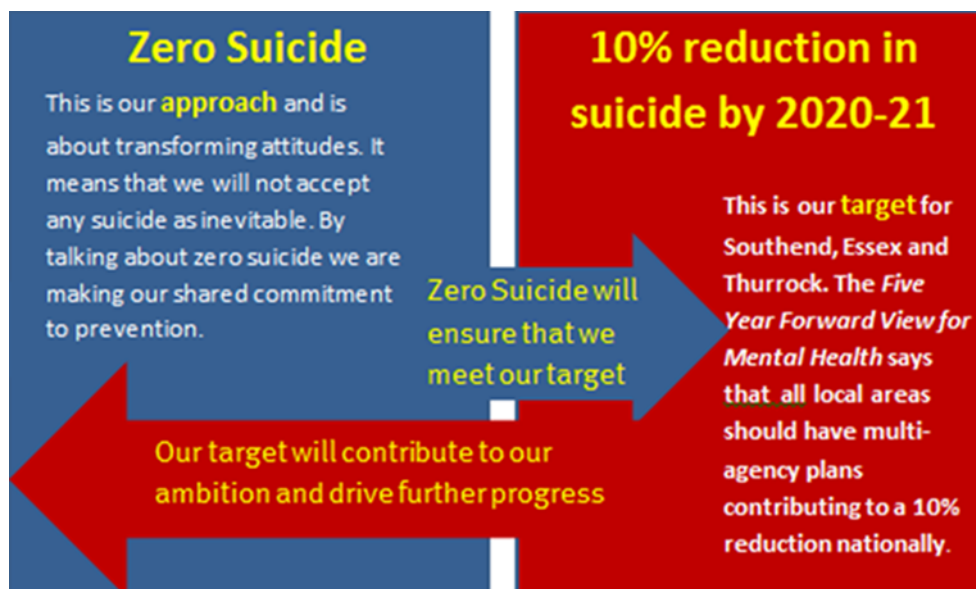


Southend, Essex and Thurrock Suicide Prevention Strategy update report 2019



Introduction

We are pleased to produce this updated report of the Southend on Sea, Essex and Thurrock Suicide Prevention Strategy, which is a collaboration between public health, health, social care and the third sector, to address suicide within our communities.

Contrary to perceptions by both professionals and the public, much can be done to reduce the rate of death by suicide.

First of all, we need a strong primary prevention strategy of improving wellbeing, reducing social isolation and loneliness, promoting an active and healthy lifestyle for the whole life span. There is the National Suicide Prevention Strategy, *Preventing Suicide in England*, as well as our own, bringing investment into perinatal, early years, children's and young people's wellbeing, as well as looking at transition into adulthood which will support this work.

Secondary prevention arises once people begin to experience some of the adverse factors in their lives which can contribute to suicidal thoughts. It is vital that people have the confidence to ask how a friend, neighbour or co - worker is feeling, and how to help if they are feeling vulnerable. Just as we have taught members of the public to carry out basic life support and first aid, the same can be achieved around risks of suicide, hence the importance of large scale training both for professionals and members of the wider community.

We know that people who are isolated, have lost their jobs, who are separating from partners, who are suffering depression and anxiety, are more at risk. Middle aged

men and the old are at particular risk, and of course, in Essex, we have a particular focus on young people and prevention.

We have embraced an ambition around Zero Suicide. Most suicides occur outside of contact with secondary care mental health services. So this is, indeed, everybody's business to be aware, and to develop solutions collaboratively to support safe systems of support, which can be non - medical such as safe havens, social prescribing to reduce isolation, or working with employers to reduce risk and with schools to engender wellbeing. We are well placed to make use of additional funding for urgent and emergency mental health crisis care too, meaning that when people are in crisis they will receive evidence based therapeutic care, and that families and friends are included in the care process.

Finally, it is vital to have in place support for people after a suicide, termed *postvention*. There are significant increases in the risk of suicide in those bereaved by suicide, and we plan to have a consistent approach to this important area.

As part of this strategy, we need to demonstrate the impact, and will seek to co-produce solutions with people who have experienced suicidality, and also with carers and families. The national Government target is to reduce suicide the rate of suicides by 10% by 2020/2021. We are more ambitious than that; we need to have a firm focus on significant reduction of an event which is catastrophic both for the individual but also for all that know that person.

