had moved to the area within five years of their death).
- 70% had one or more diagnosable mental health condition/s (recognised by services).
- 50% had previously attempted suicide (majority one or two attempts).
- 42% had a chronic physical health condition, of which 31% had multiple chronic physical health conditions such as heart disease, hypertension, HIV and/or chronic pain.
- 33% had substance misuse issues.
- 33% had experienced an acute childhood experience (ACE) such as domestic abuse or parental separation, of which 50% had experienced multiple ACEs.
- 32% had experience of domestic abuse and/or sexual violence.
- 30% had experienced a bereavement, of which 43% had experienced suicide bereavement.
- 24% had a history of self-harm that was known.

## Intelligence on interaction with services:

- 80% had seen their GP within the year prior to their death – 55% had seen their GP within three-months of their death.
- 76% had interacted with at least one service prior to their death (mental health, police, hospital, social care, substance misuse, domestic abuse, GP).
- 58% were being or had been supported by NHS mental health services.
- Of those known to NHS mental health services, 35% had access issues or were on a waiting list. 19% did not attend appointments or were non-compliant with their medication.

## 4. Local multi-agency suicide prevention action plan

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- 4.1 The COVID-19 pandemic challenged all of us; it created new mental health needs and stressors (e.g., financial strain, lack of social contact, etc.) and exacerbated previous mental health conditions and stressors. Nationally we are now in particularly challenging economic times which adds additional pressure – again – to the lives of many of us. Against a backdrop of macro level societal challenge, local suicide prevention action plans have the potential to focus on improving individual, family and community based protective factors that can save lives whilst being influenced by the new national suicide prevention strategy 2023-28 (section 3.3).
- 4.2 The Torbay Suicide Prevention Action Plan is owned and monitored by the Torbay Mental Health and Suicide Prevention (MHSP) Alliance (lead by public health with statutory and VCSE membership). The priorities within this new plan have been set via a large multi-agency workshop (July 2023) and have been collectively agreed by these attendees and the MHSP Alliance. These priorities and associated actions will be monitored by the Torbay Suicide Prevention Plan (TSPP) Group with reporting to the MHSP Alliance and the Health and Wellbeing Board.
- 4.3 Torbay also contributes to a wider Devon Suicide Prevention Strategic Statement, a collaborative document produced and shared by Devon County Council, Plymouth City Council and Torbay Council: [Devon-wide Suicide Prevention Strategic Statement](#) (update in progress following the publication of the new national strategy).
- 4.4 Last year's action plan (2022-23) reported a suicide rate of 18.8 per 100,000 in Torbay. We are pleased that we have continued our consistent downward trajectory with the most recent rate of 17.2 per 100,000 (latest ONS data has been delayed and is expected early 2024). Although this is not quite a trend, we are moving in a positive direction. However, we are still significantly above England and regional rates. The infographic below outlines some of the achievements of last year's action plan.

<p>Continued to see a small but <b>consistent decline</b> in our local suicide rate</p>		<p>Continued to <b>flexibly support people who are feeling suicidal</b> via the Torbay Community Helpline and our local Samaritans Call Back service</p>	
<p>Delivered <b>six Community Suicide Prevention and Emotional Resilience training courses</b> using local trainers</p>		<p>Published the <a href="#">Torbay Community Consultation on Self-harm</a> which includes key recommendations for improving care and support</p>	
<p>Extended the <b>school based self-harm intervention pilot</b> with additional data feasibility being tested by <a href="#">PenARC</a></p>		<p>Continued to invest in <b>community grants (CLASP)</b> for creative and innovative local suicide prevention projects</p>	
<p>Under the <a href="#">Torbay SEND Written Statement of Action</a>, established a <b>strategic multi-agency Children's Emotional Health and Wellbeing Group</b></p>		<p>Under the <a href="#">Community Mental Health Framework</a>, recruited <b>new mental health and recovery practitioners</b> and developed <b>Mental Health Multi-agency Team (MAT) meetings</b></p>	

