


<p>Non-Executive Report of the:</p> <p><b>Health and Wellbeing Board</b></p> <p>20<sup>th</sup> March 2023</p>	
<p><b>Report of:</b> Somen Banerjee, Director of Public Health;</p>	<p><b>Classification:</b></p> <p>Unrestricted</p>
<p><b>Report Title: Tower Hamlets Suicide Prevention Strategy Refresh</b></p>	

<p><b>Originating Officer(s)</b></p>	<p>Liam Crosby, Associate Director of Public Health Angela Burns, Public Health Programme Manager</p>
<p><b>Wards affected</b></p>	<p>All wards</p>

### Executive Summary

This cover report for the Tower Hamlets Suicide Prevention Strategy 2023-2026 summarises the approach and plans for the refresh of Tower Hamlets' multi-agency suicide prevention strategy.

The Tower Hamlets Suicide Prevention Strategy 2023-26 is a partnership strategy which aims to (1) Reduce the rates of suicide and self-harm among Tower Hamlets residents and (2) Establish supportive environments for people affected by suicide.

The strategy refreshes our previous strategy, and aligns to current best-practice Guidance. The strategy focuses specifically on suicide; and refers to, and supports, a range of other strategies which focus on a range of preventive issues.

This cover paper includes background information about national recommendations for suicide prevention, a summary of local data and progress, a summary of the consultation taken to date and how feedback has been addressed.

## Recommendations:

The Health and Wellbeing Board is recommended to:

- Adopt the Tower Hamlets Suicide Prevention Strategy 2023-2026
- Provide any feedback to help shape the delivery of the strategy and forthcoming action plan

## Health and Wellbeing Strategy:

The Suicide Prevention Strategy embeds and delivers the Principles of the HWB Strategy as follows:

1. **Resources to support health and wellbeing should go to those who most need it** – The SPS focuses on those who are known to be at increased risk of suicide, including men, people with history of self-harm, people with a mental health need, people who use drugs and/or alcohol.
2. **Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme** – priority area 3 of the strategy commits partners to supporting a range of activities to improve wellbeing of those who are at risk; to doing so through a trauma-informed approach; and to many activities which enable community-led and inclusive projects.
3. **Being treated equally, respectfully and without discrimination should be the norm when using services** – The strategy embeds a trauma informed approach to ensure that service acknowledge and residents' trauma and do not re-traumatise any service users.
4. **Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them.** The SPS has been co-produced by the suicide prevention steering group and has had input from 'service users' and others who will benefit; the same will be true of underpinning action plans.
5. **People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing** The SPS has been co-produced by the suicide prevention steering group and has had input from 'service users' and others who will benefit; the same will be true of underpinning action plans.
6. **We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.** This is a partnership strategy which has been developed by, and pulls on the assets of, LBTH, Mental health services, VCS organisations, Met police, QMUL, and other NHS organisations and services including CEPN. The strategy refers to, and supports, a range of other strategies which focus on a range of preventive issues.

## **1. REASONS FOR THE DECISIONS**

- 1.1.** All local areas are recommended to develop a multi-agency suicide prevention strategy. Adopting the Suicide Prevention Strategy will enable our multi-agency group to focus on actions that are in line with best-practice Guidance.
- 1.2.** This strategy has been developed in partnership and represents strong partnership commitment to (1) Reduce the rates of suicide and self-harm among Tower Hamlets residents and (2) Establish supportive environments for people affected by suicide.

## **2. ALTERNATIVE OPTIONS**

- 2.1.** The HWB Board could choose not to adopt the suicide prevention strategy. This would hamper partnership working to address suicide locally.
- 2.2.** The HWB Board could adopt the strategy with specific changes to be made.

## **3. DETAILS OF THE REPORT**

- 3.1.** A multi-agency Tower Hamlets Suicide Prevention Steering group is in place to put in place actions to reduce rates of suicide and to support those who are affected.
- 3.2.** The Tower Hamlets Suicide Prevention Steering group is presenting the draft refresh of the Tower Hamlets Suicide Prevention Strategy for 2023-2026 (building from the previous strategy from 2018-2021), to be coordinated by Public Health and accountable to the Health and Wellbeing Board (HWBB) and the Mental Health Partnership Board.
- 3.3.** The draft strategy has been informed by the National Suicide Prevention Strategy and corresponding guidance from the Department of Health and Social Care; action and learning from the previous suicide prevention strategy; initiatives and services being delivered through other relevant strategies, plans and funding; as well as involvement from members of the Steering Group and other stakeholders with a role in suicide prevention in Tower Hamlets and more widely.
- 3.4.** The draft strategy document includes an introduction to the significance and approach for suicide prevention, the national policy context, the local context including complimentary plans and initiatives in Tower Hamlets and London,

data about suicide and suicide prevention, as well as information about how the strategic aims and priority areas for action were determined.