Mike Gogarty – Director Public Health, Essex

Ian Wake – Director Public Health, Thurrock

Krishna Ramkhelawon – Director Public Health, Southend on Sea

Caroline Dollery – GP and Clinical Champion for Suicide Prevention

National Context

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* (National Strategy).

More recently, the Five Year Forward View for Mental Health set out an ambition to reduce the number of suicides in England by 10 per cent by 2020/2021, and the NHS Long Term Plan reaffirms the NHS' commitment to making suicide prevention a priority. The NHS Long Term Plan noted various actions including transition between child and adult services, crisis care including post crisis support, support for those who self - harm, and ambitions for mental health inpatient quality and safety.

Suicide is complex and challenging, due the vast range of underlying factors, including health, social, economic, geographical, demographical and societal, all of which are contributors to increasing the likelihood for those at risk. 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.

In January 2019, the Government published its Cross Government Suicide Workplan (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, addressing the highest risk groups, including middle aged men and other vulnerable groups, and improving support for those bereaved by suicide. The Workplan identified priorities around training, information sharing and self-harm.

The six national priorities for action are:

1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;
4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

Local Context



The approach above shows that we recognise suicide prevention to be everybody's business – i.e. that whilst the planning responsibilities were given to upper tier and unitary authorities, in order to implement change, a large number of partners need to be involved.

The planning and coordination work is being led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017, and cross referenced the actions of supporting forums and action, for example, the Mental Health Crisis Care Concordat and the Essex Safeguarding Boards.

More recently, Sustainability Transformation Partnerships (STPs) are expected to report on their action plans, and potentially funding will be allocated on this basis. Adult

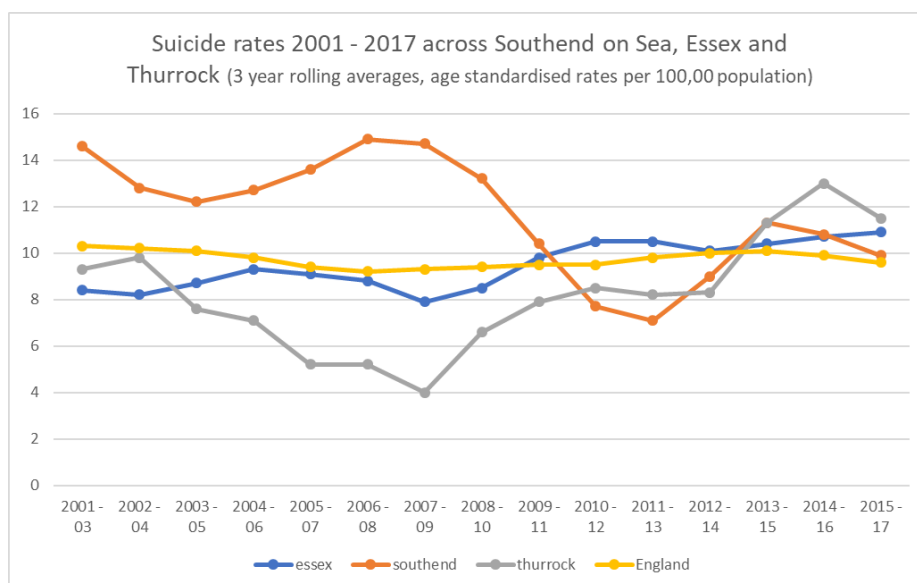
mental health commissioning arrangements are transforming to mirror the new STP footprints. The arrangements for children’s and young people’s mental health treatment currently remains on the SET footprint.

A new SET Suicide Prevention Steering Board (Steering Board) has been proposed to oversee the SET Suicide Prevention Strategy and implementation by the various forums involved in its delivery. The Board is formed of the three Directors of Public Health for SET, the three STP Senior Responsible Officers for Mental Health, the clinical champion for suicide prevention and ECC Director for Children and Families. The intention is to invite representation from the police and higher education. It is also intended that a virtual stakeholder group will be formed.

The Steering Board is supported by a lead officers’ group comprising the three SET lead Public Health officers and health. Southend on Sea and Thurrock had already set up their own local suicide prevention steering groups to oversee local implementation. The officers are also part of a regional suicide prevention network which is facilitated by Public Health England.

