



Health and Wellbeing Together

13 March 2024

Report title	City of Wolverhampton Suicide Prevention Strategy
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Adults and Wellbeing
Wards affected	All wards
Accountable director	John Denley, Director of Public Health
Originating service	Public Health
Accountable employees	Parpinder Singh, Principal Public Health Specialist Tel: 07890397695 Email: Parpinder.Singh@wolverhampton.gov.uk Ranjit Khular, Senior Public Health Specialist Tel: 07815653792 Email Ranjit.Khular@wolverhampton.gov.uk
Report has been considered by	Public Health Senior Leadership Team 20 February 2024 Cabinet Member Briefing 26 February 2024

Recommendation for decision:

Health and Wellbeing Together is recommended to:

1. Approve the refreshed 'City of Wolverhampton Suicide Prevention Strategy' as recommended by the multi-agency Wolverhampton Suicide Prevention Stakeholder Forum (SPSF).

1.0 Purpose

- 1.1 The purpose of this report is to present the refreshed City of Wolverhampton Suicide Prevention Strategy and seek approval for its publication. The strategy sets out the key aims and objectives of suicide prevention activity in Wolverhampton and provides information on coordination of delivery and governance structure.

2.0 Background

- 2.1 Suicide is a preventable and devastating loss of life, often resulting from a complex interplay of prevailing risk factors and distressing events that lead individuals to a point of overwhelming despair, making it difficult for them to envision a future. Beyond being a tragic loss in itself, suicide also causes profound ripple effects, impacting not only the individual's family and friends but also the broader community.
- 2.2 Evidence suggests suicide is avoidable with the right support during the period of acute distress. Tragically, not everyone receives such support, or for a myriad of reasons the support provided through different channels was unable to prevent the suicide. These complex circumstances lead to over 5,000 suicides every year across England (current national rate 10.4/100,000¹)
- 2.3 In Wolverhampton, suicides have recently decreased, however, the latest data informs that during the three-year rolling average period of 2020-2022, 56 residents of Wolverhampton took their life by suicide. Comparative to the national rate, Wolverhampton's rate of 8.2/100,000 is notably lower and represents the lowest rate observed across the City, the peak being 15.3/100,000 for the period of 2003-2005².
- 2.4 The national suicide prevention strategy published in 2012³ was seminal in raising the profile of suicide prevention at local authority level and recommended locally led action. The updated national strategy⁴, introduced in 2023, maintains this perspective, underscoring the fundamental role of local action in mitigating suicide risk.
- 2.5 Resultingly, in 2015, Public Health, City of Wolverhampton Council, published a suicide prevention needs assessment which served as the foundation for the subsequent release of the Suicide Prevention Strategy 2016-2020 and the establishment of the multiagency SPSF. The partnership continues to progress the current suicide prevention action plan and report into One Wolverhampton Adults Mental Health Group and Health and Wellbeing Together. As a result, various activity has taken place and continues to do so, including awareness campaigns, training for communities and professionals, development of data and intelligence and promotion of support services.

3.0 Revised Joint Strategic Needs Assessment (JSNA)

- 3.1 The topic specific JSNA for suicides in Wolverhampton was updated in 2022⁵ bringing together the latest data, evidence and research. The JSNA informs that men continue to account for over three quarters of suicides in the city, with the highest rate of suicide observed for both male and female within the 45-54 age range. There was no notable

disparity in suicide breakdown by ethnicity, although intra-ethnic rates did vary amongst genders for some of the ethnic categories. Importantly, it is recognised that reporting suicide by ethnicity is very limited and not systemically captured, requiring a nationally led commitment to understanding how suicides impact different ethnic groups.

- 3.2 The JSNA highlighted a range of risk factors which can increase the risk of suicide such as those experiencing substance misuse, domestic violence, financial difficulties or adversely experiencing various factors that determine levels of deprivation. Wolverhampton is found to be unfavourably positioned in several of these potential determinants associated with increased suicidality, which adds an additional layer of complexity for the SPSF in addressing these challenges.
- 3.3 Finally, the JSNA highlighted that democratising suicide prevention is pivotal in taking a whole system approach. This includes accessible and regular training to recognise suicide ideation and how to provide initial support, working with organisations to develop policies so suicide prevention remain an important consideration and delivering awareness campaigns to the wider public to help normalise what has historically been a taboo subject. Furthermore, tailored interventions are recommended for groups at higher risk such as men and those facing significant financial challenges.

