

<b>20<sup>th</sup> September 2019</b>		<b>ITEM:8</b>
<b>Health and Wellbeing Board</b>		
<b>Suicide Prevention in Thurrock – update report</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Maria Payne, Strategic Lead for Public Mental Health and Adult Mental Health System Transformation		
<b>Accountable Head of Service:</b> Not Applicable, Ian Wake, Director of Public Health		
<b>Accountable Director:</b> Ian Wake, Director of Public Health		
<b>This report is</b> Public		

## **Executive Summary**

The devastating impact of suicide on family, friends, work colleagues and the wider community is well documented. There are a vast range of underlying factors involved, including health, social, economic, geographical, demographical and societal, all of which are contributors to increasing the likelihood for those at risk. This report aims to provide an update on the current position in Thurrock with regard to suicide prevention and the proposed next steps aligned with nationally identified priorities. It also describes the proposed governance approach across Thurrock in collaboration with Essex and Southend colleagues.

- 1. Recommendation(s)**
  - 1.1 To note the contents of this paper and the attached SET Suicide Prevention Strategy update report.**
  - 1.2 To agree the [draft] Southend Essex and Thurrock [SET] Prevention Steering Board Terms of Reference and authorise that the Steering Board has decision-making responsibility on behalf of the Health and Wellbeing Board as appropriate.**
  - 1.3 To support the next steps proposed.**

## **2. Introduction and Background**

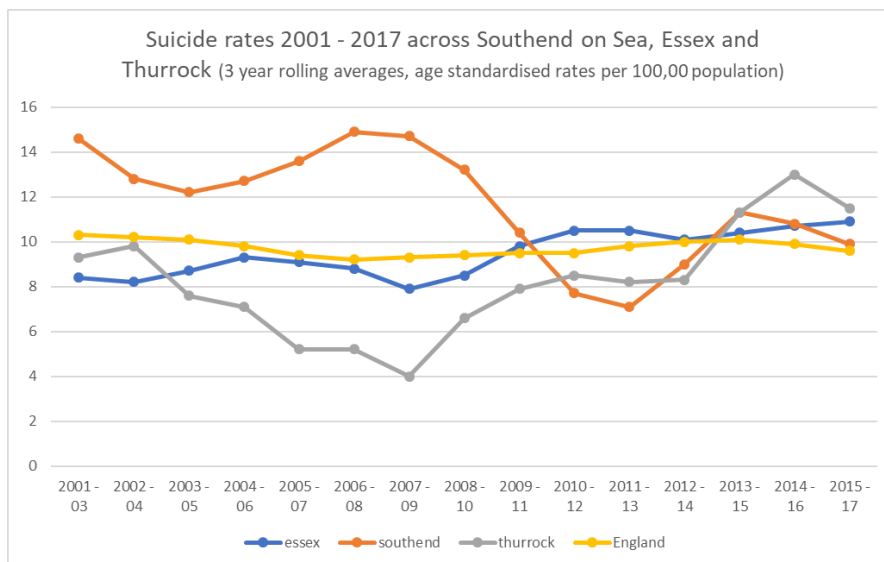
- 1.1. The devastating impact of suicide on family, friends, work colleagues and the wider community is well documented. In 2012 the Government pledged its commitment to reducing the number of suicides in England as set out in the National Suicide Prevention Strategy, *Preventing Suicide in England*.
- 1.2. More recently the Five Year Forward View for Mental Health set out an ambition to reduce the number of suicides in England by 10 percent by 2020/2021, and the NHS Long Term Plan reaffirms the NHS' commitment to making suicide prevention, implementing approaches to real-time surveillance and provision of suicide bereavement counselling a priority.
- 1.3. The complexity around suicide prevention is compounded by the fact that no single organisation can tackle this alone, (and that to some extent some contributing factors are beyond reach, e.g. breakdown of personal relationships). 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.
- 1.4. Perhaps indicative of these complexities, is the fact that in 2017 the Health Select Committee recommended a need for improvement to the implementation and governance of the National Strategy. By way of response, in January 2019 the Government published its Cross Government Suicide Workplan (Government Workplan), detailing a comprehensive set of actions across sectors, intended to drive the implementation of the National Strategy. These include embedding local suicide prevention plans in local authorities, addressing the highest risk groups including middle aged men and other vulnerable groups, and improving support for those bereaved by suicide.
- 1.5. The National Suicide Prevention Strategy Delivery Group (NSPSDG) which is responsible for coordinating and supporting delivery of the Government Workplan, have identified key themes across sectors, and potential opportunities for joint learning, namely:
  - i. Data and information sharing
  - ii. Training
  - iii. Self- harm

