

Health and Adult Social Care Overview and Scrutiny Committee

4 December 2025

Suicide and Self-Harm Prevention Strategy (2026-2030)

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Summary

This report presents the draft new Suicide and Self-Harm Prevention Strategy for Kent and Medway (2026-2030). The new Strategy was drafted in summer 2025 following more than a year of stakeholder engagement. The strategy went out to formal public consultation from 23 July to 6 October 2025.

A report which summarises the key findings from the consultation (the consultation report) is currently being prepared. When complete, this will help to determine what changes need to be made to the draft strategy. As the consultation report has not yet been finalised, a draft Executive Summary is included in the report for discussion.

1. Recommendation

- 1.1 The Committee is asked to comment on the draft Suicide and Self-Harm Prevention Strategy for Kent and Medway (2026-2023), as set out at Appendix 1, and recommend it to the Cabinet for approval.

2. Budget and policy framework

- 2.1 Since 1 April 2013, local authorities have been responsible for improving the health of their local population and for public health services.
- 2.2 The national Suicide prevention strategy for England: 2023 to 2028 delivered a firm commitment to see the number of suicides in England decrease within 2 and a half years at the very latest.
- 2.3 The budget for the Suicide Prevention Programme in Kent and Medway comes wholly from the Integrated Care Board.

3. Background

- 3.1 The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-30 is the continuation of the work undertaken as a result of the 2021-2025 Kent and Medway Suicide Prevention Strategy and combines local data about who is dying by suicide in Kent and Medway with national research and policy direction.
- 3.2 Unlike the existing Strategy (2021-2025), the Suicide and Self-Harm Prevention Strategy for 2026-2030 encompasses both Adults, and Children and Young People (CYP) as opposed to creating a separate Strategy for both. The new Strategy sets the same eight priorities for both groups, but across two separate action plans, in recognition of the need for a slightly different approach for each.
- 3.3 The draft Suicide Prevention Strategy 2026-30 was developed by the Kent and Medway Suicide Prevention Programme, which is hosted by KCC's Public Health department and funded by the Kent and Medway Integrated Care Board. The strategy group also includes Medway Council Public Health Team and representatives from the Integrated Care Board and the Kent and Medway Mental Health Trust.
- 3.4 The draft strategy was developed in conjunction with the Suicide Prevention Networks, which are well-established partnerships made up of over 250 agencies, including statutory and voluntary / community sector organisations as well as individuals living with experience of suicidal thoughts, self-harm or being bereaved by suicide. There is a Network focused on supporting adults, and a Network focused on supporting children and young people. These Networks will oversee the action plans set out for each as result of this Strategy.
- 3.5 The vision of the new strategy is that Kent and Medway becomes a place where the number of people dying by suicide is reduced as much as possible. Our aim is for the Kent and Medway suicide rate to be below the national average by 2030 (if not sooner).
- 3.6 The mission of this strategy is to make Kent and Medway a place where hope is always available to anyone, no matter what they are facing. Specifically, we would like to have achieved the following by 2030:
 - Children and young people in Kent and Medway to be resilient enough to cope with life's normal ups and downs, but knowledgeable and confident enough to reach out for more support when they need it.
 - Adults in Kent and Medway to know how to look after their own emotional wellbeing but to feel comfortable and able to seek more help when necessary.
 - All agencies (statutory, voluntary, community) to work collectively to ensure support and help is available to those who need it.
 - All agencies to share knowledge and support each other to learn what works in helping people get the support they need.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Funding restrictions	Financial restraints on public services may lead to cuts to services and programmes that are currently in place to reduce self-harm and suicide.	Leaders and people making financial decisions acknowledge the immediate and longer term financial impact of suicide and self-harm on health, care, education and workplaces	BII
Lack of partner support	Cost of living crisis creating a shift in partners priorities around reducing suicide and self-harm and not recognising it as a priority for everyone	Keep partners educated on key connections between suicide and self-harm and cost of living	CII
The draft strategy is not met with approval	The strategy would need to be revised, which would delay its implementation, which is currently planned for early 2026.	<p>Stakeholders have been invited to influence the new strategy through a range of means and methods coordinated through the Suicide Prevention Networks.</p> <p>It has been taken through various governance channels, including KCC's Health Reform and Public Health Cabinet Committee (1 July 2025) and the Children & Young People's Departmental Management Team meeting on 14 May 2025.</p> <p>A consultation was open to the public for 10.5 weeks and yielded 149 responses, which will be used to amend and finalise the strategy.</p>	CIII

For risk rating, please refer to the following table

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

5. Consultation

5.1 Full details can be found at: [The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-2030 | Let's Talk Kent](#)

5.2 Appendix 2 provides a summary report of the feedback from the public consultation period.

6. Health and Wellbeing Board

6.1 The Health and Wellbeing Board considered the strategy at its meeting on 20 November and the draft minutes from the discussion are set out as follows:

6.2 The Senior Project Officer, Kent and Medway Suicide Prevention Programme (KCC Public Health) introduced the report and informed the Board that the Strategy had been developed in conjunction with the network which was made up of approximately 250 members. This was a single strategy for children and adults which had specifics for each cohort. Whilst this was a draft document, it was not anticipated that there would be significant changes to the final document, and was a good reflection of what the final document would contain, and the public consultation period showed a strong level of support for the content.

