

**TITLE OF REPORT: Suicide; Every Life Matters (Interim Report).**

**REPORT OF: Alice Wiseman, Strategic Director of Public Health and Wellbeing**

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### **Summary**

The review, to date, has been carried out over a seven-month period with four papers supported by four evidence gathering sessions incorporating input from; HM Coroner, a person with Lived experience of Suicide, the results of a local Suicide Audit, a leader from the Regional level Integrated Care System (ICS) and Northumbria Police. A draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations from a local and regional perspective to agree a local way forward for Gateshead.

Work is progressing at Regional, sub-regional and local levels and the data would point towards a turning point, with decreasing rates of suicide in Gateshead. However, partnership working needs to be supported to enable rates of suicide to continue to fall, wary that regional and national policy decisions can undermine work at a local level.

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### **Background**

1. Following consultation with Councillors, the Care Health and Wellbeing Overview and Scrutiny Committee (OSC) agreed its annual work programme for 2019/2020. As part of this programme it was agreed that a review of Suicide in Gateshead would take place.
2. The review, to date, has been carried out over a seven-month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations from a local and regional perspective to agree a local way forward for Gateshead.
3. Suicide prevention policy in the UK has, in recent decades, developed and expanded considerably as concerns around suicide rates have intensified. In 2012 the Government launched their integrated Government strategy "Preventing Suicide in England: a cross-government outcomes strategy to save lives".<sup>1</sup> Since 2017 it has included a commitment to reduce the rate of suicides by 10% in 2020/21 nationally, as compared to 2016/17 levels.<sup>2</sup>

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<sup>1</sup> Preventing Suicide in England: a cross-government outcomes strategy to save lives.

4. Since 2012-2014 suicide rates per 100,000 of the population nationally have been showing a downward trend. In 2015-2017 the rate for all persons in England was 9.6 deaths per 100,000 population, which is one of the lowest rates observed since the suicide data series began in 1981. However, findings for 2016-2018, released in October 2019, identify a slight increase in Males, up from 14.7 deaths per 100,000 population to 14.9 per 100,000.
5. Suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with around three times as many men dying as a result of suicide compared to women. It is the leading cause of death for men under 50 in the UK. Those at highest risk are men aged between 40 and 44 years who have a rate of 24.1 deaths per 100,000 population.<sup>3</sup>
6. Gateshead has lower than Regional rates of Suicide and similar rates to England.
7. Suicide rates in Gateshead had increased from 2010 – 2012 up until the reporting period of 2015 – 17 when there was a plateau for All Persons and a decrease for Women. The latest data release (October 2019) of 2016 - 2018 shows a positive downward pattern with rates per 100,000 population falling for the three categories; Persons, Males and Females.

## **Report Structure**

8. This interim report sets out the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee in relation to a review of suicide in Gateshead.
9. The report includes:
  - The scope and aims of the review
  - Responsibilities and Policy Context
  - How the review was undertaken
  - Summaries of key points from evidence gathering sessions
  - Analysis – issues and challenges
  - Draft recommendations

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<sup>2</sup> Briefing Paper Number CBP 08221: Suicide Prevention: Policy and Strategy: House of Commons Library: 10 September 2018

<sup>3</sup> Office for National Statistics (2017). Suicides in the UK: 2016 registrations. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarri...](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicides-in-the-uk-2016-registrations) [Accessed on 21/08/18].

## **The scope and aims of the review**

10. The scope, purpose and intended outputs of the Review, which was agreed by Care Health and Wellbeing Overview and Scrutiny Committee, were to explore trends in suicides through local, regional and national data to provide context for the current situation in Gateshead. Alongside the trends the scope was to present an overview of key risk factors, hear about current practice and the evidence base of what works in suicide prevention and intervention.
11. The aim was also to identify challenges and opportunities going forward, to maximise the impact of local Suicide Prevention work.

