

Meeting: Cabinet

Date: 20 April 2021

Wards Affected: All

Report Title: Torbay Suicide Prevention – updates on action plan, audit and alliance

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1. Purpose of Report

- 1.1 This report will update Cabinet on local suicide prevention activity in Torbay, given our consistently high suicide rate compared to the South West, our statistical neighbours¹ and England. It will provide summary information (with additional detail in appendices) on the following: latest suicide audit statistics, agreed priorities from the Torbay Suicide and Self-harm Prevention Plan 2021-22 and progress on the newly established Torbay Mental Health and Suicide Prevention (MHSP) Alliance. The ask from Cabinet is to endorse the Torbay Suicide and Self-harm Prevention Plan 2021-22, and to be advocates for preventing mental ill health and promoting good mental wellbeing for local residents.

2. Reason for update and their benefits

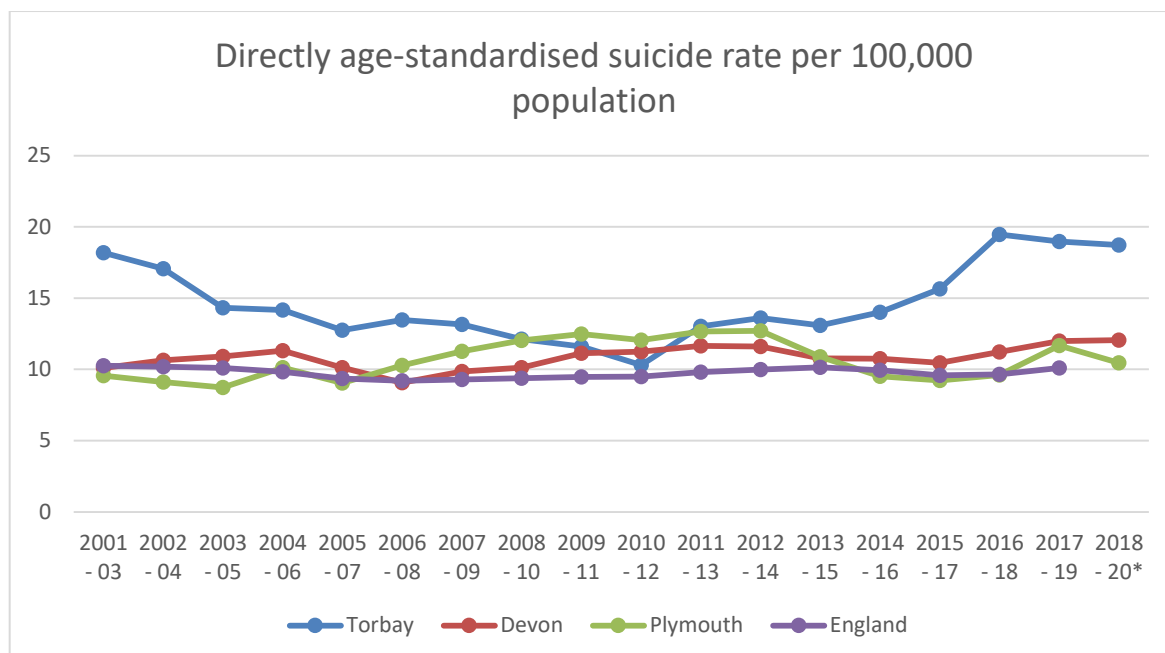
Suicide is a major public health issue: it is the leading cause of death in men under 50 years, young people and new mothers. Torbay's suicide rate has, in general, increased year on year since 2010 and now sits as one of the highest suicide rates amongst local authorities in England (see Figure 1). The Torbay Suicide Audit provides additional intelligence which may give better indications as to why Torbay's suicide rate is so high compared to the regional and national average.