6.3 Members raised a number of questions and comments which included:

6.3.1 **Suicide rates** - Concern was raised that in the last 5 years, approximately 750 lives had been lost as a result of suicide in Kent and Medway, with 75% being men and 14% being under the age of 25.

6.3.2 **Collective approach** - The collective focus on prevention was the right approach, and it was important for all services to be mindful as to how and what support was put in place, to create a safe space to enable people to speak up and seek support.

6.3.3 **Social media** - Additionally, continuous lobbying for restrictions on social media was vital due to the detrimental effects on young people's mental health and those that were neurodiverse. The officer in attendance commented that the first national suicide strategy was in 2002 and there had been significant growth of the agenda. There were also various initiatives targeted at men to break through the stigma associated with prevalence of suicide in men.

- 6.3.4 **Medway** - it was noted that this report was a Kent and Medway report, and it was asked what specific plans were in place to address issues in Medway, given that Medway had its own specific challenges, as its suicide rates were higher than that of Kent. The Board was informed that the data in the report was data from the 2024 publication of the Office of National Statistics and that in the recent publication from September 2025, Kent and Medway data showed a decline.
- 6.3.5 However, it was vital to be careful not to rely on statistics as data was recorded in different ways. The key message was to be proactive with activities and ensure that responses were reactive, in particular, if a trend was noticed in specific areas and demographics, for targeted work to take place such as increased communications on access to support. The priority and focus was on supporting as many people as possible and investment on preventative work. It was however difficult to measure impact as the number of lives lost would always be known as the data is quantifiable, but the amount of suicides prevented was not always known unless people chose to share that they had felt suicidal.
- 6.3.6 The Head of Health and Wellbeing Services added that that whilst there were challenges working across Kent and Medway, this was a Kent and Medway Strategy that benefitted from a strong partnership approach, with 3 weekly meetings across the network. There was strong working relationships with Network Rail, who actively engaged in learning, and the security guards at the Pentagon were to be commended for their hard work and efforts which were recently recognised at the Better Medway Awards. The current data (from the 2025 publication by the Office of National Statistics) showed that there had been a decline in suicides within Kent and Medway from 12, to 10.3 per 100,000 of the population of Medway.
- 6.3.7 **Self harm** – in response to comments on the prevalence of self-harm in young people as it had been noted that hospital admission for self-harm was higher than the national average, the Director of Public Health informed the Board that a project on self-harm between 10 – 24 years olds had just been completed. A briefing note would be shared on the findings and consideration was being given to the usefulness of the digital offer for the age group on emotional regulation and self-harm.
- 6.3.8 **Training** – it was asked that as this strategy was multiagency would mandatory training be put in place, in particular for front line staff. The Board was informed that Suicide Awareness training had been commissioned, which was not mandatory, but all partners were being encouraged to take part and promote it within their organisations. This training was not just for professionals and could be accessed by anyone in the community. It was vital that everyone should be equipped to feel confident to talk about suicide and develop the skills to ask appropriate questions.
- 6.3.9 The Board noted the report.

7. Climate change implications

7.1 There are no climate change implications from this report.

8. Financial implications

8.1 There are no direct financial implications arising from the recommendations in this report. The budget for the Suicide Prevention Programme in Kent and Medway comes wholly from the ICB.

9. Legal implications

9.1 There are no direct legal implications arising from this report.

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Appendices

Appendix 1 (Draft) Suicide and Self-Harm Prevention Strategy 2026-2030

Appendix 2 Draft Executive Summary - KM Suicide Prevention Strategy Consultation Report

Background papers

2026-30 Data Evidence Pack v7 <https://letstalk.kent.gov.uk/kent-and-medway-suicide-and-self-harm-prevention-strategy-2026-2030>

Equality Impact Assessment for Suicide and Self-Harm Prevention Strategy 2026-2030.- <https://letstalk.kent.gov.uk/kent-and-medway-suicide-and-self-harm-prevention-strategy-2026-2030>

Suicide prevention strategy for England: 2023 to 2028 - <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028>