

Agenda Item 31.

TITLE **Berkshire Suicide Prevention Strategy 2021-2026**

FOR CONSIDERATION BY Wokingham Borough Wellbeing Board on Thursday 11th November
November 2021

WARD None Specific;

DIRECTOR/ KEY OFFICER Matt Pope, Director of Adult Services, Ingrid Slade,
Consultant of Public Health, Wokingham Borough
Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This meets the below priorities in the Wokingham Strategy into Action and the Berkshire West Health and Wellbeing Strategy: 1) Reduce the difference in health between different groups of people. 2) Support individuals at high risk of bad health outcomes. 4) Promote good mental health and wellbeing for all children and young people. 5) Promote good mental health and wellbeing for all adults.
Key outcomes achieved against the Strategy priority/priorities	The strategy directly meets this aim through the vision “To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm”.

Reason for consideration by Wokingham Borough Wellbeing Board	To review and approve the Berkshire Suicide Prevention Strategy 2021-2026
What (if any) public engagement has been carried out?	Whilst there has been no formal public consultation, as was done previously, this strategy has a local focus and contains the perspectives from professionals working in the statutory, private and third sector organisations. Colleagues who support people who have been directly affected by suicide have also been involved, who we have worked with sensitively to engage this group with this strategy.
State the financial implications of the decision	None

RECOMMENDATION

That the Wokingham Borough Wellbeing Board adopt the Berkshire Suicide Prevention Strategy 2021-2026.

SUMMARY OF REPORT

The Berkshire Suicide Prevention Strategy 2017-2020 is now out of date. This report presents an update on the refreshed Berkshire Suicide Prevention Strategy that will cover the next five years, 2021-26. This is annexed as Appendix A.

Introduction/Background

Following publication of the National Suicide Prevention Strategy in 2021, Preventing Suicide in England, a cross government strategy to save lives (HM Government, 2021), councils were given the responsibility of developing local suicide prevention strategies and action plans through their work with the Health and Wellbeing Strategy Boards, Clinical Commissioning Groups and wider partners.

The national strategy stresses the importance of engaging with a wide network of stakeholders to develop and deliver these strategies and plans to reduce suicide. Locally this takes the form of the Berkshire Suicide Prevention Steering Group, guided by the Suicide Prevention Strategy.

This strategy has been developed through the work of the Berkshire Suicide Prevention Steering Group that has a range of representation of partners across the system, and is founded upon local data, intelligence and knowledge. Representation from Wokingham includes: Public Health, Wokingham Borough Council, Strategy and Commissioning, Wokingham Borough Council, NHS Wokingham CCG, Survivors of Bereavement by Suicide, Wokingham.

Supporting Information

This strategy builds on the previous Berkshire Suicide Prevention Strategy (2017-2020), and serves as refresh of that strategy, where we take forward the key underlying principles addressed in the former strategy and have updated it with new priorities.

The vision for this strategy is; “To reduced deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm”.

The strategy has been developed by the Berkshire Suicide Prevention Steering Group, who have worked together to identify key priority areas, derived from local data intelligence, trends and action. A small subgroup of the Berkshire Suicide Prevention Steering Group was responsible for further defining the content for each of the priorities and providing regular updates to and receiving feedback from the main steering group.

The priorities of the national suicide prevention strategy (2012), and subsequent progress reports are the guiding principles to how we work to prevent suicide across Berkshire.

Rates of suicide across Berkshire have remained relatively stable over the past 20 years. In 2017-19 (the most recent data available), rates were highest in Reading and West Berkshire and were lowest in Wokingham. Rates in Wokingham are consistently below the regional and national averages, Rates increased nationally between 2018 and 2019 however, they remained the same in Wokingham.

In 2020, the Berkshire Suicide Prevention Group conducted an analysis of deaths from suicide amongst young people aged less than 25 for deaths occurring between March 2015 and 2020. Information was drawn from the Child Death Overview Panel (CDOP),

Berkshire Healthcare Foundation Trust, Thames Valley Police, and the Coroner's Office. A total sample of 35 young people were included in analysis. Key findings of the audit are highlighted below with an acknowledgement that caution needs to be given when deriving patterns from a relatively small sample size.

- Females over-represented by comparison with national data with an almost equal gender split in deaths amongst the older, 20 to 25-year-old age group
- Age profile does not align with national picture of a steady rise from the late teens/early twenties, but indicates local peaks in the 15-19 and mid 20s age ranges
- Data on faith, gender identity and sexuality were found difficult to source and is identified as a gap required to inform targeted prevention
- Adverse childhood experiences – including domestic abuse, parental separation, involvement with criminal justice and poverty were noted in most cases for which this data was available
- Neurodiversity was an additional apparent risk factor in most cases for which this information was available leading to a recommendation for further future analysis of the impact of waiting for an autism assessment

In addition, the Berkshire Suicide Audit (2014-2018) identified additional risk factors for suicide in the local population. It found that 21% of people who died by suicide had a history of self-harm and previous self-harm is flagged in local Real Time Surveillance Systems (RTSS) data as a feature in the relevant medical history of those who have died.

Economic factors, particularly unemployment have been shown as strong risk factors of suicide. Locally, data from the 2014/15 to 2017/18 Berkshire Suicide Audit showed that between 2007 and 2018, the percentage of suicides that were amongst people who were unemployed ranged from 11% to 38%. If we consider this against the fact that 4% of the overall population in Berkshire are unemployed, then people who are unemployed are over-represented in the number of suicides in Berkshire.

Bereavement by suicide can be particularly devastating to the lives of those around the person who has died. People bereaved by suicide are at a greater risk of suicide themselves. Bereavement by suicide was highlighted in 6% of subsequent suicides in the Berkshire Suicide Audit (2018).

Our local intelligence has demonstrated a need to focus on the following five core priority areas;

1. Children and Young People
2. Self-harm
3. Females
4. Economic stresses
5. People bereaved by suicide

Whilst these are the agreed strategic priorities, based on best available data, there will remain a need to monitor trends and risk factors, particularly from the impacts of Covid-19 and to respond to latest changes.

The strategy will contribute to the majority of priorities of the Wokingham Strategy into Action Plan (and Berkshire West Health and Wellbeing Strategy);

Priority 1 - Reduce the difference in health between different groups of people

Priority 2 - Support individuals at high risk of bad health outcomes.
 Priority 4 - Promote good mental health and wellbeing for all children and young people.
 Priority 5 - Promote good mental health and wellbeing for all

The strategy directly meets this aim through the vision “To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm”.

Analysis of Issues, including any financial implications

There are no financial implications to the report presented here.

Partner Implications

The success of the Berkshire Suicide Prevention Strategy is dependent on partners having ownership and accountability of their priorities.

Reasons for considering the report in Part 2

N/A

List of Background Papers

The Five Year Forward View for Mental Health (NHS England, 2016).

National strategy for England, Preventing Suicide in England, a cross governmental strategy to save lives (HM Government, 2012)

Contact Ingrid Slade

Service Public Health

Telephone No

Email

ingrid.slade@wokingham.gov.uk