- 3.5. The overall aims of this strategy are to: (1) Reduce the rates of suicide and self-harm among Tower Hamlets residents and (2) Establish supportive environments for people affected by suicide.
- 3.6. The Steering Group will achieve these aims by aims by collaborating on action across 7 priority areas identified in the [national Suicide Prevention Strategy](#) (activities to address gaps across these seven priority areas are described between pages 12 and 20 of the draft strategy):
  - Priority Area 1: Reduce risk of suicide in high-risk groups
  - Priority Area 2: Reduce rates of self-harm
  - Priority Area 3: Tailor approaches to improve mental health
  - Priority Area 4: Provide better information and support to those bereaved or affected by suicide
  - Priority Area 5: Reduce access to means of suicide
  - Priority Area 6: Support the media in delivering sensitive approaches
  - Priority Area 7: Support research, data collection and monitoring
- 3.7. The draft strategy was posted on Let's Talk consultation platform on 28 October 2021 and was shared with multi-agency steering group members, wider stakeholders/partners within the Council and external, and residents (via the resident newsletters and other forums) and closed on the consultation deadline, 13 December 2021. Following the deadline, the results were analysed, summarised and shared with the Multi-Agency Steering Group on 15 December 2021. The consultation results are summarised on page 12 of the draft strategy. Following the consultation, Public Health sought further input via local voluntary sector and community organisations who work with disadvantaged groups including Black, Asian and Minority Ethnic communities, carers and LGBT residents.
- 3.8. Public Health have consulted widely on the strategy and have amended based on feedback. The Mayor of LBTH and partners have indicated their support for the strategy and have provided feedback which has been addressed in the current draft.
- 3.9. Public Health have amended the draft strategy according to the analysed responses from the consultation alongside feedback, feedback outside the formal consultation from steering group members and borough-wide forums, as well as from DLT and CLT in 2022. Public Health will amend the draft strategy with feedback from DLT, Lead Member briefing, and CLT before finally presenting to the Mayor's Advisory Board on 15 February 2023 and HWBB in April 2023.
- 3.10. Leading up to and following the sign-off of the strategy by HWBB, Public Health develop, coordinate and monitor an annual action plan (starting with 2022-2023) to deliver the strategic priorities alongside the Steering Group Members. Public Health have also prepared a revised version of the Steering Group Terms of Reference for review.

#### **4. EQUALITIES IMPLICATIONS**

- 4.1. Suicide and self-harm do not occur equally in the population. Where available, Public Health use local data sources are to identify patterns in suicide deaths and self-harm. For deaths by suicide in 2020-2022, data from the the London-wide real-time suicide surveillance system suggest that the majority of deaths in Tower Hamlets are among men, people between the ages of 20 and 39 years old, White residents, and residents with a recorded history of mental illness. Nonetheless, there is some variation; women, BAME residents, and other age groups are also represented in smaller proportions.
- 4.2. Tower Hamlets residents affected by suicidal behaviour/thoughts and/or self-harm may experience differences in access to protective factors such as mental health services or other forms of support to address risk factors (e.g., financial insecurity, different forms of abuse, relationship breakdown) due to factors such as age, ethnicity, gender, sexuality, religion, or disability.
- 4.3. Actions to address these factors are identified within the draft strategy such as targeted or tailored approaches for increasing access to protective factors and attention to equalities within the monitoring of action plan delivery.

#### **5. OTHER STATUTORY IMPLICATIONS**

- 5.1. Tower Hamlets' Suicide Prevention Strategy for 2023-2026 has implications for safeguarding of both adults and children. Some vulnerable residents are at an increased risk of suicide (i.e., people with care and support needs due to mental health and/or substance use issues, people who have experienced abuse). Both MASH and Adult Safeguarding are members of the Tower Hamlets Suicide Prevention Steering Group and contribute to actions towards preventing suicide locally including review of cases for practice improvement

#### **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 6.1. Any costs associated with the coordination and data management, in relation to production of the Tower Hamlets' Suicide Prevention Strategy and its ongoing monitoring, are met from within existing budgets held within Public Health, via the Public Health Programme Manager who oversees this area of work.
- 6.2. Costs that arise from implementation of actions arising from the strategy are met via budgets of partners, including East London NHS Foundation Trust (ELFT) and North East London Integrated Care System.

## **7. COMMENTS OF LEGAL SERVICES**

- 7.1. Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.
- 7.2. These steps may include providing information and advice, and providing services or facilities designed to promote healthy living.
- 7.3. The matters set out in this report comply with the above legislation.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- None

#### **Appendices**

- Tower Hamlets Suicide Prevention Strategy 2023-2026 Draft

#### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

- None

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