



Health and Wellbeing Board
7 March 2019

Surrey Suicide Prevention Strategy

Purpose of the report: Policy Development and Review

To ask board members to formally review and approve the Surrey Suicide Prevention Strategy.

Introduction to strategy

Reasons why the strategy has been developed

In 2017, the House of Commons Select Committee asked all Local Authorities to scrutinise local plans to reduce suicide. The Adults and Health Select Committee – Suicide Prevention Plan Nov 2017 was presented at the meeting of the Surrey Adults and Health Select Committee in November 2017, providing assurance of quality for the then multi-agency Surrey Suicide Prevention Plan 2014 -17, which was about to come to an end.

One of the next steps agreed at this Committee was for Surrey County Council Public Health and Surrey and Borders Partnership NHS Foundation Trust (SABP) to lead the development of an all age Suicide Prevention Strategy for Surrey. Development of, consultation on and amendment of the draft strategy took place in 2018 and the strategy period is for 2019-22.

This will dovetail with the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22.

There is also increasing national momentum around suicide prevention: in October 2018 the first Minister for Suicide Prevention was appointed; then, in January 2019, the first Cross-Government Suicide Prevention Workplan was published. One of the key actions of the workplan is ensuring the effectiveness of every local authority's suicide prevention plan. The workplan states: "The Minister for Suicide Prevention will be working in collaboration with national partners and the local government sector to support areas to implement and embed their suicide prevention plans within their communities."

Key Data

Around 13 people complete suicide every day in England (Department of Health, 2017). Suicide is the leading cause of death for men under 50 and for young people (Department of Health, 2017). Each suicide has far reaching consequences, affecting a number of people directly and many others indirectly - with those affected often impacted economically, psychologically and spiritually (HM Govt, 2012). Family, friends and carers of those who die by suicide have a 1 in 10 risk of making a suicide attempt after experiencing loss. Thus suicides lead to the worsening and perpetuating cycle of inequalities (Mersey Care NHS Foundation Trust, 2016).

In Surrey there are on average there are 92 deaths by suicide each year, with 6 of these among the under 25s. This equates to on average 8 people a month or 2% of all deaths among people under the age of 75 in Surrey.

Suicide rates are calculated as a three-year average. The suicide rates across England, Surrey and neighbouring Local Authorities has fluctuated over the last 10 years. In England there was a gradual increase in suicide rates during the financial crisis which began in 2007. This can be seen more dramatically in Local Authority areas in the South East where the rate in Surrey increased from 7.5 in 2006-08 and reached 9.9 per 100,000 in 2009-11.

Latest figures from Public Health England and the Office for National Statistics show that in 2015-17 the Surrey suicide rate is 8.0 per 100,000 of the population, which is lower than both the rates for England (9.6 per 100,000 of the population) and the South East region (9.4 per 100,000 of the population) (Public Health England, 2019).

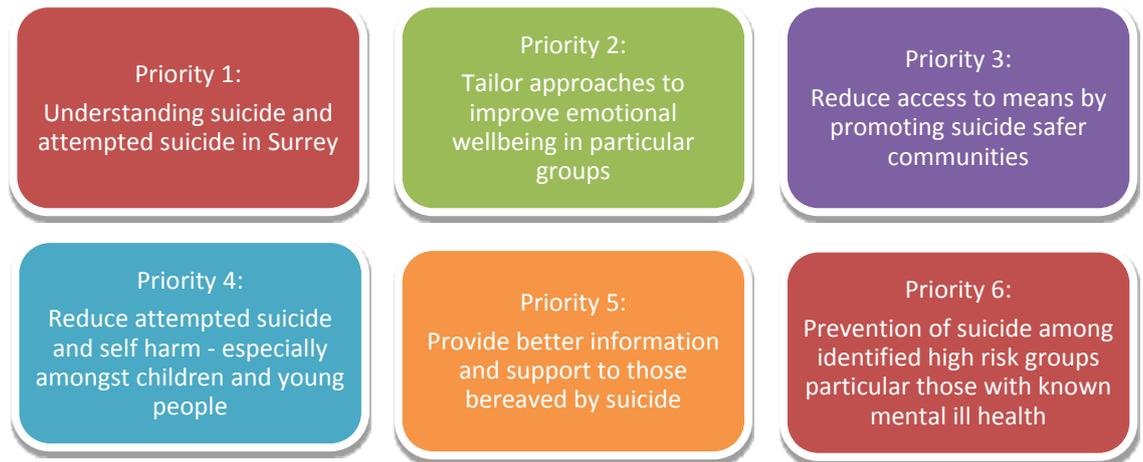
How the strategy relates to the Health and Wellbeing Strategy

The Suicide Prevention Strategy relates to the promoting emotional health & mental wellbeing priority of the Surrey Health & Wellbeing Strategy 2018 and is one of the ways that progress will be measured: "We will get this right so that ...there is a reduction in the suicide death rate."

Expected Outcomes

The Suicide Prevention Strategy encompasses six priority areas which are aligned to the National Suicide Prevention Strategy (see Figure 1 below): For each priority area, there are outcome based actions for the multi-agency Suicide Prevention Partnership and a series of recommendations for partner organisations. These are summarised on page 34-40 of the strategy.

