

## Greater Manchester Integrated Care Partnership Board

**Date:** 27<sup>th</sup> March 2026  
**Subject:** GM Suicide Prevention Strategy 2026-2030  
**Report of:** Judd Skelton - GM Strategic Commissioning Lead –Suicide Prevention & Bereavement Support – NHS GM

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### **PURPOSE OF REPORT:**

This report provides an overview of the current position of suicide prevention across Greater Manchester and sets out how the city region is strengthening its response to what remains a significant public health challenge. It summarises recent trends and their implications, outlines the governance and strategic structures that support coordinated activity, and presents the key priorities within the updated action plan that will guide delivery from 2026 – 2030.

### **RECOMMENDATIONS:**

The GM Integrated Care Partnership Board are requested to:

- Support a continued focus on suicide prevention across our city region.
- Consider the underpinning action plan and advise how the board can organise to best support the continued delivery of the strategy.
- Encourage elected representatives to engage with local suicide prevention structures if they are not engaged already.

### **Contact officer(s)**

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## **1. INTRODUCTION**

- 1.1. Suicide remains a significant public health challenge in the UK, with 17 people dying by suicide every day and national rates showing no sustained reduction since 2018. In Greater Manchester (GM), a coordinated and assertive system-wide approach has contributed to a downward trend in suspected suicides, with a 10 per cent annual reduction between 2022 and 2025, in contrast to the national picture. According to 2023 data from the Office of National Statistics, 340 people were registered to have died by suicide in GM. These deaths will have occurred during that year and those previous. The GM Real Time Surveillance System shows the actual number of suspected suicides in that calendar year to be less.
- 1.2. Each suicide is estimated to impact between 6 and 135 people and costs the economy around £1.4 million, meaning GM's prevention work has avoided significant personal, social and financial harm. The vision for GM is of a city region where suicide is never seen as the answer, where stigma is challenged, and timely, compassionate support is available to those in distress and to people bereaved by suicide.

## **2. GREATER MANCHESTER SUICIDE PREVENTION STRATEGY AND STRUCTURES**

- 2.1. Greater Manchester's suicide prevention strategy is built on strong cross sector collaboration and a place based model aligned with the national five year suicide prevention strategy. Ten locality Suicide Prevention Leads, a regional Suicide Prevention Programme Manager and a multi-agency Steering Group support consistent delivery across public health, mental health, blue light services, education, the voluntary sector and lived experience partners.
- 2.2. The strategy combines widespread training, including over 35,000 people having completed Zero Suicide Alliance training, with a Real Time Surveillance System in place enabling community response plans to be initiated when appropriate, after a suspected suicide and earlier bereavement support to be offered. Public engagement continues through the award winning Shining a Light on Suicide campaign, which itself has delivered successful awareness and training campaigns with organisations such as the League Managers Association, Stories of Hope, Parklife Festival and the Month of Hope.
- 2.3. The strategy spans all ages and includes tailored approaches for key groups such as children and young people, men, autistic people, pregnant and new mothers, carers, older adults, people with long term conditions, individuals in the criminal justice system and suicide attempt survivors. Bereavement support is central, delivered through the GM Bereavement Service and supported by community initiatives, awareness campaigns and multi-agency pathways.

2.4. Across Greater Manchester there is clear and consistent engagement from elected members in local suicide prevention structures. This involvement strengthens political leadership, visibility, and accountability around suicide prevention, while helping connect local plans to broader health, wellbeing, and equality agendas. Most localities have a named councillor actively participating in, or in several cases chairing, their suicide prevention partnership or steering group. This demonstrates a strong commitment to embedding suicide prevention within local political priorities and supports alignment with wider determinants of health such as housing, welfare, community safety, and equality. This approach aligns strongly with messaging in the national suicide prevention strategy, which stresses that suicide prevention is 'everyone's business'.

### **3. ACTION PLAN**

3.1. The Suicide Prevention strategy is underpinned by a wide ranging action plan which works to translate the high level strategic intent into tangible next steps. The action plan is featured as an appendix to this paper.

3.2. A key focus will be on older adults, with new tailored training and self-harm resources, alongside further suicide awareness training for the advice sector supporting people who are struggling with financial difficulties. GM will work to reduce suicide in men by promoting support resources via GPs and community pharmacies.

3.3. With a focus on children and young people, support will be offered to secondary schools introducing suicide prevention into their curriculums. Suicide prevention training will continue to be completed by the CAMHS workforce and families will be able to access support information when their loved ones are struggling with their mental health or have attempted suicide. Support will continue to be offered to GM Higher Education sites as they work to reduce student suicide.

3.4. Risk awareness will continue to be strengthened across sectors including hospitality, criminal justice, domestic abuse and substance misuse services. Online resources will continue to be added to the Shining a Light on Suicide website highlighting support for pregnant and new mothers (and fathers), those struggling with gambling harms and those experiencing loneliness. The programme will also encourage adoption of the new BSI Workplace Suicide Prevention Standard, which was endorsed by the Mayor of Greater Manchester earlier this year.

3.5. Bereavement support awareness will continue building on the notification pathway in place with coroners. Work will also continue to expand the current CYP suicide bereavement peer support group offer. Finally, GM will continue to use real time data and local audits to identify emerging themes, working with partners to respond quickly to risks revealed to prevent further harm, ensuring evidence continues to guide prevention activity across the city region.

## **4. RECOMMENDATIONS**

4.1. The GM Integrated Care Partnership Board are requested to:

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- Encourage elected representatives to engage with local suicide prevention structures if they are not engaged already.