## **3. Local Context**

- 3.1 In 2018, there were 10 deaths due to suicide in Thurrock – which is broadly similar to the 8 deaths due to suicide in 2017. This low number makes it difficult to ascertain particular characteristics or patterns amongst suicides to direct preventative actions, so in August 2018, an audit of 141 coroner-determined suicides and open verdicts for those aged 18 and above in Southend, Essex and Thurrock individuals was undertaken by partners. This identified the following characteristics across all deaths:

- The suicide rate in Southend-on-Sea, Essex and Thurrock is broadly in line with the East of England and England's rate. Rates of suicide in Southend-on-Sea have declined over the years, while Essex rates have increased.
- There are no statistically significant differences in rates between Southend-on-Sea, Essex and Thurrock.
- Known risk factors including relationship issues, social isolation, financial issues, legal issues, unemployment/employment issues and ill health were noted in the cases reviewed.
- 73% of suicides involved males. The most prevalent age range for males was between 40 and 49 years and between 40 and 44 years for women.
- 83% of suicides in people aged 18-25 years involved substances such as drugs and alcohol. In over 36 year olds, 31% involved a history of alcohol misuse and 21% involved a history of drug abuse.

Figure 1: Suicide Rates in Southend, Essex and Thurrock, 2001-2017



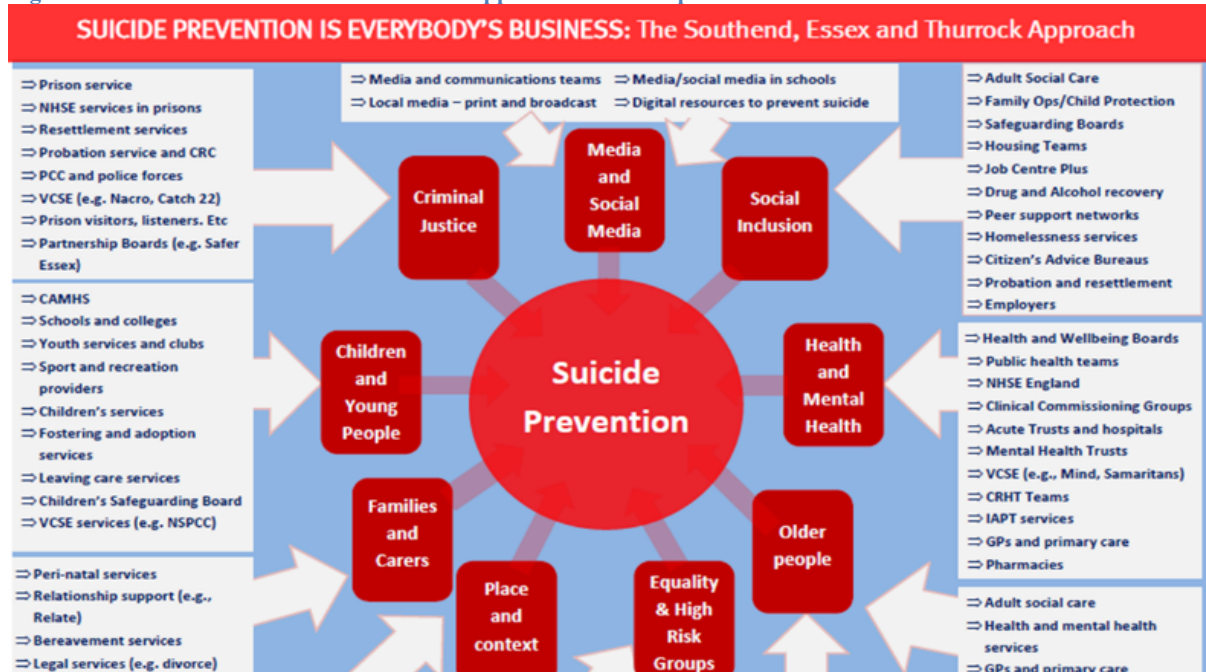
- 3.2 The above audit only looked at suicides for those aged 18 and over. Regarding children and young people, the difficulty with ascertaining true incidences of suicides lies with the fact that they are often given open verdicts rather than recorded to be suicides.
- 3.3 The Health and Wellbeing Board should take note of the *Maughan* decision by the Court of Appeal in April 2019, which now changes the understanding of the required standard of proof required to return a conclusion of 'suicide' in an inquest from the criminal court standard "beyond reasonable doubt" to the lower civil court standard "on the balance of probabilities." This may result in more deaths being recorded as suicide, which may mean a statistical increase in reported incidence of suicide in future years across the whole country.
4. **Southend, Essex and Thurrock Suicide Prevention Steering Board**