Figure 1: Priority Areas of the Suicide Prevention Strategy



Public Health will lead on the implementation of Priorities 1, 2, 3 and 5 and Surrey and Borders Partnership NHS Foundation Trust will lead on Priority 6. The lead organisation for priority 4 is yet to be agreed, and in so doing we will link and dovetail with the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22.

Anticipated Challenges

1. There are limited financial resources to support suicide prevention - especially if Surrey does not receive wave two of national suicide prevention funding. To help address this challenge, delivery of this strategy will rely on all partners contributing staff capacity to develop and deliver actions plans. Having the Health and Wellbeing Board hold partners to account for this will help to address this challenge. Also local authorities in the region who were successful in receiving wave one national funding, have offered to share resources (e.g. Kent offered their campaign materials for Surrey to use for free).
2. Collection and sharing of intelligence on suicide and attempted suicide is challenging due to:
 - a. Coordinating and resourcing the sharing of existing intelligence on attempted and completed suicides (e.g. among coroner, emergency services and hospitals). Engaging and gaining commitment from key partners in the intelligence subgroup, and the Health and Wellbeing Board committing partners to delivery of the strategy, will help address this challenge.
 - b. The small number of suicide cases in Surrey, which makes it difficult to measure the impact of the strategy's actions on reducing suicides locally. To help address

this, the intelligence subgroup will explore metrics that can be used as indicators of the strategy's impact.

3. Finding the resources to develop an intelligence gathering system for unexpected deaths and suicides, to enable the Suicide Prevention Partnership to respond to and learn from emerging themes. This could be done for example using the [Never Event Framework](#). This may be more of a challenge if the funding bid to the Integrated Care System and Sustainability and Transformation Partnerships, is not successful. Engaging and gaining commitment from key partners in the Intelligence subgroup, and the Health and Wellbeing Board committing partners to delivery of the suicide prevention strategy, will help address this challenge.

Conclusions:

1. There is no single risk factor for suicide – it is often the end point of a complex history of risk factors and distressing events. Therefore, the prevention of suicide does not sit with any single organisation. Rather, healthcare services, local government, public health bodies, criminal justice system, third sector organisations and communities in which individuals reside, **all** have a role to play in the prevention of suicide (HM Govt, 2012).
2. With a multi-agency partnership approach and senior leadership across all organisations at the Suicide Prevention Partnership, there are significant opportunities to implement the strategy and reduce suicides in Surrey.
3. In addition, all three of our Sustainability and Transformation Partnerships/Integrated Care Systems have Mental Health Workstreams and have completed, or are implementing their Delivery Plans to achieve the NHS Five Year Forward View for Mental Health ambitions – which include reducing suicide nationally by 10% by 2020.
4. Key challenges for the strategy include: limited resources for suicide prevention work; challenges around collection and sharing of intelligence on suicide and attempted suicide; and finding the resources to develop an intelligence gathering system, which enables the Suicide Prevention Partnership to respond to and learn from emerging themes from unexpected deaths and suicides. Steps being taken to address these challenges are outlined in the section above.

Recommendations:

For the Health and Wellbeing Board:

- a) To approve the Suicide Prevention Strategy for Surrey.
- b) Commit partners to joint delivery of the Suicide Prevention strategy.
- c) To provide strategic oversight of the implementation of the strategy, holding partner organisations to account for their contribution to the delivery of the actions and recommendations contained within.

Next steps:

- The new 2019-2022 Suicide Prevention Strategy will be published after it has been signed off by the Health and Wellbeing Board.
- The new Surrey Suicide Prevention Strategy Partnership will oversee development and implementation of the strategy. It will have its first meeting early March and meet three times in 2019 (subsequently twice a year 2020-2022).
- The Suicide Prevention Partnership will develop and oversee with partners a delivery work plan for each priority area. This will be agreed within the first six months of the strategy.
- The working groups that will feed into the Suicide Prevention Partnership will be established: High Risk (groups and locations); Data and Intelligence; and Postvention.
- Public Health are having discussions with local STPs/ICSs around funding to deliver the suicide prevention strategy and await the outcome of the Sussex and East Surrey Sustainability and Transformation Partnerships and Surrey Heartlands Integrated Care System bids for the second round of national Suicide Prevention funding.
- Public Health will develop a dashboard/mechanism to support reporting on progress of strategy implementation.

Report contact:

Ruth Hutchinson – Deputy Director of Public Health

Contact details: Ruth.hutchinson@surreycc.gov.uk

Sources/background papers:

[Suicide Prevention Strategy for England 2012](#) and progress reports: [First annual report on the cross-government outcomes strategy to save lives 2014](#), [Second annual report 2015](#), [Third progress report 2017](#), [Fourth progress report 2019](#)

[Five Year Forward View for Mental Health 2017](#)

[Cross-Government Suicide Prevention Workplan 2019](#)

[Appointment of Suicide Prevention Minister 2018](#)

[Surrey Health & Wellbeing Strategy 2018](#) (reduction in the suicide death rate - Promoting Emotional Health & Mental Wellbeing priority)

[Statutory functions of Director of Public Health](#) to improve health and [Local Authorities' remit](#) to address many of the risk factors for suicide.

December minutes of Health & Well Being Board (the strategy went to) <https://members.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=5980&Ver=4>