



Havering
LONDON BOROUGH

Notice of Non-Key Executive Decision

Subject Heading:	Consultation on the proposed Havering all-age suicide prevention strategy 2025-2030: Working Together to Save Lives
Decision Maker:	Mark Ansell Director of Public Health
Cabinet Member:	Councillor Gillian Ford Deputy Leader
ELT Lead:	Mark Ansell Director of Public Health
Report Author and contact details:	Isabel Grant-Funck Isabel.grant-funck@havering.gov.uk +441708434649 Samantha Westrop, Samantha.Westrop@havering.gov.uk , +441708431587
Policy context:	Making suicide prevention everyone's business is a process in which every organisation working in, and for, Havering must do to play their part in keeping people safe from suicide. The strategy sets out how to achieve this; organisation's strategies, policies and services will be suicide-informed, knowledge and awareness amongst Havering residents and Council employees will be increased.
Financial summary:	There are no additional financial costs associated with the consultation.

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	Publication and promotion of the strategy, and analysis of the responses, will be covered by existing resources.
Relevant Overview & Scrutiny Sub Committee:	Health
Is this decision exempt from being called-in?	The decision will be exempt from call in as it is a Non key Decision

Non-key Executive Decision

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well	X
Place - A great place to live, work and enjoy	X
Resources - Enabling a resident-focused and resilient Council	X

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

The purpose of this report is to gain approval to conduct a public consultation on the draft **Havering All-Age Suicide Prevention Strategy 2025-2030: *Working Together to Save Lives*** from Healthwatch, the general public and suicide prevention stakeholders.

AUTHORITY UNDER WHICH DECISION IS MADE

Constitution Part 3 Section 3.3.6

3. Public Health

3.1 To take responsibility for all the Council's public health functions

STATEMENT OF THE REASONS FOR THE DECISION

What is the Suicide Prevention Strategy?

This five-year strategy titled *Havering All-age Suicide Prevention Strategy 2025-2030: Working Together to Save Lives* sets out why death by suicide is a priority for concern, the suicide risk factors and inequalities associated with death by suicide, and what work can be done to help reduce suicidality going forward within Havering. Suicide is often the end of a complex history of risk factors and distressing events, and can result in a profound and long-lasting impact on families and friends, neighbours, workplaces, and schools, and bereavement by suicide is in itself a risk factor for death by suicide.

Every death by suicide is preventable, so the strategy aims to set out suicide prevention activities within Havering; leading to a reduction in the number of deaths by suicide over the next five years. This aim will be met through objectives focused on:

- **identifying** those at increased risk and applying the most effective evidence-based interventions for our local population and setting
- **prevention** activities across the system including increasing knowledge and reducing stigma
- **support** at both individual and population levels, including those at risk of suicide and the bereaved

These objectives will be achieved through the delivery of a detailed action plan, and monitored by a Havering Suicide Prevention Steering Group with a membership drawn from representatives of the Council and NHS, Safeguarding leads, mental health charities, and people with lived experience.

Why do we need a Suicide Prevention strategy?

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Havering Council has a responsibility to improve health and wellbeing and reduce inequalities for residents in accordance with the Health and Social Care Act 2012.

Death by suicide is a significant public health problem, globally, nationally and locally. The current suicide rate for Havering is higher than the rate for London as a whole although not statistically significantly different to England, according to 2020-2022 ONS data. According to Samaritans, for every death by suicide, 135 people are impacted on average. Havering, on average, has a resident death by suicide once every three weeks, meaning that on average 2,340 people are impacted by Havering deaths by suicide per year, if not more.

The risk of death by suicide is not the same across the whole population, as people living in the most disadvantaged communities face the highest risk of dying by suicide. Inequalities also exist in the distribution of risk factors based on age, disability, gender identity and sexual orientation, ethnicity, religion and faith, maternity and stigma of mental ill-health. The strategy sets out these inequalities in detail.

The strategy is an all-age strategy because the suicide risk factors arise at different life stages; experiences throughout life, from childhood to old age, affect suicide risk. For example, children who have been suicide-bereaved, or experienced another adverse childhood experience have an increased lifetime risk of death by suicide and need specific support.

Consultation Process

The suicide prevention strategy now seeks approval to undertake a wide public consultation on the draft strategy; inviting views and comments of residents, businesses, the voluntary and community sector and workforces of statutory agencies. It is proposed that the consultation will be conducted through online engagement. As part of the consultation process, the draft Suicide Prevention Strategy will be published, along with an easy-read version.

Next steps:

Responses will be analysed. The analysis will be published on Citizen Space, and include information on what amendments have been made to the final draft strategy. The final decision on the form of the final strategy will then go back to the Director for approval.

Recommendation

It is recommended that the consultation commences September 10th, on Global Suicide Prevention Day, and ends on October 18th.

OTHER OPTIONS CONSIDERED AND REJECTED

Do not consult – rejected as not in accordance with Council policy.

A smaller scale feedback process – rejected as the principles/strategy approach requires widespread and ongoing public engagement.

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PRE-DECISION CONSULTATION

The development of the strategy has been led by the Council's Public Health Service, working with elected councillors, including the Lead Member of Health, as well as most service areas across the Council. Stakeholder groups, as part of the Suicide Prevention Stakeholder Group, have been engaged in its development, including the local NHS, schools, the voluntary and community sector and Council services that have related suicide risk factors.

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Samantha Westrop

Designation: AD Public Health (Acting)



Signature:

Date: 23/08/2024

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The proposed Suicide Prevention Strategy is a part of the Health and Wellbeing Strategy that the Council is required to produce by virtue of s 116A Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012.

Under s 116A In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must—

(3) consider the extent to which the assessed needs could be met more effectively by joint arrangements with the ICB pursuant to s 75 National Health Service Act 2006

(4) have regard to (za)the integrated care strategy prepared under section 116ZB,]
(a)the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006, and

(b)any guidance issued by the Secretary of State

(5)(a) involve the Local Healthwatch organisation for the area of the responsible local authority, and

(b) involve the people who live or work in that area.

The proposal to consult on the Strategy is in line with this requirement.

There are no legal implications in making the decision to consult, however, when consulting the Local Authority must give sufficient information and time to consultees to comment meaningfully and then the responses to that consultation must be conscientiously taken into account by the final decision makers.

FINANCIAL IMPLICATIONS AND RISKS

There are no direct financial implications of the proposed decision. The consultation will be undertaken by the Public Health Team using online consultation methods at no cost, other than officer time. Limited costs could be incurred if we are required to print documents or provide documents in alternative forms to assist residents. These limited costs would be met within existing Public Health budgets.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

There are no Human Resources implications of the proposed decision. The consultation will be undertaken by the development public health team, who have capacity to do so.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

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The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; Non-key Executive Decision
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

An equality impact health assessment of the strategy will accompany all of the documents.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no environmental or climate change impacts from this decision. The recommendations made in this report do not appear to conflict with the Council's policy.

BACKGROUND PAPERS

2024 Suicide Prevention Strategy 2025-30

APPENDICES

None

Non-key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed 

Name: **Mark Ansell**, Director of Public Health

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date: 9th September 2024

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____