- 4.1 It was recognised that there are already multiple forums and a lot of activity being undertaken, which although not specifically directed at suicide prevention, is nonetheless targeted at the same high risk groups and indirectly intended to achieve the same outcome. Key examples in Thurrock are Safeguarding Boards, the Mental Health Transformation Board, and the Brighter Futures Steering Board.
- 4.2 However, in order to coordinate and drive forward the suicide prevention agenda in line with the national focus, Southend, Essex and Thurrock Councils have convened a Suicide Prevention Steering Board to provide system-wide leadership and expertise across the Local Authority and STP footprint. The Board is chaired by the Essex Director of Public Health. The Board will identify priorities and make recommendations on key areas including the development and monitoring of the SET Suicide Prevention Strategy and Action Plans, data collection and audit. At its first meeting in April 2019, Board members identified suicide prevention training as one area to prioritise.
- 4.3 The Steering Board has established Terms of Reference detailing its purpose and key outcomes, which the Health and Wellbeing Board is asked to review and approve. The Board accountability is to the three SET Health and Wellbeing Boards and the three STPs. The Board will require authorisation from the three HWBs to assume decision making responsibility on behalf of the HWB as appropriate. This responsibility will determine its authority to direct others to deliver against those priorities identified in the SET Suicide Prevention Strategy 2019, and for them to be accountable to the Steering Board.
- 4.4 To support the Steering Board a suicide prevention working officers group led by the three local authority public health suicide prevention leads and mental health leads for both adults and children from the Clinical Commissioning Groups, has been established to support the delivery of activity.

## **5. Actions against identified priority areas**

- 5.1 Thurrock colleagues have been working with Essex County Council and Southend Council colleagues in a joint approach to aspects of suicide prevention, and jointly developed an update report to the previous SET Suicide Prevention Strategy from 2017. The figure below depicts the types of agencies identified as required to support this work:

Figure 2: The Southend Essex and Thurrock approach to suicide prevention



5.2 The joint actions and priority themes are listed in the attached report, but they are listed again below along with the Thurrock-specific context aligned to each where applicable:

<p><b>People at higher risk</b>          Statistically, three in four deaths by suicide are by men. In 2017 in Essex suicides were highest among males aged between 40 and 49 years.</p>	<p><b>Action:</b>          The findings from the SET suicide audit will help direct our actions. In Thurrock this will include continued community approaches and support to micro-enterprises, some of which aim to support individuals in high-risk groups. Public Health also offer a targeted programme for men called <i>Shift the Timber</i>, which, whilst commissioned to improve physical health, will also impact on mental wellbeing.          In addition, the theme of World Mental Health Day this year (October 10<sup>th</sup>) is on the topic of Suicide Prevention, and this also presents opportunities to promote these support options particularly towards those at higher risk of attempting suicide.</p>
<p><b>Factors that increase the risk of suicide</b>          The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental</p>	<p><b>Action:</b>          There is a large amount of mental health transformation underway both across Essex and within Thurrock which has previously been presented</p>