## **Responsibilities and Policy Context**

12. Statutory duties for public health were conferred on local authorities by the Health and Social Care Act 2012. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population. Section 12 of the Act lists some of the steps to improve public health that local authorities and the Secretary of State are able to take, which includes providing facilities for the prevention or treatment of illness, such as action on Sexual Health services and NHS Health Check provision. Public Mental Health / Suicide Prevention are not mandated programmes to be delivered by local authorities.
13. As a result of the statutory duties for Public Health moving to Local Authorities, Suicide prevention became a local authority led initiative, working closely with the Police, Clinical Commissioning Groups (CCGs), Public Health England (PHE), NHS England, Coroners and Voluntary sector organisations.
14. In 2012 the Government launched their integrated Government strategy “Preventing Suicide in England: a cross-government outcomes strategy to save lives”. Since 2017 it has included a commitment to reduce the rate of suicides by 10% in 2020/21 nationally, as compared to 2016/17 levels.
15. The 2014 ‘One Year On’ report <sup>4</sup> called on Public Health teams in local authorities to:
  - Develop a suicide prevention action plan
  - Monitor data, trends and hot spots
  - Engage with local media
  - Work with transport to map hot spots
  - Work on local priorities to improve mental health

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[http://www.mhpf.org.uk/sites/default/files/documents/publications/preventing\\_suicide\\_annual\\_report\\_final\\_revised.pdf](http://www.mhpf.org.uk/sites/default/files/documents/publications/preventing_suicide_annual_report_final_revised.pdf)

16. Further guidance for local authorities on developing a local suicide prevention action plan was issued by Public Health England in 2014<sup>5</sup> and has been updated in 2016<sup>6</sup> and 2017<sup>7</sup> and 2018<sup>8</sup>

## How the Review was undertaken

17. The review, to date, took place over a seven-month period from 25 June 2019 to 28 January 2020. It has involved the presentation of expert evidence from a range of partner organisations, research findings and self-reports from people with Lived Experience.

18. The review started with the development of a Scoping Paper which was tabled with Care Health and Wellbeing Overview and Scrutiny Committee on 25 June 2019. The paper sought the support of the OSC committee over the coming year to consider the context of suicide from a local, regional and national perspective and to agree a local way forward for Gateshead.

19. The review comprised four evidence gathering sessions, as outlined below, with evidence being sought from National, Regional and Local data sources and partners. The sessions were designed to help Care Health and Wellbeing OSC to obtain a comprehensive overview of the scope of work involved in addressing Suicide and to hear the evidence base and current practice in prevention work.

## Summaries of key points from evidence gathering sessions

20. **First Evidence gathering session.** The first evidence gathering session, falling on World Suicide Prevention Day 2019, provided a detailed overview of suicide from a legal/Coroners perspective discussing, among other things, how a verdict is reached through the Coronial system and the impending change in the standard of proof required for a jury to return a conclusion of suicide from a *legal perspective*, “beyond reasonable doubt”, to the *civil standard*, “the balance of probabilities”.

21. The committee heard that since 1984 it has been consistently held in England that the standard of proof in suicide cases should be the same as in criminal prosecutions, that is, beyond reasonable doubt. However, a

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/359993/Guidance\\_for\\_developing\\_a\\_local\\_suicide\\_prevention\\_action\\_plan\\_2\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan_2_.pdf)

<sup>6</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564420/phe\\_local\\_suicide\\_prevention\\_planning\\_a\\_practice\\_resource.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf)

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582117/Suicide\\_report\\_2016\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf)

<sup>8</sup> <https://www.gov.uk/government/publications/suicide-prevention-fourth-annual-report>

recent judgment in the Court of Appeal in the case of *Maughan -v- HM Senior Coroner for Oxfordshire (Maughan)* [2019] EWCA Civ 809<sup>9</sup> confirmed that the standard of proof required for a jury to return a conclusion of suicide is the civil standard, i.e. the balance of probabilities. This could lead to an increase in the numbers of Suicide across the country, including Gateshead.

