

10 February 2023		Item 11
Health & Wellbeing Board		
Suicide Prevention across Thurrock and the wider Southend, Essex & Thurrock (SET) geography		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Jane Gardner, Deputy Police, Fire and Crime Commissioner and Maria Payne, Strategic Lead – Public Health		
Accountable Assistant Director: N/A – partner report		
Accountable Director: N/A – partner report		
This report is Public		

Executive Summary

This report aims to both provide Board Members with oversight of existing activity regarding suicide prevention within Thurrock, including how it aligns with other priority areas and the greater Essex footprint, and start a broader discussion about sustainability of this work programme.

1. Recommendation(s)

1.1 Note the contents of this report, including the observations around sustainability of the programme.

1.2 Lend leadership support to this continued agenda.

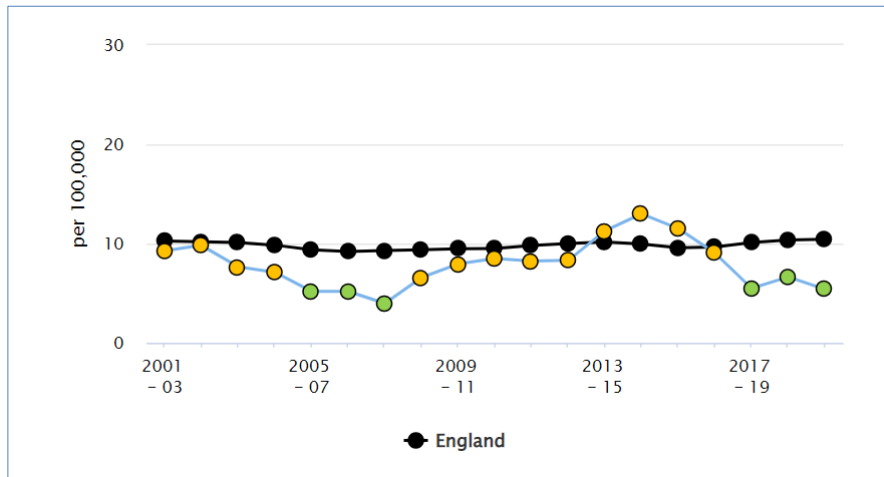
2. Introduction and Background

2.1 The devastating impact of suicide on family, friends, work colleagues and the wider community is well documented. In 2012 the Government pledged its commitment to reducing the number of suicides in England as set out in the National Suicide Prevention Strategy, [Preventing Suicide in England](#), and has subsequently re-confirmed this commitment via publication of a number of cross-government progress reports against the pledges made within.

2.2 The complexity around suicide prevention is compounded by the fact that no single organisation can tackle this alone. What is required is a whole system, cohesive, multi-agency approach, which brings together local government, primary and acute healthcare settings, including Mental Health, the criminal justice system, emergency services, workplaces, communities and the voluntary sector.

2.3 The most recent published data on deaths by suicide shows that Thurrock has a significantly lower rate than the national average (see figure below – green dots indicate the years where the Thurrock rate fell significantly below the national rate, and the yellow dots indicated a similar rate).

Figure 1: Suicide rate per 100,000 in Thurrock and England



2.4 This equates to 26 deaths in Thurrock registered as suicides between 2019-21. However, these statistics have limitations in what they can tell us:

- they would only be deaths formally ruled as suicides by the coroner, so excludes any with open verdicts where similar preventative opportunities might have existed
- there are substantial delays in the publication of these statistics from when the deaths occurred – the median length of time between death occurring and the inquest conclusion (determining suicide as cause of death) was 120 days for Thurrock in 2021.
- we do not have wider information on the demographics or circumstances behind these deaths to direct preventative activity.

2.5 Since April 2021, Thurrock Council Public Health colleagues have had access via a signed data sharing agreement to monthly information from the SET-wide Real Time Suicide Surveillance (RTSS) System which is run by Essex Police and contains details captured by the Police on all deaths they attend which could be categorised as suicides according to the [Ovenstone Criteria](#). Within this system the Police are able to record demographics, method, location, information that the next of kin / person who found the deceased was able to tell them, and whether the deceased was known to the Police previously.