Key findings from the suicide audit were:

- On average there are around 20 suicides per year in Torbay
- 3 in 4 suicides are in males
- 4 in 5 suicides are aged 20-59 years
- The highest suicide rates are in our most deprived communities
- The majority of suicides take place at home
- There is no clear pattern based on the time of year

Figure 1:

¹ CIPFA Nearest Neighbours



Source: PHE Suicide Prevention Profile

The following themes feature in 20% of coroner’s files:

- Relationships (breakdown, difficulties, access to children)
- Loneliness (little social contact or no close friends)
- Housing (sofa surfing, living with family and friends, fear of eviction)
- Finances (linked to housing and employment, low wages, debt)
- Employment (lack of or insecure employment, frequent job changes, signed off work due to ill health)
- Healthcare services (not attending appointments, lack of coordination between services [social services, health – primary and secondary care), not meeting thresholds, time between referral and assessments and waiting lists (mainly mental health but some physical health services)

The following themes feature in around 10% of coroner’s files:

- End of life – mentions of euthanasia, do not resuscitate requests, advanced directives, dignitas and asking others for help for those with terminal/permanent or deteriorating health where life perceived to no longer be worth living
- Use of social media and internet – researching methods, accessing pro-suicide websites and ordering products on line which were used in the suicide. Mentions of using social media to discuss suicide intent with both positive and negative experiences
- Previous attempt/acknowledgement – documented or reported to others that they had thought of or were planning to take their own lives
- Uncharacteristic behaviour – friends, families, neighbours, work colleagues and carers worries about uncharacteristic behaviour and that they seemed depressed

The cross-government national strategy recommends that local authorities coordinate and implement work on suicide prevention under their local public health and health improvement responsibilities. The main thrust of this will be through the development and delivery of a local multi-agency suicide prevention plan which has been steered by local data and key stakeholders. The Torbay Suicide and Self-

harm Prevention Plan, which has been endorsed by the Health and Wellbeing Board, demonstrates our multi-agency approach to tackling suicide in 2021-22 (Appendix 1).

Following steer from the suicide audit and input from a group of local stakeholders (including Torbay Council Public Health, Devon Partnership Trust, Samaritans, Torbay and Southern Devon Foundation Trust, Torbay Age UK and Action to Prevent Suicide CIC) the priority areas for the Torbay Suicide and Self-harm Prevention Plan were agreed.

The key suicide prevention priorities for Torbay are:

- Reduce social isolation and loneliness
- Promote a 'culture of curiosity' both publically and professionally
- Build upon and grow peer-support within the mental health system
- Better understand Torbay's high suicide and self-harm rates
- Monitor and evaluate Torbay's secondary school based, self-harm prevention pilot (in the context of the pandemic)
- Address system gaps for people with severe mental illness (in partnership with the Community Mental Health Framework redesign)
- Tackle high frequency locations

The key suicide prevention priorities which we support over a wider Devon footprint are:

- Postvention suicide bereavement support service
- Real-time suicide surveillance
- Suicide prevention training (public, professionals and primary care)
- Men's mental health promotion campaign
- Media and communications programme
- Devon & Torbay – Embedding National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) '10 ways to improve patient safety' in acute and community mental health provision.
- Devon & Torbay suicide prevention for people with a history of domestic abuse and sexual violence

The Torbay Suicide and Self-harm Prevention Plan has been developed by a multi-agency group which sits under the newly established Torbay Mental Health and Suicide Prevention (MHSP) Alliance. This alliance will be key in tackling mental wellbeing, mental health and suicide prevention as a system, as no single organisation can hope to support the needs that are presenting in Torbay, both pre and post Covid-19 pandemic. It also galvanises Torbay Council's Prevention Concordat for Better Mental Health responsibility to work in partnership to prevent mental health problems and promote better mental health and wellbeing.

The key mental health and suicide prevention priorities initially identified by the alliance and steered by funding are the following:

- Enable early identification and rapid response where there is evidence of escalating levels of distress, deteriorating mental health, self-harm or suicidal intent
- Seek to identify gaps in provision to meet need which will help inform commissioning and local development
- Promote clear pathways of support across the continuum of mental health
- Ensure a trained, supported and informed workforce

- To share resources and promote community collaboration – via the alliance and establishment of community based mental health networks

For additional information on the alliances purpose and aims see the alliances terms of reference document (Appendix 2).

- 2.1 For every life lost to suicide, the estimated total cost to the economy is around £1.67 million. For every person who ends their life by suicide, a minimum of six people will suffer a severe impact on their lives due to this bereavement. This means that in 2018, the potential cost to the local economy of suicide was around £40 million and severely impacted upon almost 150 Torbay residents. Suicide and mental ill health also disproportionately affects those living in poverty, in deprivation and those who are vulnerable and/or have a learning disability.