22. The committee also heard how the Coroners Office support families of people who have died through Suicide.
23. This session also heard about the impact of suicide from someone with lived experience. Lived experience participation refers to the many ways people with a personal experience of mental illness, service use and recovery are participating in the design and delivery of mental health services. This is a positive move as embedding the perspective of people with a lived experience in service delivery has been shown to improve outcomes for people using services in ways that can be measured from both clinical and recovery perspectives.<sup>10</sup>
24. Information presented to members gave insight into the key factors involved and the impact of suicide on a community. Paul talked in a candid nature about this emotive issue and his time in the care system as a youngster. This included:
  - Background to his mental health issues and how he hears voices every day and most days can deal with those, other days it's more difficult.
  - His use of MH services over the years and the pros and cons there have been to that.
  - His positive state of mind at the time when you tried to kill himself, having just finished first year at University with a 1st level mark.
  - How he survived and the positive experiences of the First Responders / Police.
  - His experience in 136 suite and the subsequent discharge.
  - How he feels lucky to survive and the key things that helped him forward from that day.
  - What he would like to see in place to support / stop any others who don't have any of the warning signs.

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<sup>9</sup> <https://5essexcourt.co.uk/resources/news-view/r-maughan-v.-hm-senior-coroner-for-oxfordshire-judgment-today>

<sup>10</sup> Promoting Lived Experience Perspective: Discussion paper prepared for the Queensland Mental Health Commission Dr Louise Byrne, Lecturer in Lived Experience Mental Health, CQ University Australia.

25. **Second Evidence gathering session.** Members of the Public Health Team described the process and findings of a local Audit of Gateshead data on *Suicide and Undetermined injury*. The audit was structured around the national model developed by Leeds City Council in 2011 whilst exploring their Mental Health and Wellbeing Needs Assessment. A Suicide Audit helps to provide more up to date intelligence on the factors affecting suicide and help Suicide Prevention action planning.

26. This Audit of Suicide and undetermined deaths covers the full calendar year for 2018 and a total of 47 people. The Coroner's Office examined files from 2018 and identified records where the cause of death in Gateshead was by suicide or injury undetermined. These files were then analysed over a period of three days by a member of staff from Gateshead Council at the Gateshead coroners' offices. The audit did not inspect clinical records. A detailed inspection of client files was undertaken to identify key information which was then recorded on a template data collection tool.

The files included a range of verdicts from the Coroner including:

- Suicide verdicts
- Accidental / Misadventure
- Open verdicts
- Narrative verdicts

27. The Audit highlighted, of those taking their own life in Gateshead:

- 77% were male
- Over 80% were in the 20-50 age group

Key risk Factors and figures:

- 66% were single
- 40% were living alone
- 45% were unemployed or on long term sick leave.
- 33% had family or relationship problems.
- 72% were known to have either a drug or alcohol problem or both.
- 24% had previously attempted suicide

Methods:

- 17% died by hanging /strangulation
- 64% died by self-poisoning

Locations:

- 83% died in their own or another's home

Contact with services:

- 32% had contact with Primary Care in the month prior to death with a further 23% in the three months prior to death, a total of 55% in contact with Primary Care in the three months before their death.
- 57% made their last visit for physical health problems with only 2% making their last contact with primary care for a mental health problem.
- 55% had a risk factor present either depressed / previously depressed, anxiety, self-harmed or attempted suicide in the past.

28. Although the available data is limited through the relatively low numbers, a profile of risk is emerging from this and the previous audit and there is a need to look at our existing Suicide Prevention Action Plan to ensure that we have appropriate activity focusing on these groups. In particular:

- Males in the 20 – 50 age group.
- Males who are unemployed/on long-term sickness.
- Males who are divorced, having relationship problems, single/divorced or separated.
- People who are known to have either a drug or alcohol problem or both.
- People who have previously had mental health issues.
- The role of Primary Care practitioners in identifying risk.
- The role of Specialist Mental Health services in keeping their clients safe whilst in their care and on discharge.
- Raising awareness of risks within the home.

## 29. Suicide Rates

Public Health England Fingertips tool<sup>11</sup> had published suicide rates for 2016 – 2018 in the weeks prior to the second evidence gathering Committee meeting and it was heartening to see that the total suicide rate for Gateshead is lower than the national and North East averages and that, although just over the last three recording periods, there appears to be a downwards trend for all three measures; People, Males and Females. See Figure 1,2 & 3 below:

### **Figure 1, 2 & 3: PHE Fingertips data**

Suicide age-standardised rate for persons 15+ years: per 100,000 (3-year average) Gateshead V's National and Regional data.