2.6 This insight has been used to maintain a more current oversight of likely need, as well as potential contributing factors and therefore direct opportunities for preventative work or key partner organisations to work with.

2.7 In 2021/22 there were 129 suspected suicides recorded across SET. At least 52 of them had been in contact with either the Police or Mental Health services within the last six months, and other common factors identified within these individuals included the presence of previous suicidal or self-harm behaviour or ideation, domestic abuse, relationship or economic issues, and substance misuse.

3. Ongoing work

3.1 Mid and South Essex ICB have been in receipt of wave 3 suicide prevention transformation funding from NHS England for the period covering April 2020-March 2023. The programmes of work it has funded have covered Thurrock and have included:

- recruitment of a programme manager to coordinate and drive the work
- investment into the development of a [website](#) to host the Lets Talk About Suicide Essex training offer, which neighbouring ICS colleagues also now invest into
- funding of dedicated communications resource to raise the profile of suicide prevention across MSE. An example of a campaign they led on was the *Light Up Essex* campaign which resulted in a number of buildings including the Thameside Theatre who had agreed to turn their lights green to show their support for suicide prevention
- development of a [self-harm prevention and management toolkit](#) for adults
- rollout of a suicide prevention training programme which included training of primary care clinicians and numerous other frontline professionals (e.g. Probation, Council staff, voluntary sector staff etc)
- rollout of a Community Fund to increase voluntary sector capacity to projects that were focussed on suicide prevention work.
- rollout of a new pathway of Wellbeing Calls for those newly diagnosed with depression who might be potentially vulnerable to suicidal thoughts. In Thurrock this has been provided by Thurrock and Brentwood MIND.

3.2 The above work has been funded by ringfenced monies, and future investment into them is currently being discussed within ICB forums. The success of these projects has been seen regionally and nationally, and is due to the effective partnership working in place between ICB, public health, police, voluntary sector, communications and wider colleagues passionate about this agenda.

3.3 We recognise that there is additional work happening in other forums or funded via other mechanisms that will be contributing to the prevention of suicides. In Thurrock the Public Health lead is linking in with other colleagues via forums such as the Thurrock Safeguarding Adult Board, the Thurrock Mental Health Transformation Board and the Thurrock Integrated Emotional Wellbeing Partnership to gain a broader view of local work.

- 3.4 Thurrock Public Health are also active members of the Southend Essex and Thurrock Suicide Prevention Partnership Board, which is chaired by the Deputy Police, Fire and Crime Commissioner for Essex. This Board is made of senior stakeholders from a range of organisations, including Police, Local Authority (Social Care / Public Health), NHS (ICBs / various Foundation Trusts), voluntary sector, university colleagues, DWP, substance misuse providers and many others who work in roles with individuals who may be at higher risk of suicide.
- 3.5 The SET Suicide Prevention Partnership Board meets quarterly and has recently agreed some terms of reference. It will be responsible for overseeing the local response to the nationally directed priority areas as well as reacting to local trends in response to the RTSS findings.
- 3.6 There will be a new national Suicide Prevention Strategy due out in 2023, which we expect to have some slightly revised priority areas. Insight from national colleagues indicates that we will be asked to prioritise preventative activity around:
- Impact of COVID
 - Gambling
 - Domestic Violence
 - Ethnicity
 - Online Harms
 - Economic stresses
 - Children and Young People
 - Data
 - LGBTQ+ individuals
- 3.7 Once this strategic direction is confirmed, we will ensure our local partnership response is directed accordingly, though we have already begun with progress in a number of these areas in response to local observations within our RTSS intelligence.
- 3.8 A separate stream of monies has been awarded to Mid and South Essex ICB for the provision of postvention support for those bereaved by suicide from April 2022-March 2024. Up to now these individuals have generally been supported within the voluntary sector, but without specific resource or training to do this. Thurrock Public Health have been working with colleagues such as Essex Police, Southend and Essex County Council Public Health colleagues, existing voluntary organisations, Essex Wellbeing Service and the Coroner to plan out a support pathway – this would also include Thurrock First as a navigation point for our residents and those discussions are underway.
- 3.9 The funding above has been used to pay for some specialist suicide bereavement training (a number of Thurrock colleagues have attended this), and to commission a specialist provider to deliver the postvention support for those bereaved individuals. It is hoped this will launch across MSE in the near future.