Suicide Prevention Target

The national ambition is to reduce the suicide rate in England by 10 per cent by 2020/21 from 16/17 baseline. There is no combined SET measure; Southend on Sea has declined over the last few years, whilst Essex has increased.



Audit of Suicides in Southend on Sea, Essex and Thurrock 2017

An annual audit of suicides amongst individuals aged 18 and over in Southend on Sea, Essex and Thurrock is undertaken. The latest audit undertaken in 2017 found that the demographics and risk factors mirrored the national picture.

141 SUICIDES ACROSS SET IN 2017

Of the total, 111 were Essex over the age of 26. A sample of 49 of these records were included.



DEMOGRAPHICS

73% of suicides involved males. The most prevalent age for males was between 40 and 49, and between 40 and 44 for women.

DRUG & ALCOHOL

83% of suicides for people aged 18-25 involved substances such as drugs and alcohol.

In over 26 year olds, 31% involved a history of alcohol misuse, and 21% involved a history of drug abuse.



EMPLOYMENT

In Southend, 55% of people who took their own lives were not in employment.

More than half of people aged 18-25 were not in employment, and only 8% were listed as students.

Suicide prevention key findings and recommendations from the Audit

The table below lists the high-level conclusions reached from the audit data and recommendations proposed by the audit authors. These should be considered in conjunction with the full actions and recommendations table at the end of this report.

Finding	Recommendation
<p>The suicide rate in SET is broadly in line with the East of England and England's rates. There are no statistically significant differences in rates between Southend on Sea, Essex and Thurrock and few frequently used locations were identified.</p>	<p>The audit showed that SET has few frequently-used locations which merit extensive intervention; however continued undertaking of the audit will enable us to monitor the use of public places and waterways for any emerging risks or trends, and explore partnership working with agencies such as the coastguard to optimise opportunities for prevention and signposting.</p>
<p>Known risk factors including relationship issues, social isolation, financial issues, legal issues, unemployment/employment issues and ill health were noted in the cases reviewed</p>	<p>Given the breadth of risk factors encompassing social and medical factors, training on suicide awareness should be offered to agencies that support those likely to be at higher risk (e.g. those identified in the diagram on page 3) in order to intervene earlier and prevent suicide being attempted. This also underlines the importance of involving these agencies in the approach to suicide prevention.</p>
<p>Involvement of medicines and drugs was more prevalent in the young person age group</p>	<p>Identify potential training needs and/or safeguards to be put in place around analgesic medications targeted towards this age group.</p>
<p>Use of technology and social media as a way of communicating intent especially among younger adults;</p>	<p>Work is required with social media organisations perhaps at a national level which educates the public that this medium is used in communicating intent. Locally there might also be the opportunity to use technologies and algorithms to better detect this and offer earlier targeted support.</p>

The sections in the report below go on to detail some of the high-level activity that is taking place under each theme. It is recognised that this may not describe all current work programmes within each local area, but it provides an overarching summary position.

Bereavement and postvention

Bereavement and Postvention Support Group

A SET Bereavement Support Task and Finish Group (SETBS Task and Finish Group) was established in March 2018. Key priorities have been agreed with actions to focus on providing better information and support to those bereaved or affected by suicide. The group has:

- undertaken a comprehensive review of support organisations and resources at a local and national level;
- completed a pathway review of the response to a death by suicide;
- made progress with funeral directors that offer support to people bereaved by suicide; and
- are in the early stages of developing a reporting form to support families bereaved by a sudden death with Essex Police.

Actions for 2019 /20 for bereavement and postvention support group

The Group further aims to:

- establish a single point of online presence for bereavement by suicide resources and organisations; engage existing groups and networks supporting bereaved members of our communities to determine their immediate and longer-term needs in the aftermath of suicide;
- engage with individuals bereaved by suicide to share their stories to raise the profile of suicide prevention and mental wellbeing;
- determine the need for (and funding of) a SET bereavement and postvention support service, by reviewing the existing services available, undertaking an assessment of support needs of people bereaved by suicides, and develop options that meet the immediate a longer term needs of people bereaved by suicide. This is likely to include training to support people in contact with families bereaved by suicide.