This year's action plan (2024-27) is a completely revised document with priorities collectively agreed upon via a large, well-attended, multi-agency suicide prevention priority setting event held in July 2023. Based on this engagement (see section 6) the following areas of action were agreed with partners with an overall **aim to continue our consistent downward trajectory in suicide rate towards the regional average.**

**Local priority areas for action are:**



1. Ensure mental health and emotional support is accessible to all
2. Acknowledge and work with Torbay's risk factors for suicide
3. Harness passion, commit to collaborate and pool resources to reduce suicides

**With additional targeting of:**

- Men
- Children and young people
- People who self-harm

**Using the following principles:**

- Being informed by and co-producing with key target groups where possible
- Being informed by need but using a strength-based approach in action
- Aligning with work that is already taking place within our ICS

The plan will also contribute towards Devon-wide priority areas such as Real-time Sudden Self-inflicted Death Surveillance and a self-harm health needs assessment amongst others. Most importantly, this is a dynamic three-year plan, that overtime, will contain more specific actions as they are shaped, resourced and prioritised by multi-agency partners via appropriate task and finish groups. These groups will be established in 2024 and will report to the Torbay Suicide Prevention Plan group for oversight.

## 5. Financial Opportunities and Implications

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5.1 None.

## 6. Engagement and Consultation

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6.1 On 3<sup>rd</sup> July 2023 a face-to-face priority setting event was held with partners in the public and voluntary sector. For those who were unable or did not wish to attend a face-to-face event, an MS Teams Form was made available prior to the event and this feedback was incorporated on the day. There were over 50 attendees who contributed towards a giant SWOT (strengths, weaknesses, opportunities, strengths) analysis to determine what we collectively wished to prioritise in terms of suicide prevention. Stakeholders across Torbay identified some of the challenges that we particularly face, and also some of the strengths we have as a community, and how these could be harnessed to tackle suicide and promote emotional wellbeing. These are summarised in the table below.

Strengths	Challenges
<ul style="list-style-type: none"> <li>We have an active and passionate community and voluntary sector in the Bay</li> </ul>	<ul style="list-style-type: none"> <li>Mental health services are very stretched and funding is scarce</li> </ul>
<ul style="list-style-type: none"> <li>We have data showing us what to focus on</li> </ul>	<ul style="list-style-type: none"> <li>People don't always know where to go for help</li> </ul>
<ul style="list-style-type: none"> <li>We have a beautiful location and many natural assets</li> </ul>	<ul style="list-style-type: none"> <li>Communities are suffering the impact of the cost-of-living crisis</li> </ul>
<ul style="list-style-type: none"> <li>A lot of people want to help and support each other</li> </ul>	<ul style="list-style-type: none"> <li>Collectively we need to tackle the root causes of suicide and poor mental health</li> </ul>

6.2 The priority areas for action (see section 4.4) reflect areas which were considered most important to local stakeholders, will have the most impact on mental health and suicide risk, and which are most suited to collaborative action. All attendees and the MHSP Alliance were given the opportunity to feedback on the first and second drafts of the suicide prevention action plan. The third draft will be presented to the Health and Wellbeing Board on 14<sup>th</sup> December 2023 for endorsement. If endorsed, this plan will be published on the Torbay Council website for the public to view.

## 7. Tackling Climate Change

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7.1 Climate change was considered when hosting the face-to-face engagement event (section 6). Participants were asked to car share and bring their own cup/mug where possible. For catering, food and beverage packaging was kept to a minimum and only reusable cups and spoons were supplied. Tackling climate change will be an ongoing agenda item by any groups directly associated with the multi-agency suicide prevention action plan.

## 8. Associated Risks

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8.1 Multi-agency action is not galvanised in line with the suicide prevention plan. This will be mitigated by continuing multi-agency engagement and a task and finish group approach.

## 9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y		
People with caring Responsibilities	Y		
People with a disability	Y		
Women or men	Y		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y		
Religion or belief (including lack of belief)	Y		
People who are lesbian, gay or bisexual	Y		
People who are transgendered	Y		
People who are in a marriage or civil partnership			Y
Women who are pregnant / on maternity leave	Y		
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y		

## 10. Cumulative Council Impact

10.1 None.

## 11. Cumulative Community Impacts

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11.1 None.