



## CABINET

**Subject Heading:**

Havering All-Age Suicide Prevention Strategy 2025-30

**Cabinet Member:**

Councillor Gillian Ford, Deputy Leader

**ELT Lead:**

Mark Ansell, Director of Public Health

**Report Author and contact details:**

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**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 adoption of the strategy.

**Is this a Key Decision?**

Yes, significant effect on two or more Wards

**When should this matter be reviewed?**

February 2030

**Reviewing OSC:**

Health

**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**

## SUMMARY

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.

### **Public Consultation**

The suicide prevention strategy went to public consultation and now seeks approval for the strategy to be adopted. The public consultation received views and comments of residents, stakeholders, the voluntary and community sector and workforces of statutory agencies. Responses to the consultation were then analysed. Please see consultation report in the papers attached.

## RECOMMENDATIONS

The Cabinet agree the Havering All-age Suicide Prevention Strategy attached.

## REPORT DETAIL

The Havering All-Age Suicide Prevention Strategy sets out the objectives to meet the aim of reducing death by suicide in Havering. The strategy is attached, but here is an outline of the content of the report:

- Executive summary
- Foreword
- Strategy on a page
- Introduction, including timescales and consultation details
- What we know about suicide, including national and Havering data, risk factors for suicide, and inequalities
- Priority groups
- Working together, including multi-agency case review panels, vision, aim, objectives, all-age strategy explanation
- How we will fulfil our three objectives (identify, prevent support)
- Governance of strategy
- Glossary of terms
- Appendices, including high-level action plan, Main sources of evidence, members of Havering Suicide Prevention Stakeholder Group

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

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.

### **Other options:**

Do not adopt the strategy, which means there is no strategic plan to reduce deaths by suicide in Havering.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

This report is seeking approval for Cabinet to agree the Havering All-age Suicide Prevention Strategy.

There are no foreseen financial implications or risks associated with the adoption of the proposed suicide prevention strategy. Its implementation will be carried out by existing resources budget from within the Public Health funding source.

Should the strategy result in increased uptake of health services, these costs would fall to the NHS.

These financial implications have been signed off by the Head of Finance.

### **Legal implications and risks:**

The Local Authority has a general duty under s 2B of the National Health Service Act 2006 as follows:

*“2B Functions of local authorities and Secretary of State as to improvement of public health*

*(1) Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.*

*...*

*(3) The steps that may be taken under subsection (1) or (2) include—*

*(a) providing information and advice;*

*(b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);*

*(c) providing services or facilities for the prevention, diagnosis or treatment of illness;*

*(d) providing financial incentives to encourage individuals to adopt healthier lifestyles;*

*(e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;*

*(f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;*

*(g) making available the services of any person or any facilities.”*

The proposed strategy is one of the ways that the Local Authority can comply with this statutory duty and therefore there are no legal implications in approving this.”

**Human Resources implications and risks:**

There does not appear to have any direct workforce implications with the implementation of the Strategy. It is therefore cleared from a HR perspective.

**Equalities implications and risks:**

A full Equality and Health Impact Assessment has been carried out and is attached in background papers.

**Health and Wellbeing implications and Risks**

The Suicide Prevention Strategy 2025-2030 aims to positively impact mental health and wellbeing in Havering by reducing stigma, increasing awareness and promoting early intervention. Additionally, it focuses on improving resilience and effective coping mechanisms, as well as empowering Havering residents through strong support networks at all stages of life.

Death by suicide is a significant public health problem, globally, nationally and locally. A death by suicide not only effects the victim, but also their friends, family and wider community. It can deeply impact the mental health and emotional wellbeing of those connected to the victim, including colleagues, neighbours and others within the local area. This ripple effect can even lead to suicidal thoughts among those affected. The risk factors, and subsequent deaths from suicide, are not equally distributed across society. 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.

As part of meeting this responsibility, the suicide prevention strategy clearly outlines the commitment of Havering Council, through working with partners across the wider system, to prevent death by suicide, reduce health inequality, and to support those who are bereaved by suicide.

**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**

**Cabinet, 12 03 2025**

Papers attached:

1. Havering Suicide Prevention Strategy 2025-2030
2. Suicide Prevention Strategy Consultation Report
3. Suicide Prevention Needs Assessment
4. Havering Suicide Prevention Strategy 2025-2030 EHIA
5. Havering Suicide Prevention Strategy 2025-2030: Easy-read version