Media



Building on previous campaigns, for the 2018 World Suicide Prevention Day, SET delivered a coordinated multi partner communications campaign underpinned by a

local communications tool kit for partners across all three areas, with suggested messages, aligned to national resources, through the use of social media such as Facebook and Twitter.

Promotion through Southend on Sea Borough Council social media platforms, in partnership with the Samaritans, has taken place for national campaigns including World Suicide Prevention Day; World Mental Health Day; Brew Monday; Mental Health Awareness Week, and Time To Talk Day. This promotion has highlighted the importance of mental wellbeing and seeking support from local agencies. Southend on Sea Association of Voluntary Services hosted a '*Let's have a conversation about suicide*' Question Time style event in September 2018, where an expert panel was invited to respond to audience questions about suicide and suicide prevention.

It is important that the press continues to report on suicide as this can assist in reducing stigma and increase public awareness of the issues surrounding suicide. We intend to explore the current usage of the *Samaritans Media Guidelines for Reporting Suicide* with the potential intention to adopt them across partners in order to ensure safe reporting.

Our audit identified that people are increasingly using social media to communicate intentions; as per the recommendation table, there is an opportunity to use technologies and algorithms to support earlier identification of those using these media in order to direct them towards support services and organisations.

Training for professionals and communities

Health Education England has published suicide and self-harm prevention competency frameworks for children and young people, adults and public health: <https://www.ucl.ac.uk/pals/self-harm-and-suicide-prevention-competence-framework>
We will reference this framework in all training development going forward.

ECC led the pilot of suicide prevention training using a *Training the Trainer* approach. Four courses were delivered and although this proved not sustainable for various reasons, we have learned valuable lessons for future implementation. Organisations across Essex have invested in both suicide awareness and Mental Health First Aid training and nominated first aiders. ECC's work with community Facebook groups has included promotion of online suicide prevention awareness training, including the NHS Health Education England programme, in partnership with Public Health England, *Suicide Prevention – We need to talk about suicide*; and the Zero Suicide Alliance e learning training <https://www.e-lfh.org.uk/programmes/suicide-prevention/> and <https://www.zerosuicidealliance.com/>

There are further future opportunities to expand upon training offered to front line professionals – see actions table at the end of this report.

Supporting research, data collection and monitoring

We are grateful to the Essex Coroner for continued access to the records to enable the annual audit of suicides in Southend on Sea, Essex and Thurrock. We are exploring with the Coroner the potential to undertake ongoing audit of deaths by

suicide on a more real-time basis which would enable us to monitor trends as they emerge and facilitate earlier action.

Data sharing agreements: the Essex Centre for Data Analytics – sponsored by ECC, Police Fire and Crimes Commissioner (PFCC), and University of Essex – has been set up to act as a coordinating function across the Essex system. Proof of concept has been demonstrated through pilot topics and mental health crisis is being established for wave two (see below). The aim is for the data centre to receive a regular flow of data from organisations across the County which will allow for analysis and targeted commissioning.

The mental health crisis data project aims to help identify Essex residents at risk through establishing a mental health crisis early warning system and to support agency collaboration around individuals towards prevention.

We will explore other measures for monitoring the impact on suicide beyond the national target.

Reducing access to the means of suicide

The audit identified no specific frequently used locations across wider Essex. However, it is intended that we will continue to monitor place of death and plan action in respect of any priority locations. Both Network Rail and Chelmsford City Council are exemplar organisations in terms of demonstrating good practice and improved support and monitoring.

Chelmsford City Council worked with the Samaritans to provide signage which provided a contact number for vulnerable persons to contact the charity and arranged for frontline officers to have a general awareness training session on suicide prevention. They upgraded their cctv to provide better coverage of the top floor of the car which included static perimeter cameras to alert cctv operators to activity around the top floor and more importantly the car park edges. Further funding was granted in 2018/19 to provide fencing for the all levels of the car park. These works were completed in the Autumn of 2018.

Network Rail & British Transport Police have a rigorous approach to prevention and crisis management including an escalation process with local partners when a number of suicides or attempts are made at specific locations on their network.