<p>ill-health, drug and alcohol misuse are also contributors.</p>	<p>to this Board. Part of this work will incorporate a review of drug and alcohol support both within the hospital and as part of the mental health treatment pathway. The proposed actions around self-harm are included further below.</p> <p>Within Thurrock, there is also a large amount of activity underway to improve the diagnosis rate of depression and anxiety, and to support residents to access support. One example of this is the screening of diabetes patients at pilot GP practices for depression during their condition management reviews. This approach is also looking to embed better mental health education and improve referral pathways in other non-clinical front line professionals.</p>
<p><b>Supporting people bereaved by suicide</b>  Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and thoughts of suicide, depression, psychiatric admission as well as poor social functioning.</p>	<p><b>Action:</b>  This is a priority area identified within the NHS Long Term Plan also; and in partnership with wider stakeholders, we will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. Southend Council are leading a work stream relating to this.</p>
<p><b>Responsible media reporting and online safety for children</b>  Research shows that inappropriate reporting of suicide may lead to imitative or ‘copycat’ behaviour.</p>	<p><b>Action:</b>  It is important to work with local media to encourage reference to and use of guidelines for reporting of suicide. Essex County Council will be leading a piece of work to organise a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide.</p>
<p><b>Training</b>  The need for suicide prevention/awareness training has been identified at a national level.</p>	<p><b>Action:</b>  The SET Suicide Prevention Board has identified this as an initial priority area. We have collaboratively been scoping the relevant types of training that have been or are being delivered across the county, and Essex County Council are leading a work-stream to further advise on and promote the</p>

	<p>most robust options.</p> <p>In Thurrock, we have a number of staff who have undertaken Mental Health First Aid training across relevant organisations, and a mixture of other options. We recognise that we have an opportunity now to further promote training options through our new School Wellbeing Service.</p> <p>At STP level, a bid has been put forward for funding from Health Education England for training monies for the primary care workforce and we are waiting to hear if this has been successful.</p>
<p><b>Intelligence</b>          Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk.</p>	<p><b>Action:</b>          As mentioned above, Thurrock participated in a suicide audit with Essex and Southend councils, and it has been proposed to continue undertaking these.</p> <p>In addition, the NHS Long Term Plan highlights a commitment to exploring approaches for more real-time intelligence sharing. There will be an opportunity for either the Essex Centre for Data Analytics work on data sharing, or the Thurrock-specific solution offered by Mede Analytics to provide better predictive intelligence of those at highest risk.</p>
<p><b>Reducing access to means of suicide</b>          This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention.</p>	<p><b>Action:</b>          Continuing to undertake suicide audits will alert us to common means of suicide that are used locally. The low numbers in Thurrock each year make it difficult to identify any trends or definitive patterns, which is why we will continue to work in partnership with Essex and Southend colleagues.</p> <p>There is also a new <a href="#">Drowning Prevention Strategy</a> published by the Tidal Thames Water Safety Forum, and in light of our proximity to London and the presence of the Thames in our borough, there could be sections within this pertinent to Thurrock.</p>
<p><b>Crisis intervention</b>          The Government has committed to</p>	<p><b>Action:</b>          EPUT have set out their approach</p>

<p>addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.</p>	<p>towards the Zero Suicide ambition plan, and we will work collaboratively with them as part of the SET Steering Group. The large amount of mental health transformation work underway has previously been described - it is felt that the transformation of the mental health crisis pathway, including the introduction of a 24 hour crisis response element, will greatly contribute towards this. It is intended for the service to go live in April 2020.</p>
<p><b>Children and young people</b>  According to national research, suicide is the cause of 14% of deaths in children and young people between the ages of 10 and 19 years. We need to focus on addressing those factors which may contribute to children and young people being at higher risk of suicide.</p>	<p><b>Action:</b>  Across the county, the Children’s Commissioning Forum are working with schools to promote awareness of the risk of suicide and self-harm and to promote and embed the use of a self-harm toolkit in all schools. This is very much in its early stages locally, as in Thurrock we have not yet begun to distribute this to schools but will be looking to do this shortly. The new School Wellbeing Service will be instrumental in this by focussing on prevention and early intervention, along with supporting schools to complete the Brighter Futures Survey which will enable gathering of ongoing intelligence on the local prevalence of these risk factors.  In addition, the inclusion of funding for new ‘Mental Health Support Teams for schools and colleges’ in the NHS Long Term Plan will provide extra capacity for early intervention and ongoing help, aligned with our existing Emotional Wellbeing &amp; Mental Health Service.</p>
<p><b>Self - harm</b>  The National Suicide Prevention Strategy has been updated to include the need to address self-harm as a key issue.</p>	<p><b>Action:</b>  It is important that NICE guidance on aftercare provided following presentation at emergency departments following self-harm is adhered to.  This has been identified as an area to focus on by the pan-Essex Mental Health Whole System Transformation Group for 2020/21, which contains the</p>



