Nottingham City Health and Wellbeing Board 24 January 2024

Report Title:	Nottingham and Nottinghamshire Joint Strategic Needs Assessment: Suicide Prevention
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Executive Summary:

Suicides are not inevitable. Collectively Nottingham City Health and Wellbeing Board organisations work towards reducing suicide in the local population by proactively improving population mental health and wellbeing, and by responding to known risks for suicide in the population.

A refreshed JSNA chapter has been developed through the Nottinghamshire and Nottingham City Suicide Prevention Strategic Steering Group. The JSNA systematically describes local data and trends, along with key insight and national guidance on suicide prevention. It sets out local priorities and services to support people locally. As a needs assessment, it also highlights areas for further attention.

In Nottingham, the most recent suicide rate is 11.2 per 100,000 people (2019-21), which is higher than both the East Midlands (10.3) and England (10.4) rates, however is not a statistically significant difference. The rate of suicide in Nottingham has decreased from 12.7 per 100,000 people in 2017-19 to 11.2 per 100,000 in 2019-21.

The following unmet needs locally have been identified within this JSNA:

- 1. Current school-based mental health support does not specifically address suicide prevention.
- 2. There is a need for additional work to tailor support for men to reduce risk factors and antecedents for suicidality.
- 3. There is a need to support health seeking behaviours in men.
- Voluntary and community services report a need for increased skills and knowledge in how to help people experiencing self-harm and suicidality access a continuum of appropriate holistic support.
- 5. Ensure evidence-based approaches support social connectedness and emotional wellbeing to reduce self-harm and suicidality among LGBTQ+ young people in current school-based and community-based locations.

- 6. Further collaborative work is needed to improve access to support services for Gypsy Roma and Traveller communities.
- 7. Systems are needed to ensure professionals in community, healthcare, money help and other public-facing roles have up-to-date knowledge and can support access to financial advice and wellbeing and mental health support.
- 8. Follow-up support is commissioned after first attendance to emergency departments for suicide ideation, and not for later attendances.
- 9. There is a need to identify effective interventions to address the mental health needs and prevent suicide for people with long term physical health conditions.
- 10. Greater links and shared learning between domestic abuse and suicide prevention teams is needed.
- 11. There is a need to better support the needs of children and young people who are in crisis and present to the emergency department with self-harm or suicidal ideation.
- 12. There is a need to address online safety and suicide-related internet use.

The following knowledge gaps were identified:

- Evidence is currently limited on the effectiveness of interventions to prevent suicide and self-harm in people using substances.
- Limited understanding of the links between gender, domestic abuse and suicide (particularly sexual violence).
- Effective and appropriate links between RTSSS and Mental Healthcare provider self-harm and suicide data to inform antecedent themes and prevention action.
- Prevalence and means of self-harm, including understanding of self-harm presentations to VSCE organisations and the scale of potentially unmet need.
- Understanding gambling harm local intelligence in relation to suicide risk factors to inform targeted interventions.
- Limited understanding of approaches to reducing suicidality in people in contact with probation and youth justice services.

19 recommendations have been developed in relation to the needs in Nottingham and Nottinghamshire, aligned to the Suicide Prevention Strategy for England 2023-2028. This JSNA chapter will inform the local strategy and work programme of the Suicide Prevention Strategic Steering Group.

Recommendation(s): The Board is asked to:

- 1) To endorse the JSNA chapter on Suicide Prevention
- 2) To support the development of a local strategy for implementation of the identified recommendations

The Joint Health and Wellbeing Strategy		
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:	
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	Suicide has a significant, lasting and often devastating impact – emotionally, psychologically, and economically - on individuals, families, communities and wider society. Our aim is to reduce the rate of suicide and self-harm in	
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	Nottingham City. Suicide occurs within every demographic group but certain groups are known to be at higher risk, and there is an association between	
Priority 1: Smoking and Tobacco Control	suicide and socioeconomic deprivation. Our suicide prevention work focuses on promoting mental health and wellbeing,	
Priority 2: Eating and Moving for Good Health	and on reducing risks and health inequalities.	
Priority 3: Severe Multiple Disadvantage		
Priority 4: Financial Wellbeing		
How mental health and wellbeing is being championed in line with the		

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:

The JSNA chapter systematically describes local data and trends, insight and guidance on suicide prevention and identifies recommendations to reduce self harm and suicide locally.

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	
Published documents referred to in this report	Nottingham and Nottinghamshire JSNA: Suicide Prevention