

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	20 January 2023		
REPORT TITLE:	Update on the Pan Berkshire Suicide Prevention Agenda		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report is to provide the Reading Borough Council Health and Wellbeing Board with an update on the Pan Berkshire Suicide Prevention Strategy (the Strategy) and assurance that works are progressing to develop and refine the development of the Strategy and supporting local action planning and delivery. Alongside this this update presents an update on several central changes, challenges and opportunities flowing from the national Suicide Prevention (SP) Agenda, and the regional and local works under way to address these.

Appendices -

Appendix A Summary of outputs from the SP Summit

Appendix B Consultation draft of the Pan Berkshire Strategy

Appendix C Summary of the Cube resource

Appendix D Outline of potential member and executive officer facing briefing materials

Appendix E Summary of the NPSA membership advantages and potential local benefits

Trigger Warning: Given the sensitivity of the issues raised by the SP agenda please note that the following report contains a discussion of deaths from suicide and may be distressing to the reader.¹

2. RECOMMENDED ACTION

¹ Distressed readers should reach out for support to people in their lives who they can discuss this with or seek support via [Get mental health help - NHS 111](#) or local Voluntary and Community Services including the [Samaritans](#) or [Amparo](#)

- 2.1 The Health and Wellbeing Board are requested to note the update provided and discuss the implications for local works flowing from the report and, in particular progress toward refreshing the Strategy (See section 4), The Local Data and Trends summary, The Health and Social Care Act 2022 and BOB Integrated Care System, Learning from the Pandemic and the Current Economic Context, The New NICE Guidance NG225, The Pan Berkshire Suicide Prevention Summit, The Cube Model Framework resource and potential Membership of the NPSA.
- 2.2 The Health and Wellbeing Board are requested to accept the following submissions following (See Appendices) on from the Summit referenced in Section 4.
- A summary of outputs from the SP Summit and updated **draft of the Strategy**
 - A **Final Strategy and Impact Assessment to come to the Reading Health & Wellbeing board in March 2023** for agreement and endorsement
 - A summary of the Cube resource and consultation copy for review
 - An outline of potential member and executive officer facing briefing materials for the HWB
 - A summary of the NPSA membership advantages and potential local benefits

3. POLICY CONTEXT

- 3.1 In 2012 the government published Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives. The strategy recommended that local authorities conduct a suicide audit, produce a suicide prevention action plan, and set up a multiagency suicide prevention group.
- 3.2 A Suicide Prevention Strategy was presented to the Health & Wellbeing board in October 2021 and this Strategy was endorsed by the board. Since its adoption, new data profiles are available and there is a new policy landscape that has led to a review of the local strategy. This is to consider a greater emphasis on patterns of risk and linked to the focus on health inequalities and the Health & Care Act 2022. This report presents an update on the previously delivered briefing (July 2022) and updated context for suicide prevention at National, Regional, and local levels.

4. THE PROPOSAL

- 4.1 There are several significant system level changes in NHS Structures and broader contextual challenges that will impact on the SP agenda including the establishment of the NHS BOB Integrated Care System (BOB ICS) in the wake of the NHS Health and Social Care Act 2022(HASC22)², the continuing analysis of trends and data as the national SP agenda seeks to understand the impacts of the Pandemic and the country begins to experience the impacts of the “Cost of Living Crises³” and a turbulent national economic environment⁴ as we approach a winter that will prove challenging to systems, services and individuals alike.⁵ The current Suicide Prevention Strategy is in place and has been endorsed by the Health & Wellbeing Board. Since its endorsement, there is a different policy position and greater access to real time surveillance data, necessitating its refresh and review and consultation. This report presents an update on works to date and to follow.

4.2 Update:

² [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

³ [Rising living costs: The impact on NHS, staff and patients \(nhsproviders.org\)](https://www.nhs.uk/news/2022/10/rising-living-costs-the-impact-on-nhs-staff-and-patients)

⁴ [Chancellor Statement - 17 October - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/chancellor-statement-17-october-2022)

⁵ [NHS England » Winter resilience](https://www.nhs.uk/news/2022/10/winter-resilience)

- 4.2.1 Following on from agreement at the July Health and Wellbeing Board to proceed with a refresh of the Strategy discussions with other West and East Berkshire system partners have agreed the approach to refreshing the Strategy.
- 4.2.2 Central to suggested refresh have been several key developments in the evolution of the National, Regional and Local postures to suicide prevention with implications for policy, operational delivery, and data intelligence environment.
- 4.2.3 **Local Data Intelligence Summary 2021 to 2022:** Please find below a concise summary of Suicide related data to date. It is crucial to note that each number represents an individual tragedy and wider impacts across families and communities.
- 4.2.4 **Deaths by Suicide in Berkshire - an Overview from 2019 -2021/2022 and year to date**

Pan Berkshire

- In 2021 there was a total of 56 deaths by suicide in all of Berkshire, this was the lowest total for at least the last 5 years. Of these deaths 35 were male and 21 were female.
- So far in 2022 there have been 58 deaths across Berkshire.
- Of these deaths 43 were males and 15 were females.

