

**Title of meeting:** Health and Wellbeing Board

**Date of meeting:** 25 September 2024

**Subject:** Evaluation of Suicide Bereavement Support Services

**Report by:** Jeeva John, Public Health Registrar

**Wards affected:** All

**Key decision:** No

**Full Council decision:** No

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**1. Purpose of report**

To highlight Portsmouth-based findings from a 2-year retrospective evaluation of Suicide Bereavement Support Services (SBSS), which is relevant to the mental health and wellbeing ambitions laid out by the Portsmouth Health and Wellbeing Strategy 2022-30.

**2. Recommendations**

The Health and Wellbeing Board is asked to:

- i. Note the impact of this new service in the city to support those bereaved by suicide.
- ii. Consider opportunities for this service to further complement the positive mental health and wellbeing priority, and Portsmouth's Suicide Prevention Action Plan 2022-2025 for the city.
- iii. Consider examples or approaches which members of the Health and Wellbeing Board can contribute in their efforts to promote uptake of the Suicide Bereavement Support Service amongst local residents.

**3. Background**

3.1. Suicide bereavement is associated with an increased risk of poor emotional and mental health and wellbeing, and subsequent suicidality.

3.2. The Public Health Outcomes Framework (PHOF) measure relevant to suicide bereavement is the rate of suicide amongst persons aged greater than 10 years. 2021/23 data (most recently published) shows Portsmouth to have a comparable suicide rate to the South-East and nationally (10.7 v 10.4 v 10.7).

3.3. It is estimated that for each death by suicide, at least 15 people would be most affected. Of this number, around 25% of people are expected to seek support, and amongst these, approximately 50% are anticipated to seek minimal advice and support, and the remaining 50% to seek a more intensive service.

3.4. Suicide bereavement support services were rolled out nationally through NHS Long Term Plan funding and continued with NHS funding through Integrated Care Boards.

3.5. SBSS aims to provide timely and appropriate support to anyone bereaved by death by suicide, aged 4 years and over, through:

- Single point of access,
- Community response plans to support settings or communities,
- Training,
- Information Provision, awareness raising and partnership working.

3.6. Portsmouth City Council has hosted commissioning of the service for the geographical area of the four Upper Tier Local Authorities in HIOW, covering HIOW ICS and a part of Frimley ICS within the Hampshire County Council area.

3.7. This evaluation covers March 2022 to March 2024, representing the first two years of service delivery.

#### **4. Aims of SBSS evaluation**

4.1. To assess reach of the service.

4.2. To assess how service activity matches need.

4.3. To review outcomes for service users.

4.4. To understand the views of staff within the service and key stakeholders.

The HIOW suicide bereavement steering group is overseen by a steering group Chaired by Jeeva John, Public Health Registrar, Portsmouth City Council. The group has representation from Local Authority Public Health teams, Hampshire & Isle of Wight (HIOW) Integrated Care Board, lived experience representative and HIOW Police. The initial priority was to establish a new SBSS provider, followed by addressing any challenges in its implementation, learning lessons from service delivery, and procurement of SBSS once the service contract period for the current provider expires in March 2025.

4.5. To contrast the service with that provided in other areas in the South-East.

#### **5. Portsmouth-based findings of SBSS evaluation**

5.1. There were 59 deaths by suicide between 2021 and 2023, as per the most recent PHOF data. According to literature, this would equate to at least 885 individuals who would be most affected by suicide bereavement. Using the conservative estimates provided earlier, 222 individuals would be anticipated to seek SBSS, with 111 requiring minimal support, and the other half requiring more intensive support.

5.2. Since Amparo launched its SBSS in HIOW in March 2022, 64 individuals, resident in Portsmouth have been referred to Amparo for SBSS.