Their approach includes:

- training of railway employees to look out for and offer support to people who may be considering taking their own life on the railway;
- working in partnership with the Samaritans within the wider community to de-stigmatise suicide and promote help-seeking behaviour;
- using traditional mitigation measures, such as fencing, to prevent access to the railway tracks;
- developing new ways to meet the suicide challenge on the rail network, such as a smartphone app for customers to alert staff to those they consider to be at risk on the railway.

We could consider similar arrangements for notification and escalation with the coastguard and RNLi. We will have regard to the UK National Drowning Prevention Strategy 2016-20, and consider our role with respect to the Tidal Thames Water Safety Forum.

Crisis intervention and acute care mental health transformation joint working

The current arrangements for adult mental health are a joint effort between the seven CCGs and the SET local authorities. Increasingly, some arrangements are being planned and delivered on STP footprints in line with how national funding is being allocated, although locality-focussed approaches are favoured where possible. The NHS Five Year Forward View and NHS Long Term Plan set ambitions for mental health crisis care, including 24/7 single point of access and post crisis support, as well as support for families and staff affected by suicide.

The STPs and collaborations are each progressing:

- development of STP Mental Health Emergency response and crisis care pathway;
- Sections 135 and section 136 System Preparedness Plan – response to legislative amendments of the Mental Health Act 1983 by the Policing and Crime Act 2017 (amendments);
- Phase 1 - These amendments were enacted on 11 December 2017. A Pan Essex System Preparedness Plan was signed off in November 2016 by the seven Essex CCGs, five Acute Trusts, three Local Authorities, the Ambulance Service and Essex Police. This defined a centralised bed management system including the s136 suites and mainstreamed the Street Triage service, (subsequently secured as part of the integrated Essex Health and Justice Service) to provide the police with mental health expertise, divert detentions and reduce system including A&E;
- Phase 2 - Liaison mental health service in all of the acute hospitals meeting the Core 24 service standard. These services, which are delivered by a multi-disciplinary team comprising of medical staff, nurses, psychologists and support workers, aim to see patients in A&E within one hour and to discharge them from the A&E department to the clinically appropriate pathway within four hours. It provides an assessment, diagnosis, treatment and risk management model. The service philosophy is to ensure that, for all those attending the general hospitals, they have their mental health considered on par with their physical health, ensuring quality of care, respect and dignity. South Essex CCGs have commissioned enhanced Core 24 model psychiatric liaison services at BTUH and SUFHT. A Core 24 Light service was launched in MEHT on 21 December 2018;
- Phase 3 – Developing the 24/7 Crisis Response and Care pathway. The Mental Health Five Year forward View sets out that, by 2020/21, the NHS needs to commission Crisis Resolution and Home Treatment Teams (CRHTTs) across

England to ensure that a 24/7 community-based mental health crisis response is available in all areas, and that these teams are adequately resourced to offer intensive home treatment and not just assessment as an alternative to acute admission. Mid & South Essex STP is in an advanced stage with a business case going through CCGs governance for sign off for development and implementation of a 24/7 service model that will ensure access to responsive support in the least restrictive environment for individuals in a mental health crisis.

Mental Health Five Year Forward View (MHFYFV): Priorities for 2020/21

The MHFYFV has set priorities for increased access to psychological therapies, early intervention for psychosis, perinatal mental health care and care closer to home for tertiary level care. Local progress includes:

- Improvement on the access standard for Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EIP) with South CCGs being on track to be at level 3 standard of NICE concordant interventions;
- Review of the EIP offer to include Individual Placement and Support employment specialist with the teams;
- Essex wide perinatal mental health services in operation providing access to specialist perinatal mental health community services across the County;
- Development of Integrated IAPT (Long Term Conditions) services across the Mid & South STP CCGs with a focus on increased access for individuals with anxiety and depression whilst ensuring over 50% recover;
- Focus on IAPT expansion and co-location/delivery of modalities within practices *as an extension of primary care*;
- Development of new models of care with a focus on personality disorders.

Reducing the risk of suicide in High Risk Groups

Organisations across Essex are working on a number of programmes aimed at tackling social isolation and loneliness, and those with other risk factors as described earlier in the report. Examples differ between localities, but initiatives include:

Befriending, with a fresh focus on how we support people, including older people, those with learning disability and Autism, those with mental health conditions and those with caring responsibilities.