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<sup>11</sup> <http://fingertips.phe.org.uk/search/suicide>

Figure 1 - Gateshead Suicide trends 2001 – 2018 (All Persons)

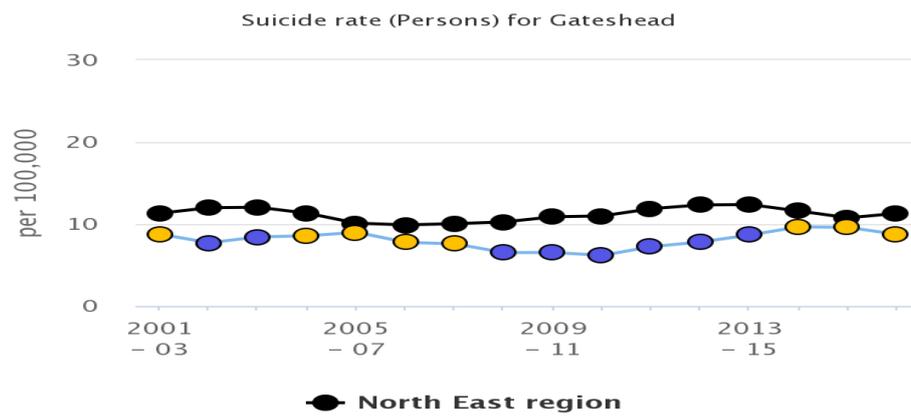


Figure 2 - Gateshead Suicide trends 2001 – 2018 (Male)

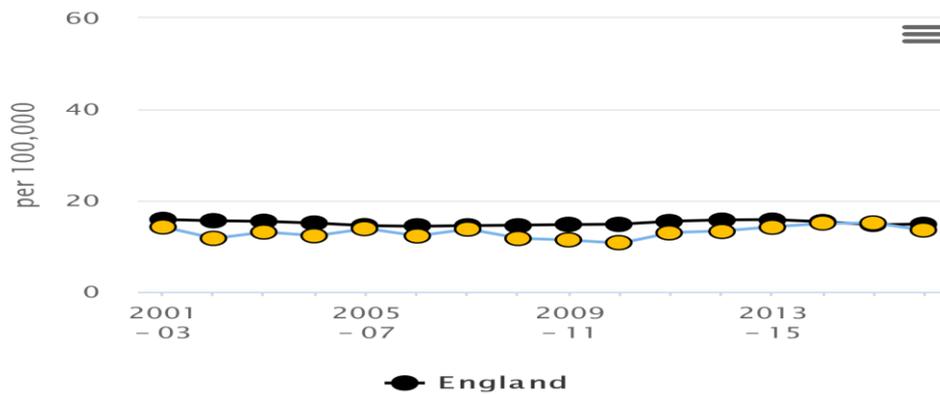
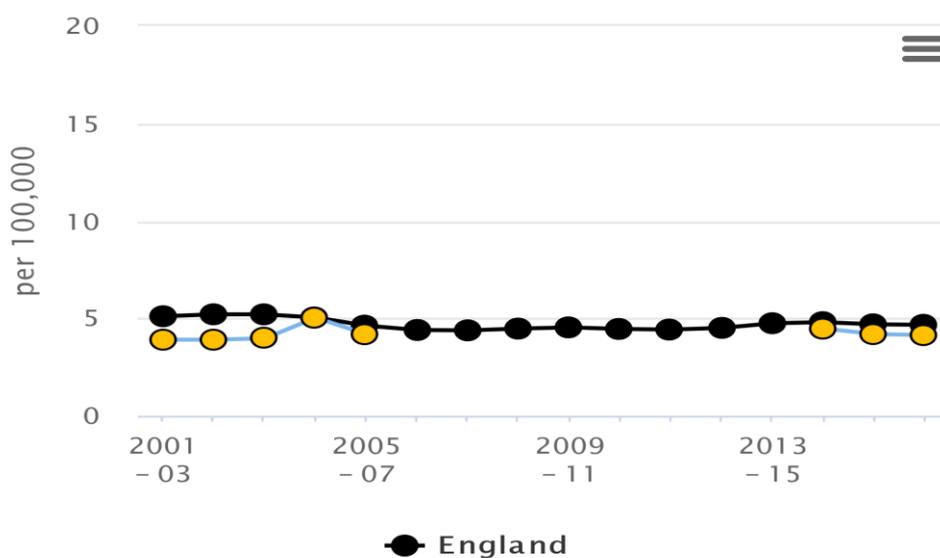