4. Next steps and asks from partners

- 4.1 We are presenting this paper today both to give an overview on current work, but also to ask for broader support and endorsement with this agenda – whether that is nominations for representations at the SET Board, leadership of specific work areas or support with the conversations on sustaining existing work.
- 4.2 We are also exploring possibilities for expanding the current data that informs our RTSS system, in particular how we can ensure we capture the data listed in point 3.6 which might be required nationally, but also how to unite information from social care, health and other partners. Ideally, we would also like to be able to profile suicide attempts, though we accept this would be more complex.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The discussion points in this report have been raised at the Southend Essex and Thurrock Suicide Prevention Partnership Board which has multi-agency attendance, and some also at Essex County Council's Health and Wellbeing Board meeting on 23rd November.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The contents of this report most closely align with the *People* priority for Thurrock Council, in that we are “*build[ing] on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing*”.
- 6.2 The approach also aligns with some key commitments in the new Mid and South Essex ICS strategy 2023-2033 of which Thurrock is a signatory:

“Together, we will set targets and expectations around the effective use of financial resources, particularly in relation to our objective of seeing increasing investment in early intervention and prevention.” (section 7.4)

“Our Partnership will play a key role, through our engagement work and commitment innovation and learning and quality improvement, and in our assessment of risk, in ensuring that pathways are refined and improved to better meet the needs of residents. In particular, we will ensure that pathways actively include more diverse contributors, including those services and supports provided by our voluntary, community, faith and social enterprise sector and local businesses.” (section 7.4)

7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Senior Management Accountant

There are no specific financial implications arising from this report for the council. The report details a number of Mid and South Essex-wide programmes which may be coming to an end in March 2023. However, it is not the ask on the Thurrock Health and Wellbeing Board to cover these costs. Every death by suicide has a large economic impact, with around most of the cost of that attributed to the impact on the quality of life of those bereaved by suicide. There is an economic case to favour work that aims to reduce these impacts with preventative collaboration with partners.

7.2 Legal

Implications verified by: **Daniel Longe**
**Principal Solicitor for Children and Adult
Safeguarding and Education, LBB on behalf
of Thurrock Legal.**

Following the publication of the 2012 strategy, councils were given the responsibility of developing local suicide prevention action plans. In Thurrock this approach has largely been taken in partnership with Essex and Southend colleagues. There are no specific legal obligations around aspects of the suicide prevention / postvention work programme as outlined above.

However, this remains in line with the local authority's general powers under sections 1 to 6 of the Localism Act 2011, which provides this local authority with a wide range of powers to embark on projects for the benefit of the authority, its area or persons resident or present in its area. Prevention of suicide would assist in benefiting the authority and its residents.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

This report sets out a local approach to suicide prevention which highlights the collective responsibility of partners. The insight from the Real Time Suicide Surveillance System and the likely themes identified in the upcoming national strategy indicate there are groups of residents at higher risk of suicide who would benefit from greater focus.

A Community Equality Impact Assessment should be undertaken to direct this approach for our Thurrock communities.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

This work outlines an approach which looks to focus on the identified preventative opportunities for suicide, but which will also ultimately contribute to broader improvements on population mental health and wellbeing.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- National Suicide Prevention Strategy 2012, *Preventing Suicide in England*
- Real Time Suicide Surveillance insight report 2021-22

9. Appendices to the report

- None

10. Key points of interest within appendices

- N/A

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