Live Well Link Well - this initiative draws together Community Agents and Social Prescribers to provide a single point of access for people who are socially isolated and or lonely, to signpost/link people to services/support within the community which is best suited to meet an individual's needs. This might include signposting or linking with community based support like Men's Sheds.

Men's Sheds offer a community space for men to get together and take part in practical activities such as woodworking, repairing items and various crafts. The new Chelmsford Shed, for example, aims to offer a space for older men to share skills, feel less isolated and become part of a community. There are a range of health benefits from being involved with a Shed project.

Southend on Sea intends to plan the 2019 *Let's have a conversation about Suicide* Question Time style event, in conjunction with World Suicide Prevention Day, with a focus on improving mental wellbeing and help seeking behaviour in men.

Microenterprises: Thurrock is supporting a number of small services run by 1-8 people which can deliver flexible support to people within the local community. These support people to live more independently, live a fuller life and keep well; and can offer an alternative to more traditional services. Microenterprises already up and working in Thurrock include care and support services, lunch clubs, mental health outreach café, nutritional advice, and sensory clubs with more in development. These are very much in alignment with Thurrock's asset-based approach within communities, the deployment of Local Area Coordination and community hubs, and the redesigned Community Led Support approach to providing adult social care.

Children and Young People

The arrangements for Children's and Young People's mental health treatment are planned on a collaboration between the seven CCGs and the three SET Local Authorities.

The Essex Children and Young People's Strategic Partnership brings together different agencies who represent children, young people and their families/carers, working together to drive change that will deliver better outcomes.

The Essex Early Help Offer ('Offer') (reviewed August 2018) is aimed at children and young people (and their families/carers) who require support, in particular those at higher risk of poor outcomes, for example, due to domestic violence, are in care / leaving care, young offenders, not in education, employment or training (NEET), or who have parents with mental health needs.

The Offer provides support to enhance skills and resilience to cope, rather than waiting for a child/young person to reach crisis point. Level of need is based on the Essex Effective Support Windscreen, ranging from low level (universal services) through to specialist, high level interventions often involving a statutory process.

There are a number of services which form part of the Offer, including those listed below and delivered via partnership delivery working between schools and academies, CCGs, police divisions, district/borough/city Councils and the unitary authorities of Southend on Sea and Thurrock, namely:

- Emotional Wellbeing and Mental Health Service (EWMHS)
- Essex Child and Wellbeing Service (ECFWS)
- Family Solutions
- Multi Agency Risk Assessment Team (MARAT)

- Missing and Child Exploitation (MACE)

The Essex Children's Safeguarding Board audit and thematic review (Thematic Review) was undertaken in 2018 in response to concern about a higher than expected number of suicides in young people. The audit found nothing to differentiate between the nine young people who took their own lives as compared to all the other young people with the same/ similar vulnerabilities who do not take /attempt to take their own lives. While the main focal point was suicide, at the crux of this is the emotional health and wellbeing of young people. Prevention of suicide requires societal change which addresses the increasing pressures faced by young people and supports them to become more resilient and equipped to cope with these pressures.

The response to the Thematic Review and work linking to the findings includes:

- Establishment of the Emotional Well-Being and Mental Health Board which will co-ordinate all support commissioned and delivered linked to supporting children and young people's emotional wellbeing and mental health. The Board will focus on and have oversight of a number of objectives including development of a clear action plan to implement the recommendations from the Thematic Review.
- Implementation of Self Harm Tool kit to support those working with young people in educational settings to raise awareness, increase understanding and awareness of emotional distress, risks and signs of self - harming. Work is currently underway to promote and embed use of the Tool kit in all schools across SET.

