

# 8. Suicide prevention

## 2020/21 Objectives

By 2020/21, the *Five Year Forward View for Mental Health* set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. To support this, by 2017 all CCGs will fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners.

Delivering the overall reduction in the number of people taking their own lives will in part be driven by the range of objectives set out earlier in this plan, each of which improves access and quality to support people to receive treatment sooner and move towards sustained recovery as quickly as possible.

Suicide prevention is a complex public health challenge and will require close working between the different NHS and partner organisations to build on priorities set out in the National Suicide Prevention Strategy and existing and emerging evidence around suicide such as from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness<sup>xx</sup>. Plans should include a strong focus on primary care, alcohol and drug misuse.

Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Public Health England has produced a range of guidance<sup>xx</sup> for local areas and the wider system to help support implementation of the strategy and is publishing updated guidance for local areas in September 2016 that will support local planning and action across the local system.

Local suicide prevention plans should also agree indicative targets and trajectories for the reduction in suicides, to support transparency and monitoring locally over the period.

### Delivering the objective: Workforce requirements

The principal workforce requirements to deliver the objective to reduce suicides are incorporated into each of the individual sections in this plan. In addition, it is likely that local suicide prevention plans will identify a requirement for additional skills and/or capacity to deliver the plans locally across partner organisations (for example gaps in provision for alcohol and

substance misuse); although it is anticipated that training programmes could play a significant role in delivering this objective, it is not yet possible to make national assumptions in this regard.

## Delivering the objectives: Investment and savings

It is expected that a significant majority of the total funding detailed in this plan will contribute towards the objective to reduce suicides. In

addition, a further amount of **£25 million** is being made available over this period to support suicide prevention specifically:

Funding type	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
<b>National programmes (indicative)</b>					
Suicide prevention			5.0	10.0	10.0

### Key

National Funding

The additional funding is held centrally and is expected to be allocated to CCGs and their partners from 2018/19, in line with the activity and actions agreed in local suicide

prevention plans and further developmental work undertaken at a national level. Further information on the approach to allocation will be provided in 2017/18.

## Delivering the objectives: Data, payment and other system levers

The key national metric for monitoring achievement of this objective is set out below. Three-year rolling averages are generally used for monitoring purposes, in preference to single-year rates, in order to produce a smoothed trend from the data.

In addition, localities should agree further metrics to support transparency in monitoring delivery of the agreed actions within their suicide prevention plan.

Metric	Source	Availability
Suicide: age-standardised death rate per 100,000 population	ONS	Now (annual)