There is no acceptable number of suicides in Torbay – the aim should be an aspiration of zero suicides. In Torbay we are still in the midst of a global Covid-19 pandemic and have had a significantly² high suicide rate since 2014-16. This couples with a general upward trend in suicides since 2010-12 (see Figure 1). In recognition of this, this two year plan aims for no increase in the suicide rate from its current position, however it aspires for a consistent downward trajectory which will bring it closer to the average rate of its nearest statistical neighbours³. This would be a reduction from the current baseline suicide rate of 19.0 suicides (2017-2019) to around 12.3 suicides per 100,000.

The Torbay Mental Health and Suicide Prevention Alliance dynamic data dashboard is still in progress with the intention to provide a proxy for ‘mental health system pain’. It is proposed to monitor initially against the following strategic indicators:

- Indicator for loneliness
- Indicator for financial instability
- Indicator for unemployment/insecure employment
- Homelessness rate per 1,000
- Employment Support Allowance/Universal Credit claimants for mental and behavioural disorders rate per 1,000
- Hospital admissions for intentional self-harm rate per 100,000 population
- Hospital admissions for mental health conditions rate per 100,000 population
- Suicide mortality rate per 100,000 population

The alliance would additionally like to include key indicators from mental health providers, primary care and other front-line organisations that feel the impact of mental ill health such as Devon and Cornwall police. Collating this information will take time but is the right direction of travel.

- 2.2 Collective mental health need in Torbay is extremely high and system-wide working is the only way we can improve experiences for the public – both young and older – and make the best use of finite public resourcing. This report seeks Cabinet advocacy and support with preventing mental health problems and promoting better mental health and wellbeing for the residents of Torbay.

² Statistically based on the overlap of 95% confidence intervals

³ CIPFA Nearest Statistical Neighbours

3. Recommendation(s) / Proposed Decision

- (i) that the Torbay Suicide and Self-harm Prevention Plan 2021-22 be approved as set out in Appendix 1 to the submitted report; and
- (ii) that the Cabinet supports the establishment of the Torbay Mental Health and Suicide Prevention Alliance.

Appendices

Appendix 1: Torbay Suicide and Self-harm Prevention Plan 2021-22

Appendix 2: Torbay Mental Health and Suicide Prevention Alliance TOR

Background Documents

[National suicide prevention strategy](#)

[House of Commons Health Committee suicide prevention report](#)

[PHE suicide prevention planning document](#)

[Samaritans and University of Exeter review on local suicide prevention planning](#)

Report Clearance

Report cleared.

Supporting Information

1. Introduction

Suicide is a major public health issue: it is the leading cause of death in men under 50 years, young people and new mothers. Torbay's suicide rate has, in general, increased year on year since 2010 and now sits as one of the highest suicide rates amongst local authorities in England. Local Authorities are recommended to coordinate and implement work on suicide prevention under their local public health and health improvement responsibilities. The main thrust of this is through the development and delivery of a local multi-agency suicide prevention plan. The Torbay Suicide and Self-harm Prevention Plan has been endorsed by the Health and Wellbeing Board and demonstrates our multi-agency approach to tackling suicide in 2021-22 (Appendix 1).

2. Options under consideration

Not applicable.

3. Financial Opportunities and Implications

National suicide prevention funding has been allocated to the local authorities within the Devon Integrated Care System and will support implementation of training, research, and community network development in Torbay.

4. Legal Implications

None identified.

5. Engagement and Consultation

Relevant groups have been involved in the development of the Plan as described above.

6. Purchasing or Hiring of Goods and/or Services

Not applicable.

7. Tackling Climate Change

No relevant issues identified.

8. Associated Risks

Risks from non-implementation are loss of opportunity to work across partnerships to reduce rates of suicide, self-harm and mental distress in the population.

Equality Impacts

9.	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) <i>(Please note Gypsies / Roma are within this community)</i>	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 (proposed changes elsewhere which might worsen the impacts identified above)	Not identified.		
11.	Cumulative Community Impacts (proposed changes within the wider community (inc the public sector) which might worsen the impacts identified above)	National social and economic policy will both have an impact on mental health and wellbeing.		