Reading Borough Council

- Between 2019 and 2021 there were 49 deaths by suicide in Reading - Gender breakdown shows 35 male and 14 female deaths
- So far in 2022 there have been twelve deaths by suicide in Reading. Gender breakdown of these shows 7 males and 5 female deaths.⁶

Methods of Suicide in Berkshire:

- Ligature (hanging) remains the most common method of suicide across Berkshire, accounting for more than half the deaths across the county. Other common methods include the railway (either jumping in front of a train or from a bridge) and overdose.
- In 2022 there has been an increase in the numbers of deaths on the railway, particularly in Slough and Windsor & Maidenhead. Appropriate measures have been taken in these areas in order to review and create actions moving forward. This method of suicide will be monitored closely across Berkshire and appropriate measures will be put in place if an increase is seen in other areas.
- A recent and emerging concern centres on the use of Sodium nitrate and nitrite related deaths in Berkshire in 2022 ("**Number suppressed**") compared to zero in 2021). Since this has been raised at the Berkshire Suicide Prevention Group meeting action has been initiated in order to explore this in more detail an ascertain local, regional, and national trends.

Deaths by age in Berkshire:

In 2022 most deaths can be seen in the 30 to 39 age bracket (15), followed by 20-29 (11) and 60-69 (10).

There have been **Number Suppressed** deaths by suicide in those under 20.

There is some concern at what looks to be an increasing death rate in those under 30, other than this these figures are similar to 2021.

Female suicides and shift in trends

- There was a concerning increase in deaths by suicide in females seen in early 2020 which continued over the following months. A subgroup was set up to explore these deaths in more detail, gather more information from GPs and attempt to spot any trends and patterns in these deaths. Deaths in females have subsequently returned to pre-2020

⁶ It is usual practice to suppress details of any group, characteristic or occurrence where the number drops below 5 to avoid the potential of deductive identification

levels, although the overall deaths by suicide in Berkshire has remained stable meaning male suicides are now increasing and requires attention

- The female suicide subgroup that feeds into the Pan Berkshire Partnership Group will continue to meet under a new title that looks to start to explore and address occurring trends and patterns as they occur. These will include male deaths, deaths related at sodium nitrate and nitrite and the age-related trends and other core vulnerable groups.

4.2.4 The HASC22 and BOB ICS With significant developments arising from the act, and the formation of the Berkshire Oxfordshire and Buckinghamshire Integrated Care Strategy and Board there is a significant reorganisation of regional and local Place based delivery across health services across all age ranges. A range of materials for public and professional consultation on the overall strategy for delivery of services across the BOB footprint has been drafted, with the intention that “Engagement” versions of its key agendas and priorities for provision of services across the Starting Well, Living Well and Ageing Well agendas is shared. Public Health officers from across the Berkshire System have been heavily involved in the drafting of these and have provided steer and insight on the centrality of SP as a priority area for works within the border context of physical and mental health services. The cross-border nature of the SP agenda⁷ - where vulnerable people have contacts and associations or presentations across local geographical and service delivery borders - has been stressed alongside the need to ensure that there is a range of local place-based support for priority agendas including SP and “post-vention⁸” support and widened availability of wellbeing and social prescribing style supports for local places, communities and individuals requiring additional support to mitigate the impacts of the national economic situation.

4.2.5 Learning from the Pandemic and the current Economic Context: The National Confidential Enquiry into Suicide and Safety in Mental Health (NCISH)⁹ is the Manchester University SP surveillance and prevention “observatory” commissioned by the NHS via the Healthcare Quality Improvement Partnership.¹⁰ They and the National Suicide Prevention Alliance have published a wide range of materials reports and analyses of how the Covid 19 Pandemic have impacted on both the numbers and rate of completed suicides in the UK and Global system.¹¹

4.2.6 In summary they report that whilst there may have been local increased in numbers there has not - thankfully - been an increase in the overall UK rate¹², refuting a wide range of media reported increases on rates and or numbers of completed suicide over both. The NCISH Lancet report goes on to note *“These are early findings:...It is too soon to examine the effect of any economic downturn - serious economic stresses as a consequence of COVID-19 may represent the greatest risk of a rise in the suicide rate. These overall figures may mask increases in suicide in population groups or geographical areas, just as the impact of the acute pandemic has not been uniform across communities”*¹³. Given the current and emerging economic context it is important to note the NCISH recommendations for additional support for those whose mental health will be adversely impacted by the economic turbulence and disruptions faced nationally, regionally, and locally. It is hoped but not by any means certain that HM Treasury will announce the raft