- 5.3. There has been an increasing trend in referrals in Portsmouth between contract years 1 and 2, potentially representing increasing visibility of the service locally.
- 5.4. Estimating 20 deaths by suicide per annum in Portsmouth, using Year 2 service data, the HIOW service met 63% - 125% of estimated need (depending on whether assumed to be all those estimated to seek support, or only more intensive support).
- 5.5. Portsmouth had higher rates of referral than the other 3 Local Authorities.  
Although the numbers are not direct comparators, it appears that referrals have been higher than the number of deaths by suicide (as an approximation of need) in Fareham, Basingstoke & Deane and Portsmouth. Other areas appear to have lower number of referrals than their estimated suicide count.
- 5.6. Training sessions were provided by the SBSS as part of their contract. This included the "No time for goodbye" 1-day course, which provided training on Children and Young People support following suicide bereavement in 5 different locations across HIOW. This was attended by 17 attendees from Portsmouth, representing a broad range of organisations, which included Schools and Colleges, 121 Youth Counselling, Child Bereavement U.K., Choice Care Group, Community Health Trust, NHS trusts and other VSCOs.
- 5.7. Portsmouth community researcher findings:  
This was an exploration of experience of support following suicide bereavement in Portsmouth between November 2023 and January 2024, and included survey of 7 participants. Most participants were "historically bereaved" with range of time from bereavement to survey being between 14 months and 20 years. Less than half described having received support from any service. Amparo was not mentioned or recognised by any of the participants including the recently bereaved individual. An intersectional approach was emphasised as being vital as members of the community may have diverse needs and multiple circumstances that may impact an individual's ability to seek and/or gain benefit from suicide bereavement support. An example provided was the multiplicative effects of stigma, not only via suicide bereavement but also through addiction, which would require a careful, tailored approach to support provision.
- 5.8. Awareness raising campaigns:  
Amparo had a stand at the "Let's Talk About Suicide awareness" event organised by local people with lived experience in Portsmouth in September 2023, promoted at the Portsmouth Mental Health Network and at P3 (Portsmouth Provider Partnership). A primary care information leaflet about suicide prevention was also developed by Public Health and distributed to Portsmouth GPs in autumn 2023, which contained further information about Amparo. Amparo has also been widely publicised through Health and Care Portsmouth communications channels (public facing) and included in posters in public areas responding to local concerns.

## **6. Findings from overall HIOW SBSS evaluation.**

### **6.1. Positives:**

- New service has addressed a need, with staff feeling that they are doing a useful job and positive experience reported by service users.
- The police led system has reliably driven the majority of referrals, as part of the HIOW real time surveillance system.

- The service has performed well in reaching estimated need compared to other services in the South-East, with another area been identified from which to identify further learning.
- The service has felt it has been working at capacity in supporting individuals. Positive outcomes and feedback have been evidenced (albeit relatively small samples).
- Community response plans have been highly valued by commissioners, although the impact has not been captured.
- Training has been varied, well attended in the most part and received good feedback.

#### 6.2. Areas for consideration:

- Emphasis should be placed on improving data collection as well as reach to different groups, including
  - o Recording of ethnicity, sexual orientation, disability status, requirement for language interpretation.
  - o Historically bereaved and those outside of next of kin.
  - o CYP, possibly considering a personalised approach including a family-centred integrated CYP offer.
  - o In recent months, there have been small-level audits of service provision to help commissioners understand the reach of the service, which provides useful quality improvement activity.
  - o Geographical variation should also be borne in mind to consider how need is met equitably among population groups, or further seek to understand possible explanations for variations observed.
- Increasing completeness of outcome measurement: There are pockets of good practice amongst staff members in completing these measures which could be further shared. No good practice was identified elsewhere in South-East as an alternative to replicate. Assurance should be shared that safety netting of vulnerable clients who disengage is robustly undertaken.
- Optimising awareness, demand, service efficiency and capacity: Optimising efficiency of delivery may provide opportunity to go towards alleviating capacity pressures within the service and enable a focus on consistent high quality delivery. This may also provide confidence to raise public facing awareness of the service as well as develop pathways with key local partners. Monitoring of conversion of referrals to beneficiaries should also be monitored should these activities be undertaken, to ensure appropriate referrals are being driven. Furthermore, considering how peer support can play a greater role could also provide a clearer pathway onwards from the service.
- Further locally tailored training: Locally tailored and systematic training efforts are likely to be beneficial to better engage the intended audiences and may also further build local trust and recognition of the service. The bridging course has potential in building capacity within HIOW which has not yet been realised.

#### 7. **Reasons for recommendations**

The recommendations support the intentions of the Health and Wellbeing Strategy.

**8. Integrated impact assessment**

No integrated impact assessment has been undertaken.

**9. Legal implications**

There are no legal implications specifically associated with this report. Any projects undertaken will be subject to their own assessments.

**10. Director of Finance's comments**

There are no direct financial implications associated with this report. Any projects that flow from this will be subject to their own individual financial assessments.

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Signed by:

**Appendices:**

None

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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Signed by: Helen Atkinson, Director of Public Health