## **6. Reasons for Recommendation**

- 6.1 A death by suicide has a profound impact on individuals, families, and communities and preventing such deaths is a government and Thurrock priority.
- 6.2 A joint approach with Essex and Southend partners aligned around the national priority areas allows us to work more effectively, reducing duplication and creating better outcomes for our populations, whilst allowing for local flexibility. It recognises the role of multiple organisations in suicide preventative activities rather than it falling to one organisation or team. This approach will be managed by the SET Suicide Prevention Steering Board.
- 6.3 This multi-agency, preventative approach is very much in alignment with the principles within Public Health England's *Prevention Concordat for Better Mental Health* – to which Thurrock Health and Wellbeing Board became a signatory last month.

## **7. Consultation (including Overview and Scrutiny, if applicable)**

- 7.1 As the strategy and report contents reflect the ongoing and intended work of organisations and partnerships, no consultation has been undertaken specifically on this report.
- 7.2 Southend Health and Wellbeing Board received the attached Southend, Essex and Thurrock update report and draft Terms of Reference at their meeting on 12<sup>th</sup> June, and were in support of the approach proposed.
- 7.3 Essex Health and Wellbeing Board received the attached Southend, Essex and Thurrock update report and draft Terms of Reference at their meeting on 17<sup>th</sup> July and particularly voiced their support for the whole-system approach and recognition of the existing fora in place to drive this work.

## **8. Impact on corporate policies, priorities, performance and community impact**

- 8.1 The approach outlined in this report and the SET Suicide Prevention Strategy Update report 2019 aligns with the 'People' priority [*People – a borough where people of all ages are proud to work and play, live and stay.*]

This means:

- high quality, consistent and accessible public services which are right first time
- building on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing

- communities are empowered to make choices and be safer and stronger together

8.2 It also aligns with Goal C of the Health and Wellbeing Strategy 2016-2021 [*Better Emotional Health and Wellbeing*].

## 9. Implications

### 9.1 Financial

Implications verified by: **Roger Harris, Corporate Director, Adults Housing and Health**

There are no direct financial implications arising from this report. Specific pieces of work that may arise from the contents of the strategy will be subject to full business cases.

### 9.2 Legal

Implications verified by: **Tim Hallam  
Acting Head of Law**

There are no known legal implications arising from this report.

### 9.3 Diversity and Equality

Implications verified by: **Natalie Warren  
Strategic Lead - Community, Development and Equalities**

The National Suicide Prevention Strategy, *Preventing Suicide in England* and the Cross Government Suicide Workplan recognise the importance of tailoring approaches towards high-risk groups. The work areas described in this report should reduce these inequalities and promote population wellbeing. A Community and Equality Impact Assessment will be undertaken to ensure we capture any impacts for protected groups from future actions we may undertake.

### 9.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

The next steps proposed in this report should improve health and wellbeing in the local population.

## 10. 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):

- Southend, Essex and Thurrock Audit of Suicides, 2017
- National Suicide Prevention Strategy, *Preventing Suicide in England*, 2012

#### **11. Appendices to the report**

- Southend, Essex and Thurrock Suicide Prevention Strategy Update Report 2019
- Southend, Essex and Thurrock Suicide Prevention Board Terms of Reference

#### **Report Author:**

Maria Payne  
Strategic Lead for Public Mental Health and Adult Mental Health System  
Transformation  
Public Health Team