⁷ See [NIMH » Suicide Prevention \(nih.gov\)](#) and [Regional suicide prevention planning: a dynamic simulation modelling analysis | BJPsych Open | Cambridge Core](#)

⁸ Support following on from a completed suicide to address the impact of traumatic death on loved ones and close contacts in an education setting, workplace, or community, who require a specific range of support to ensure that they do not go on to experience significantly poorer mental health outcomes than might accompany a bereavement that was anticipated due to an end-of-life condition or advanced older age,

⁹ [NCISH | The University of Manchester](#)

¹⁰ [HQIP – Healthcare Quality Improvement Partnership](#)

¹¹ See [NCISH | National academic response to COVID-19-related suicide prevention - NCISH \(manchester.ac.uk\)](#) and [Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance - The Lancet Regional Health – Europe](#)

¹² Essentially rate is the number of deaths per 100k of population in any given area for a set period of time.

¹³ NCISH Lancet *ibid.* – see Discussion

of supports for services, communities, and individuals to help mitigate the impacts of the national economic position on individuals.

- 4.2.7 National Institute for Health and Care Excellence (NICE) NG225:** In September 2022 NICE published Nice Guidance 225 covering Self Harm across all ages.¹⁴ This is a substantial and wide-reaching refresh of NICE guidance for the agenda and a major updating of clinical and social care facing standards for the care of people of all ages who self-harm. The guidance which covers assessment, management, and prevention of recurrence for children, young people and adults who have self-harmed, aims to support the needs of a wide range of priority groups of vulnerable people. This includes those with a mental health problem, neurodevelopmental disorders or learning disabilities and applies to all sectors across the statutory and voluntary and community sector that work with people who have self-harmed. NG225 notes the wide range of vulnerable groups that need to be supported if we are to address self-harm including education, community and health and social care settings. NG225 is the first major update to the agenda for over a decade, stresses a number of key areas for action including the stress on psychosocial assessment as the key to successful support, the prohibition of mechanistic risk assessment as it has potentially fatal consequences and a restatement of the linkages and alignments needed with the suicide prevention agenda.
- 4.2.8 The Pan Berkshire Suicide Prevention Summit:** Following on from the July 2022 HWB meeting a Pan Berkshire Suicide Prevention Summit was held on the 12th of December 2022¹⁵. The Summit presented overviews of the National, Regional and Local context, an update on Pan Berkshire Works to date, data intelligence and service delivery insights, and the view of priorities and possible next steps for the strategy. The refreshed Strategy was shared in outline form and discussed with attendees, as an initial engagement and consultation exercise to ensure the Strategy is shared and developed in partnership with all Berkshire place-based system leadership and benefits from their insight and steer. (See Appendix A and B)
- 4.2.9** A key element of the Summit's discussion focussed on what works need to be progressed at regional and local or place-based scale and how we can learn from best practice across a variety of agenda areas ranging from infrastructure focussed works (making bridges and other key parts of the built environment in local area where suicide is a risk or sadly historic feature as safe as possible) to positive mental health and wellbeing support for Children and Young People and neurodiverse groups. The Summit sought to gain an understanding of what the key outputs from the Pan Berkshire works should be through a session devoted to understanding the wide range of support needs that system partners and place-based leadership might wish to see prioritised. Despite technical issues with break out rooms on the day there are a number of key outputs from the session -and a range of additional engagement opportunities will run from late January to March 2023. (See Appendix A)
- 4.2.10** Other outputs included Training and Development for the statutory and Voluntary and community sector workforce alongside specific works targeting self-harm and suicide prevention awareness across all or particular age ranges and vulnerable groups including monoritised communities, LGBTQ plus people, Elected Member awareness briefings and localised resource packs and aligned communications to share awareness and ensure impactful public and professional facing messaging in line with the Strategy and wider works. (See Appendix A and Appendix D)
- 4.2.11 The Cube:** The Cube is a model framework to share tools and resources to help those who Self-Harm and to support and strengthen the suicide prevention offer in Berkshire (Appendix C). Taking its structure from a Cube shape the resource is a framework setting

¹⁴ [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

¹⁵ Invitations to the Summit are being extended to all Elected Members and the Executives and Senior Leadership of all Berkshire Local authorities, System Partners and Operational leadership.

out a series of resources designed to present information on Self Harm and Suicide Prevention

1. Public facing - “I need help”
2. Public Facing - I need to help someone”
3. Public - “I want to get involved”
4. Professional - Data, Research, Resources, Protocols and Training
5. Professional - Local Strategy and Links to place based partnerships and plans
6. Crisis Pathway & Suicide Prevention - Data, System contacts, safeguarding, and Child Death Review, LEDER¹⁶, etc.