Figure 3 - Gateshead Suicide trends 2001 – 2018 (Female)



30. **Third Evidence gathering session.** The Third Evidence gathering session focused on Suicide Prevention partnership work, impacting into Gateshead, from two different geographical partnership levels. The Care Health and Wellbeing OSC committee were given an overview of the work which, alongside general public Mental Health work and Acute secondary care provision, supports the residents of Gateshead who are struggling with their mental health and may feel suicidal. The committee heard from:

- Integrated Care System (ICS) level, through the “Every Life Matters” covering Northumberland, Tyne and Wear, North Cumbria, County Durham and Darlington, Teesside and North Yorkshire.
- Northumberland Tyne and Wear level through the Northumberland, Tyne and Wear Suicide Prevention Steering Group.

31. *Integrated Care System (ICS) level.* The Committee heard from a senior leader of the ICS Mental Health programme how organisations across North East and the North Cumbria (NENC) are working in partnership to coordinate improvements, where necessary, across traditional boundaries. Developing and integrating care across boundaries involves NHS organisations working with Councils and the voluntary or charity sector and engaging with the people using services, people with “lived experience”.

An ICS is not a specific organisation but rather a way of leading and planning care for a defined population in a coordinated way across a range of organisations.

32. The presentation outlined how the North East and North Cumbria Mental Health ICS Programme was established with seven priority workstreams, one of these being Suicide Prevention. The North East and North Cumbria ICS “Every Life Matters” Suicide Prevention Steering Group oversees the Suicide Prevention work and has Senior Leaders from health across the Region overseeing the programme of work, with a project lead coordinating the implementation of the “Every Life Matters” delivery plan. The committee heard how the focus of the work is to:

- Ensure that best practice and learning is shared across agencies.
- Duplication is lessened
- Resources are shared to improve efficiency and effectiveness
- Impact is monitored

33. The aims of the ICS level work are:

- To reduce the number of suicides, including in high risk groups, and by a minimum of 10% by 2021 in all areas across the ICS
- To reduce the incidence of self-harm and repeated self-harm
- To reduce the impact of self-harm and suicide
- To reduce the stigma of self-harm and suicide

34. *Northumberland Tyne and Wear level.* The committee heard from the Public Health representative from Gateshead Council, the Co-Chair of a

newly formed Northumberland and Tyne & Wear Suicide Prevention Suicide Prevention Group, about the NHS England modernisation funding for the value of £450K to support the implementation process of a Northumberland and Tyne and Wear strategy and action plan. Work to date at this level has included:

### **Recruitment**

Recruitment of Suicide Prevention Coordinator recruited Post, hosted by Northumbria Police, to lead the work around Suicide Prevention at Northumberland, Tyne & Wear level.

Suicide Prevention Data Analyst recruited and working to develop a real time data surveillance system.

### **Real time data surveillance system**

Discussions have been held around the process for a Real time data surveillance system so that suicide data can be collated in real time. The decision taken to adopt this model was influenced by a review of the County Durham Early Alert system which identified areas for improvement in their current model. This model follows a population-based approach as opposed to individual case reviews.

### **Postvention support**

If U Care Share have been commissioned across Northumberland, Tyne and Wear, to provide bereavement support for family, friends and colleagues of those bereaved by suicide. This has been secured through additional Postvention funding made available by NHS England and topped up through CCG funding.

The Postvention support offer will be a police led process; through the completion of the CID27 form, and then establishing the needs of the families and friends at the point of the First Response.

### **Training Hub Development**

South Tyneside Public Health Team have led the tendering process for a sub-regional Mental Health Training Hub. The training hub will provide Level 1, 2 & 3 training, and is based on Health Education England (HEE) Competency framework for self-harm and suicide prevention.

