# **Communities Committee**

Item No.....

Report title:	Suicide Prevention Strategy and action plan
Date of meeting:	25 January 2017
Responsible Chief	Dr Louise Smith, Director of Public Health
Officer:	

### Strategic impact

Suicide is an important public health issue and a priority for Norfolk given our relatively high local rate. Evidence suggests that preventing suicide is achievable. In 2016, government nationally set out an ambition to reduce suicide by 10% from 2016 to 2021. In response to this Public Health England have advised top tier local authorities to develop a suicide prevention strategy and action plan.

The activities involved in developing and implementing the strategy and action plan contribute to meeting the county council priority of supporting vulnerable people. It is also in line with our commitment in the Public Health Strategy 2016-17 to support a multiagency suicide reduction strategy and plan.

The strategy and action plan has been developed in consultation with a range of agencies and service users, having researched national and local activities. It is wide ranging but has two key themes – population level wellbeing actions and activities, and targeted actions for people with (emerging or existing) mental health issues.

# **Executive summary**

The Norfolk suicide prevention strategy and action plan has been developed by Public Health on behalf of multi-agency partners, making a commitment to reduce the number of suicides in the county. Agencies such as Norfolk Constabulary, British Transport police, Norfolk & Suffolk Foundation Trust and Office of Police and Crime Commissioner have actions they will be leading on specific to their functions or responsibility.

Norfolk has an average of 12.4 suicides per 100,000 people, which is higher than the national average of 10.1, equating to around 77 suicides in Norfolk each year. The national strategy emphasises that suicide can be preventable and the Department of Health commitment is to reduce suicides nationally by 10 percent from 2016 to 2021. Further details of local characteristics can be found in the Norfolk suicide prevention audit, a comprehensive review of suicides in the last ten years, undertaken by Public Health in 2016. The strategy and action plan includes preventative actions designed to help at an earlier stage such as:

- Enhancing the skills of non-medical or mental health professionals.
- Rolling out training and raising awareness
- Developing a web resource and guidance
- September 2017 conference
- Working to develop community activities with men's and farmers network (including peer mentor support)

Recommendation: That the Norfolk suicide prevention strategy and action plan is approved by the committee.

## 1. Proposal

This paper presents a county wide suicide prevention strategy and action plan which outlines key principles and actions which are shared across a range of partners. In line with national guidance, Public Health is leading on the regular audit of suicides, the development of the strategy, and the implementation of the action plan.

A suicide prevention implementation group will report to the Mental Health Strategic Board to implement the action plan who will provide updates on progress to the Norfolk Health and Well-Being Board. Regular reports on progress will also be provided to committee, as part of our commitment to keep members informed of progress against priority action detailed in the Public Health Strategy 2016-2020.

A range of participants including service users have been involved through consultation and in the development of the actions. The action plan includes the intention to engage further with the public.

#### 2. Evidence

There is a national expectation that Public Health departments lead local initiatives on suicide prevention, with some strategic support provided regionally by Public Health England. No one agency is therefore responsible for suicide prevention, and the commitment will be managed to reflect this collective responsibility.

Evidence from the local suicide audit 2016 identified the groups most at risk and the factors which may influence the. This has allowed us to target activities such as engaging better with men and farming communities. The intention is to encourage all professionals to take a strengths based approach to safety planning, and reducing access to the means of suicide. These methodologies are based on current preventative practice promoted nationally, and in keeping with safeguarding principles in Norfolk.

When people decide to take their own lives, there are complex variables which influence their actions. In attempting to reduce stigma, making tools more accessible and promote a consistent approach across and within organisations, we intend for resources to be available for professionals and members of the public. The safeguarding adults board will help promote suicide prevention principles, and other departments such as the fire and rescue service are active members of the partnership. Measuring the impact of our actions and whether they contribute to reducing the number of suicides in the county will be difficult.

Suicide prevention activities are designed to support vulnerable people, and our local plan with targeted approaches to reduce health inequalities for men will have a positive impact on gender equality.

Reducing stigma around mental health will evidently have a positive impact on disability equality.

# 3. Financial Implications

A small budget within the existing public health budget (circa £20,000) has been identified to promote awareness and reduce stigma, roll out training to health, social care and voluntary sector staff. This funding will be used to initiate or 'pump prime' activities across partner organisations and to assist agencies in using existing resources to also address suicide risks as part of business as usual.

## 4. Issues, risks and innovation

Suicide is a priority public health issue for Norfolk because our rates are relatively high compared to national benchmarks. This high rate means that even if we see improvement in local rates, Norfolk may remain a relative outlier for this outcome. (In statistics, an outlier is an observation point that is distant from other observations). The current economic climate is challenging and suicide is strongly linked to economic circumstances which means that external and national factors may drive further increases in suicide rates despite local efforts. Furthermore current investment proposals are very modest.

The nature of the issue, with no single effective intervention and the need to involve multi agencies mean that it will be difficult to demonstrate a linear relationship between actions and outcomes. The strategy contains a number of innovations for Norfolk – bring on board new partners, for example the National Farmers Union, to widen our approaches to this difficult issue. Encouragingly there is some evidence that this form of multi-faceted multi-agency approach can be associated with reductions in suicide in an area.

# 5. Background

The Suicide Prevention Audit is available on the Norfolk Insight website. <a href="http://www.norfolkinsight.org.uk/jsna/adult-health-wellbeing/adult-health-wellbeing/adult-health-mental-health">http://www.norfolkinsight.org.uk/jsna/adult-health-wellbeing/adult-health-wellbeing/adult-health</a>

The (Draft) Suicide prevention strategy and action plan is attached at Appendix 1.

#### **Officer Contact**

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Officer Name: Nadia Jones Tel No: 01603 638280

Email address: nadia.jones@norfolk.gov.uk



If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.