4.2.12 The resource was to have been published in December 2022 but this has been delayed slightly to ensure linkages to the refreshed national strategy and updated Nice guidance. It will be available in late January 2023.

4.2.13 **Commissioning of Amparo:** Amparo a specialist suicide post-vention support service, part of the Listening Ear group of counselling services has been commissioned to deliver services from 1st July 2022, covering Berkshire West, East, Oxfordshire and Buckinghamshire as the commissioned bereavement support provider for the patch. The initial contract is for two years to 2024.

4.2.14 **Office for National Statistics (ONS) Data release**¹⁷ the last significant release of data from ONS was published in 2019, and it is anticipated that ONS will publish a refreshed assessment and summary of prevalence incorporating 2021 census data and population specific details at some point in 2023.

4.2.15 **Health In All Policies and National Suicide Prevention Alliance**¹⁸- (NSPA) Membership: - There are potential benefits for local place based systems by applying for membership of the National Suicide Prevention Alliance and seeking to ensure that local Health in All Policies works are supported by ensuring that self-harm and suicide prevention and wider physical and mental health related issues are prioritised at a corporate level and this flows into procurement, commissioning and communications works. Signing up for NPSA membership can be a clear signal of local corporate commitment across the business, statutory and voluntary and community sector. Currently there is no published membership from any Reading based organisation. If the HWB were keen to augment local works then the Council could itself sign up as a member and begin to progress SP related works across its network and systems in the local area (See Appendix E) .

4.2 Options Proposed

- That the Refreshed Pan Berkshire Strategy is considered and progressed via the Reading HWB and other local consultation structures
- That works to re-establish the Local Suicide Prevention partnership continues and is strengthened to capture the ambition for local and regional works and gain wider partner engagement to drive local action
- Outputs from the Suicide Prevention Summit on the 12th December are used to shape and refine the strategy and consultation methodology - Consultation on the Draft Pan Berkshire Strategy will commence at the summit
- A Final Strategy and Impact Assessment to come to the Reading Health & Wellbeing board in March 2023 for agreement and endorsement.

¹⁶ LEDER - the [NHS Learning Disability Mortality Review](#)

¹⁷ [Suicides in the UK - Office for National Statistics \(ons.gov.uk\)](#)

¹⁸ [About Us - NSPA](#)

4.3 Other Options Considered

No other option has been considered at this stage given the previous July HWB's session support for the suggested strategic refresh and Summit.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 Suicide touches all aspects health and wellbeing and the impacts on individuals, families and communities are devastating. 1 in 100 deaths worldwide is by Suicide. In Reading the figures are increasing year on years with 17 deaths in 2018 compared to 5 the previous year. There is also evidence to suggest that female deaths by suicide is increasing at a faster rate than male suicide. The Suicide Prevention Strategy will deliver across the priorities of the Berkshire West Health and Wellbeing Strategy;

1. Reduce the differences in health between different groups of people

We know suicide disproportionately affects people in certain jobs or professions, we also know that age and gender play a part is risk factors.

2. Support individuals at high risk of bad health outcomes to live healthy lives

Understanding the patterns of suicide and who is most at risk and when harm is most likely to occur, we can build prevention and early intervention strategies with partners to mitigate risk.

3. Help children and families in early years

4. Promote good mental health and wellbeing for all children and young people

5. Promote good mental health and wellbeing for all adults

For priorities 3-5 we need to understand better how risk occurs. Only 28% of people who die by suicide are known to services, we therefore need to work with schools and employers to recognise early signs of people needing support and have services in place to signpost people to.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 *None*

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 We will undertake public consultation under Section 138 of the Local Government and Public Involvement in Health Act 2007. This will be both in the development of the strategy, agreeing priorities and delivery objectives.

8. EQUALITY IMPACT ASSESSMENT

8.1 *An Equality Impact Assessment is underway, and a draft published with the draft refreshed Strategy.*

9. LEGAL IMPLICATIONS

9.1 *"Not applicable"*

10. FINANCIAL IMPLICATIONS

10.1 Currently Suicide Prevention is a noted public health priority, there is no current allocation of the Public Health Grant specifically to deliver this programme of work,

11. BACKGROUND PAPERS

Appendices -

Appendix A Summary of outputs from the SP Summit

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Appendix C Summary of the Cube resource and consultation copy for review

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