It is anticipated that contracts will be signed, and the hub should be available by early April 2020.

### **Developing Safer Communities (Football Club development)**

Newcastle United Foundation and Sunderland Foundations have been commissioned to develop a joint campaign rolling out the BeAGamechanger campaign.

#BeAGameChanger is a social marketing campaign using the power of Football in the North East as a vehicle for engaging men in conversations around mental health. This is achieved using a population-based approach to promote good mental health and reduce ill health.

### **Small Grants programme**

The panel for the grassroots projects was held in early December 2019. Out of a total of 60 applications, 20 were funded across the Northumberland, Tyne & Wear area.

It is anticipated that those projects will have a very positive impact on the community. Projects included: podcasts for a radio station; a peer support group for men; a counselling service for visually impaired people; a forest school; a peace garden for veterans; a mental health resilience and intervention hub; a one off community event to help raise awareness of suicide prevention and to reduce the stigma around mental health and a weekend residential for autistic learners.

### **Self-Harm**

Work around Self-Harm is still progressing after initial ideas tabled at Steering Group, around a Safety Planning Train the Trainer proposal, were deemed to be inappropriate use of the funding as this was already part of commissioned core business of the partners who were proposing the work and that the funding should be used to add value.

A decision was taken to review where we were going with this intervention and the Suicide Coordinator is pulling together a group to develop the work.

35. **Fourth Evidence gathering session.** The fourth and last evidence gathering session presented the roles of the Criminal Justice System, namely Northumbria Police, and the Voluntary Community Sector (VCS), namely the Recovery College Collective (Re Co-Co), and the range of work they are both involved in supporting some of our most vulnerable people in Gateshead and championing Suicide Prevention interventions in the Borough. The paper to the committee also outlined services/service delivery commissioned through Newcastle Gateshead CCG that are complimentary to the services provided by the Police.
36. The Care Health and Wellbeing OSC heard from two Officers from Northumbria Police and how the Police is committed to the protection of all vulnerable members of its communities, including those considered at risk of or are contemplating suicide. All Northumbria Police staff encountering any subject in the course of their duties who could meet this criterion would be expected to complete either a Vulnerable Adult (VA) or Child Concern (CC) referral. These referrals are submitted to Multi-Agency Safeguarding Hubs (MASH's) where they are triaged, and information shared to ensure each individual has been signposted to appropriate support services.

37. The committee heard of the joint work between the Police and Staff from Cumbria, Northumberland, Tyne and Wear Mental Health Foundation Trust (CNTW) to help:

37.1. Develop multi agency-plans to prevent suicides and help someone feel safe.

37.2. Police have access to CNTW systems to ensure correct signposting and notification to mental health staff already working with the subject is available within the Multi-Agency Safeguarding Hubs. This would include incidents involving a subject threatening self-harm or suicide.

38. The committee also heard how Harm Reduction Units (HRU's) have been set up in each of the three Area Commands within Northumbria Police with each working alongside partner organisations to identify risk to individuals and problem solve for those people who come to the notice of Police while in crisis or while at notable suicide locations.

39. They also identified how the Police look to target harden where possible those public area's/iconic locations which attract more subjects in crisis such as the bridges, predominantly but not exclusively over the Tyne, and cliff tops, for example at Marsden Grotto in South Tyneside. The committee heard how the Safeguarding Department have developed and introduced an enhanced risk assessment document which is used for identified high risk offenders (child sex offenders) to risk assess and signpost them for support following any police contact, either within a Custody Setting or as a voluntary attender. To supplement this work, Custody Liaison and Diversion nursing staff are available for all detained persons in force custody suites from 7am to 7pm.

40. The role of the Street Triage team was outlined, now integrated part of mainstream Police and Mental Health Services ensuring access to mental health assessment and advice, and creating robust multi-agency working.

Street Triage is open and accessible to people of all ages, where it is believed that they may have a mental illness, learning disability, personality disorder or misuse substances, who come into contact with the police outside of custody.