Other work with schools, which particularly relates to prevention of mental ill-health and promoting good wellbeing includes:

- The Emotional Well-being and Reducing Risk of Suicide guidance has been updated and shared with/promoted to all schools (September 2018);
- The Self-harm guidance / on-line portal is promoted to all schools at termly safeguarding briefings;
- Regular 'drip-feed' of information about mental health / emotional well-being in the termly safeguarding briefings for schools and a dedicated section on Essex School Infolink with information and resources to support schools;
- MHFA training for schools for Spring and Summer term 2019;
- Introduction of the Essex Approach to Understanding Behaviour and Supporting Emotional Wellbeing, incorporating trauma-perceptive practice (TPP) – this new approach focusses on the impact of trauma on the child and helps to understand behaviour and learning in that context. It is being piloted in Essex schools in the summer term 2019 and will be available to all schools across 2019/2020 to assist them in developing whole school approaches and systems to promote emotional wellbeing for all;

- Secondment of Educational Psychologists for one day per week to work within EWMHS quadrant teams (1 FTE post) to support the training offer to schools around emotional well-being and mental health;
- Recent Stay Safe quadrant 'Prevention of Suicide' conferences.
- Promotion of the use of Kooth online counselling and emotional wellbeing portal to young people across Essex

A Southend on Sea Children's Emotional Wellbeing and Mental Health Partnership Group, with a particular focus on self-harm and suicide prevention in school settings, has also been established.

Thurrock is due to launch the new Schools Wellbeing Service in Autumn 2019, which will aim to improve mental health and wellbeing, build resilience and ensure a mentally healthy school environment for children and young people. It will also drive the completion of the Brighter Futures survey which provides regular intelligence on the health of our local child population, and support delivery of the required actions.

Emerging themes in national policy and guidance since the SET strategy 2017

In the 2012 national strategy one of the key priority areas was reducing the risk of suicide in high risk groups. This includes those with mental health problems, self-harm and those in the criminal justice system. Each of these has gained more prominence in the last couple of years. Self-harm has become a seventh priority in its own right. The Government has set a Zero Suicide ambition for mental health inpatients. Similarly, the Prison Safety Programme has been emphasised in the wake of deaths in custody.

Self - Harm

Self-harm is a key indicator of risk of suicide within community, hospital and custodial settings. Self-harm has been raised as a key outcome in its own right as well as for its increase in risk for suicide. Various national strategies, including the Fourth progress report of the cross-government outcomes strategy to save lives and the NHS Long Term Plan, highlight the increasing importance of this interrelated topic to suicide prevention. Locally, self-harm has been found as a factor in the adult audit and the children's thematic review. We have mentioned above the work undertaken on self-harm in children and young people, and the NHS Long Term Plan sets out new expectations to manage self-harm.

Ensuring every mental health trust has a Zero Suicide ambition plan for mental health inpatients by the end of 2018/19 – Essex Partnership University Trust (EPUT)

EPUT has developed a strategic framework 2018-2020 which forms part of the Trust's Quality Strategy which sets out in full the Trust's new vision, values and strategic priorities.

Key actions include:

- By January 2020 we will implement the recommendations of our working groups on Suicide Prevention Clinical Practice; Suicide Prevention Learning and Communication, and Suicide Prevention Carer and Family Involvement;
- The Workforce Competency building is a rolling programme through alliance with the Connecting with People Ltd;
- We have linked with the Public Health suicide prevention strategy through Southend on Sea, Essex and Thurrock Councils. We continue to be a partner in the wider regional strategy;
- A group focussing on our identified at risk groups will follow on from the work above. There is already a proposal for a re-designed personality disorder pathway in collaboration with local CCGs;
- We have developed and embedded a mortality review process in keeping with the NHS Board recommendation in 2017 (and we would be happy to forward our policy and procedures document should it assist).

The next steps are:

- The Suicide Prevention Group is responsible for the overall delivery of the Suicide Prevention Strategy. An action plan will be developed to underpin each pledge within the document. Progress and actions will be monitored through the Group on a quarterly basis, with assurance provided to the Finance and Performance Committee on a six monthly basis;
- To have a Suicide Prevention dashboard by August 2019;
- Update the Suicide and Self-harm Trust policy by October 2019.

Prison Safety

The number of self - inflicted deaths has been increasing within the prison setting. Key elements of the national Prison Safety Programme include the recruitment of new prison officers; the roll-out of improved training for prison staff; the launch of an innovative Suicide Prevention Learning Tool; ongoing funding to the Samaritans to support the Listener scheme; and ongoing investment and modernisation of the prison estate.

NHSE East & Midlands have commissioned a new Improving Access to Psychological Therapy (IAPT) service for Chelmsford Prison which has within its specification and approach to proactively identify people who fall into the following categories, and approach them to offer their services, and include those:

- received in to prison for the first time;
- accused of an offence against a family member;
- recalled to prison;
- aged under 30 years.

