

Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023

1. Background

In England, approximately one person dies every two hours as a result of suicide (1). Suicide has a significant, lasting and often devastating impact on individuals, families, communities and the wider society.

Suicide rates tend to vary over time. They reached an historical low in 2007, before increasing in the years to 2014 and reducing thereafter. It should be noted that recent figures have shown a subsequent increase, although it is not possible to say whether this reflects a change in trend. Historically, Nottingham City has had a higher rate of suicide than the England average. Although in recent years the rates in Nottingham City and Nottinghamshire have both lowered, there is significant fluctuation, and the most recent figures are again above the national average rate (see Figure 1).

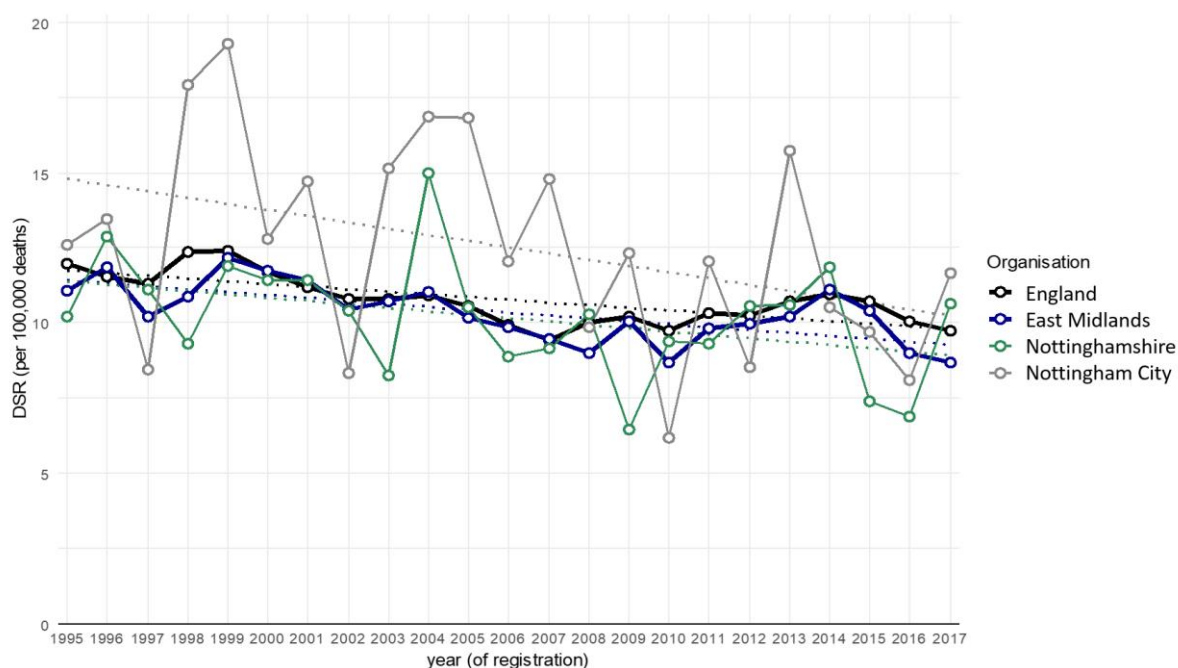


Figure 1 Trends in mortality from suicide and injury of undetermined intent in 15+ yrs old (directly standardised rate per 100 000). Source: Office for National Statistics (ONS) via NHS Digital

There are many well-recognised risk factors and at-risk groups for suicide. There is a notable socio-economic gradient, with those in the poorest group subject to ten times the risk of suicide than those in the most affluent group (2). Men are also at significantly higher risk, accounting for around three quarters of all suicides (3,328 out of 4,451 suicides in England were males in 2017). Suicide remains the biggest killer of men under 50, and is a leading cause of death in young men. Self-harm is another recognised risk factor for suicide – the biggest single risk factor for many groups – with UK studies estimating that in the year after an act of self-harm, the risk of suicide is 30–50 times higher than in the general population. Non-fatal self-harm leading to hospital attendance is the strongest single risk factor for completed suicide. National evidence also highlights increased risk to those from ethnic minority communities (3).

Suicide prevention requires both an upstream, population and life-course approach and a targeted, risk group approach. This refreshed strategy outlines the ways in which Nottingham City Council, Nottinghamshire County Council, and their local partners aim to work towards a reduction in suicides and self-harm amongst the local population. This is in line with the national target of a 10% reduction by 2020/21, as cited by the national suicide prevention strategy for England (1), the national mental health strategy (4) and the NHS Long Term Plan (5), among others.

2. Strategy development and consultation

The Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023 is an update of the Nottinghamshire Suicide Prevention Framework for Action 2015-2018 and the Nottingham City Suicide Prevention Strategy 2015-2018. It was developed in partnership by the Nottingham City and Nottinghamshire Suicide Prevention Steering Group, which includes members from the following organisations:

- Nottingham City Council
- Nottinghamshire County Council
- British Transport Police
- Nottinghamshire Police
- Nottingham City Clinical Commissioning Group
- Newark and Sherwood Clinical Commissioning Group
- NHS England
- Nottinghamshire Fire and Rescue Service
- Nottinghamshire Healthcare NHS Trust
- University of Nottingham
- Nottingham Trent University
- Harmless (a user led organisation that provides a range of services about self-harm and suicide prevention).

A public consultation on the draft strategy was held between 10 July to 7 August 2019, following which a refined draft was produced that takes into account feedback received as part of the consultation. The Health and Wellbeing Board is asked to endorse this refined draft strategy (Enc. 2).

3. Aim, priorities and governance

The overall aim of this strategy is to *reduce the rate of suicide and self-harm in the Nottingham City and Nottinghamshire population, by proactively improving the population mental health and wellbeing, and by responding to known risks for suicide in the population.* This aim will be realised by focusing on four strategic priorities:

1. At-risk groups
2. Use of data, particularly via real-time surveillance
3. Training and bereavement support
4. Staff training.

Progress against the four strategic priorities will be managed through an action plan steered by the Nottinghamshire and Nottingham City Suicide Prevention Steering Group. It is proposed that oversight is maintained by the Nottingham City and Nottinghamshire County Health and Wellbeing Boards as well as the Nottinghamshire ICS, via the ICS Mental Health and Social Care Board.

4. Recommendations

The Health and Wellbeing Board is asked to:

1. Endorse Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023 (Enc. 2).

5. References

1. **HM Government.** *Preventing suicide in England.* London : Department of Health, 2012.
2. **Samaritans.** *Socioeconomic disadvantage and suicidal behaviour.* 2017.

3. **Royal College of Psychiatrists.** *Self-harm, suicide and risk: helping people who self-harm.* London : s.n., 2010.
4. **HM Government.** *No health without mental health.* London : Department of Health, 2011.
5. **National Health Service.** *NHS Long Term Plan.* 2019.
6. **Office of National Statistics.** *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.* s.l. : NHS Digital, 2016.
7. **National Statistics.** *Mental health of children and young people in Great Britain, 2004.* s.l. : NHS Digital, 2005. 1-4039-8637-1.