41. The Committee heard from a Police negotiator, which is a voluntary role undertaken by staff in addition to their day jobs, on the role of the team in Northumbria, identifying that it is amongst the busiest in the country with their staff deployed on almost three hundred occasions in 2019 to predominantly suicide intervention incidents. Police Negotiators continue to work closely with internal and external departments/agencies to highlight those troubling cases where it is anticipated that additional support is required to prevent repeated self-harm attempts.

In addition to their preventative role, the committee heard how Police Negotiators have provided crisis intervention advice or '1st Responder

Training' training to almost all Northumbria Police officers, Ambulance Service Hazardous Area Rescue Team (HART), Tyne & Wear Fire Brigade (TWFB) and are currently delivering training to NHS staff including those who work within crisis line centres."

42. There was no representative from the Recovery College Collective (Re Co-Co) available to talk to the Committee so members were referred to the paper tabled on the day for further information on the service offer. In summary Re Co-Co delivers groups, courses, activities, engagement work, training and research in and around mental health, interpreting mental health in a broad inclusive fashion thus acknowledging cross-overs with, amongst other things; drug and alcohol issues, dysfunctional family situations, poverty, learning disability and autism spectrum problems. Everything Re Co-Co does is guided, steered and delivered by people with direct lived experience of distress and complex needs.
43. Re Co-Co has a strong emphasis on social isolation and loneliness and work hardest with their students to develop their own real-world social networks, which are the strongest protective factors against suicide. They encourage this by, in simple terms by:
- Providing somewhere to go which is accepting and welcoming, a safe space.
  - Something to do.
  - Build from what's strong in people, what they like doing, what they're good at.
  - Provide specific courses to equip people with skills around dealing with crises, recognising stress, emotional regulation and coping techniques.
44. The core ethos in all the general and the specific activities is quite simple, it's about developing community and a sense for people that they do belong, they are worthwhile, and that help is available, from people who've been in the same boat.

### **Complementary Commissioned services through Newcastle Gateshead Clinical Commissioning Group (CCG)**

45. Again, although not represented on the day at the meeting, the Committee were referred to the paper in relation to the services commissioned by the CCG which are complimentary to the work of the Police and include:
- 45.1. Urgent and Emergency Response (Mental Health up to 72 hours). The Psychiatric Liaison Team will assess any patient over the age of 16 years and operates 24 hours a day, seven days per week, and 365 days per year.

- 45.2. Intensive Community Treatment Service (ICTS) provides safe, high quality care and treatment through a seamless Children and Adolescent Mental Health Service (CAMHS) pathway to children, young people (aged 0-18 years) and their families in need of highly responsive, enhanced, specialised community mental health services.
- 45.3. Newcastle Gateshead Crisis Home Treatment Team (CRHT) offers an alternative to hospital admission wherever that is viable, irrespective of psychiatric diagnosis.

### **Analysis – issues and challenges**

46. During the evidence gathering sessions a number of key issues and challenges were identified and include:
- 46.1. How Suicide deaths are recorded and the impending change in the standard of proof required for a jury to return a conclusion of suicide from a *legal perspective*, “beyond reasonable doubt”, to the *civil standard*, “the balance of probabilities”. There is potential for this to result in an increase in suicides recorded.
- 46.2. National policy having the potential to impact upon the local work that is being undertaken, both positively and negatively. Positively, in accessing national funding streams to develop the work programme further and negatively, through policy changes which may make it more difficult for people in extreme circumstances.
- 46.3. Ensuring that the full impact of the issue is understood. The numbers of deaths from Suicide are thankfully small and there is the risk that it could be dismissed as not too much of an issue, however, the impact felt by families, friends and communities is significant.
- 46.4. Inequalities in health are mirrored in inequalities in who is dying from Suicide / Unexplained deaths. Local data shows that more deaths occur in people from more disadvantaged groups.
- 46.5. People who have been through experiences, either as a family member / friend or as a survivor of having attempted to kill themselves are in position to be able to advise and support local suicide prevention work.
- 46.6. Data would suggest that the majority of Suicide deaths occur in the home and the challenges this poses for prevention work. Rather than individual case work there is a need to focus work on wider preventative public mental health programmes that tackle the stigma of mental health.
- 46.7. The responsibility and the ability to undertake prevention work on suicides is not with one single organisation. Partnership working at

National, Regional and local level, with every organisation and every person knowing their potential role, will help.