4.0 City of Wolverhampton Suicide Prevention Strategy

- 4.1 Completion of the JSNA enabled a relatively light-touch review of the Citywide suicide prevention strategy, for which approval from Health and Wellbeing Together is sought. The draft strategy has been compiled through the findings and recommendations within the JSNA and a stakeholder engagement event, which brought together numerous professionals across various organisations to help form the components of a suicide safer city and develop the vision, aims and objectives of the refreshed strategy.
- 4.2 The draft strategy is themed into four key areas:
- 1. Early Intervention and Prevention:** Taking an approach of early intervention and prevention, through training, awareness campaigns, encouraging people to access services, to disrupt downward spiral of wellbeing and implementing protective factors to suicide risk early and throughout life course and services.
 - 2. Knowledge, Skills and Awareness:** Ensure the offers of support are well known across the city through making information accessible, and supporting people across various organisations and communities to be skilled and knowledgeable about suicide through regular up to date specialist training.
 - 3. Services to support those in need:** Promote the offer of a broad range of support for everyone, including early help, intervention and postvention including bereavement support. Importantly, supporting services to be accessible and in different forms.

4. **Embedding suicide prevention, making it everyone's business:** Working across organisations, sectors and communities to make suicide prevention 'everyone's business' through developing organisational policies, so that initial and early support can be accessed more universally.

4.3 The strategy further outlines that the aims and objectives will be delivered through operational action plans, which will be refreshed annually and monitored through SPSF.

5.0 Financial implications

5.1 Whilst there are no immediate financial implications associated with adopting this strategy, the SPSF are likely to independently source external funds to deliver various projects to meet the aims and objectives of the strategy. For such sourced funding, relevant processes and reporting will be adhered to in line with advice from finance colleagues.

[NC29012024/A]

6.0 Legal implications

6.1 There are not considered to be any direct legal implications from adopting this strategy, however, legal advice will be sought if and when required during the implementation of the strategy.

[RR/31012024/Q]

7.0 Equalities implications

7.1 This strategy has been informed by the suicide prevention JSNA which has highlighted that a number of groups are disproportionately affected by suicide risk factors such as men, those exposed to domestic violence, people facing difficult financial circumstances, problem gamblers, substance misusers and minority communities. The strategy proposes preventative interventions targeted at these groups as well as wider universal interventions.

7.2 An Equalities Impact Analysis is being undertaken on this strategy to ensure equalities is carefully considered.

8.0 All other Implications

8.1 The implementation of this strategy will be led by SPSF which is now an independent charity, supported through Public Health, and works in collaboration with a broad range of partners. Any actions to implement the aims and objectives of this strategy will be agreed with these partners on a project by project basis for decision.

9.0 Appendices

9.1 Appendix 1: Draft City of Wolverhampton Suicide Prevention Strategy

References

- ¹ Office for National Statistics (2022) *Suicides in England and Wales: 2021 registrations*. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations>
- ² Office for Health Improvement and Disparities (2022) *Suicide Prevention Profile*. Available online: <https://fingertips.phe.org.uk/profile/suicide/data#page/1>
- ³ Department of Health (2012) *Preventing suicide in England A cross-government outcomes strategy to save lives*. Available online: [\[Withdrawn\] Preventing suicide in England - A cross-government outcomes strategy to save lives \(publishing.service.gov.uk\)](#)
- ⁴ Department of Health and Social Care (2023) *Suicide prevention strategy for England: 2023 to 2028*. Available online: [Suicide prevention in England: 5-year cross-sector strategy - GOV.UK \(www.gov.uk\)](#)
- ⁵ City of Wolverhampton Council (2023) *All Age Suicide Prevention, Topic Specific Report*. Available online: [wolverhampton_suicide_prevention_jsna_report_2023.pdf \(openobjects.com\)](#)