46.8. Partnership working will help to ensure that best practice and learning is shared across agencies, duplication is lessened, scant resources are shared to improve efficiency and effectiveness and the impact of the work is enhanced.

46.9. Partnership working is also key to ensure that organisations communicate with each other and share intelligence on clients where this is possible.

46.10. Funding cuts in Local Authority and Public Health budgets are a risk in the continued focus on elements that fall outside the mandated programmes to be delivered by Local Authorities.

### **Draft Recommendations**

47. Overview and Scrutiny Committee is recommended to agree the **Draft Recommendations** for the review as set out below:

#### **Recommendation 1:**

Gateshead Council should continue to support work on Suicide Prevention in Partnership at Regional, Sub Regional and local level to ensure that it benefits from sharing of best practice and support from partners in tackling Mental Health stigma and Suicide in Gateshead.

#### **Recommendation 2:**

Gateshead Council should look towards appointing an elected member Mental Health Champion to represent the Council at Regional and local forums/events on Mental Health and Suicide Prevention. **Note:** Role previously held by Cllr Mary Foy before election as MP.

#### **Recommendation 3:**

Suicide rates in Gateshead should continue to be monitored through data collected by the Northumberland, Tyne & Wear Real Time Data system to identify any changes in patterns which may require local action. Specific focus should be put on identifying health equity issues and tackling Health Inequalities in line with Thrive targets.

#### **Recommendation 4:**

Gateshead Council should continue to promote and fight the stigma of Mental ill Health through an Action Plan developed as part of the sign up to the Time to Change Employer pledge by the Council Leader and Chief Executive on 18 October 2017.

#### **Recommendation 5:**

Gateshead Suicide Prevention Action Plan should be a standing agenda item on the Gateshead Mental Health and Wellbeing meeting agenda and reports

should go up to the Gateshead Health and Wellbeing Board from this group on an annual basis which will include a Suicide update.

**Recommendation 6:**

There should be a targeted approach, identifying high risk groups such as Men, alongside population level approach to this work as part of the Gateshead Suicide Prevention Action Plan.

**Recommendation 7:**

People with Lived experience should be engaged in delivery of the Action Plan.

**Recommendation 8:**

Efforts should be made to engage the media to raise awareness of Samaritans guidance on responsible media reporting. Provide local media with access to the designated suicide prevention lead so they can speak to them prior to running any story.

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**Contact: Alice Wiseman Ext: 2777**

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## **Appendix 1**

### **Progress of the Review**

This appendix sets out the framework agreed by Care Health and Wellbeing Overview and Scrutiny Committee for the review of Suicide in Gateshead and falls in line with the standard framework for all Overview and reviews.

#### **Stage 1**

The scope, purpose and intended outputs of the Review should firstly be agreed by the Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

##### *Proposal*

- 25<sup>th</sup> June 2019: Scoping report to Scrutiny Committee

#### **Stage 2**

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting persons and organisations to give evidence before it. Relevant Group or Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by the Overview and Scrutiny Committee will be written up by officers.

##### *Proposal*

- 10<sup>th</sup> September 2019, 29<sup>th</sup> October 2019, 10<sup>th</sup> December 2019 and 28<sup>th</sup> January 2020 - evidence-gathering events that involved research, presentations by relevant officers, outside organisations.

#### **Stage 3**

The Overview and Scrutiny Committee will then meet (as many times as is necessary) to analyse the information gathered and prepare its conclusions.

##### *Proposal*

- 3<sup>rd</sup> March 2020 - Committees to consider an interim report, prepared by the Lead Officers, and to analyse the evidence presented.

#### **Stage 4**

Officers will then prepare a report on the issue based on the views of the Overview and Scrutiny Committee. Officers will submit this report to the next practicable meeting of the Overview and Scrutiny Committee to secure

agreement that the report is a fair, accurate and complete reflection of the Overview and Scrutiny Committee's conclusions.

*Proposal*

- 21<sup>st</sup> April 2020 - Draft final report to be considered by the Committee.

**Stage 5**

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.