The purpose of making contact will be to ask the prisoner how they are coping, answer any questions they may have, sign post to services which may support, such as mental health, Listeners, chaplaincy and give the direct message that the prison will provide support for anyone finding it difficult to cope. This has been commissioned as a two year pilot in response to suicides in Chelmsford Prison.

Summary and Actions

The table below illustrates the key themes from this report along with the key actions and next steps.

1	<p>Impact of suicide In 2017, there were 140 deaths from suicide registered for adults in Southend on Sea, Essex and Thurrock.</p>
	<p>Action: The national target is to reduce suicide by 10% by 2020/21. Locally, we will commit to actions set out below to achieve this target and more. This work will be overseen by the Southend on Sea, Essex and Thurrock (SET) Suicide Prevention Steering Board (Steering Board).</p>
2	<p>Suicide is everyone's business A whole system approach is required, with local authorities, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.</p>
	<p>Action: The Steering Board will oversee the work of the strategy and other local plans to deliver those actions known to reduce the risk factors for suicide. This work will be the led by the Steering Board.</p>
3	<p>People at higher risk Men and women are at risk of suicide. Statistically, three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. In 2017 in Essex suicides were highest among males aged between 40 and 49 years.</p>
	<p>Action: We are committed to supporting and helping to grow community-based initiatives which can provide critical but informal support in non-traditional /non clinical settings such as Men's Sheds. This work will be led jointly by the three SET Councils.</p>
4.	<p>Factors that increase the risk of suicide The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental ill-health, drug and alcohol</p>

	misuse are also contributors.
	<p>Action: We are changing the way mental health services are provided across Essex which will improve access to support for both adults and children, eg psychological therapies, as well as increased specialist support eg perinatal mental health services. This work will be led by the three STP mental health forums.</p>
5.	<p>Supporting people bereaved by suicide 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>Action: We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. We will work with partners to ensure that the <i>Help is at Hand</i> booklet is given to those bereaved or affected by suicide in a timely manner. This action will be led by Southend on Sea Council's Public Health team.</p>
6.	<p>Responsible media reporting and online safety for children Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.</p>
	<p>Action: We will liaise with local media to encourage reference to and use of guidelines for reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide. This work will be led by Essex County Council's Public Health team.</p>
7.	<p>Training The need for suicide prevention/awareness training has been identified at a national level.</p>
	<p>Action: We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution to prevention. In line with the national suicide prevention strategy, we are prioritising suicide first aid training for professionals who are most likely to come into contact with individuals/ groups at risk of suicide. We will use Facebook and other social media channels as part of a wider communications plan for promoting suicide awareness training within our communities. This action will be led by Essex County Council's Public Health team.</p>
8.	<p>Intelligence Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk.</p>
	<p>Action:</p>

	<p>We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources is collated and analysed to improve our collective insight about suicide locally. This action will be led jointly by the three SET Council Public Health teams.</p> <p>Stakeholders from various parts of the local system (health providers, local authorities, police and crime) are working with the Essex Centre for Data Analytics to develop shared predictive intelligence in order to better target future preventative work.</p> <p>There is also the opportunity to explore technologies which use algorithms based on people's online activity to better identify those at risk of suicide and directing them towards appropriate support. Thurrock Council will begin to investigate this.</p>
9.	<p>Reducing access to means of suicide This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention.</p>
	<p>Action: We are working closely with Network Rail as well Chelmsford City Council to identify and monitor frequently used locations in Essex. Where such a location is identified, action will be taken and resource focused to reduce means of access for others thus reducing risk. We will forge new networks to address the risks around our waterways. This action will be led jointly by the three SET Councils Public Health teams.</p>
10.	<p>Crisis intervention The Government has committed to addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.</p>
	<p>Action: We are transforming the way support to those in crisis is provided including a 24 hour Liaison mental health service in our hospitals; with specialist mental health staff on hand to assess patients A&E. This work will be led by the Crisis Concordat / three STP mental health forums.</p>
11.	<p>Children and young people 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>Action: We are working with schools to promote awareness of the risk of suicide and self-harm through sharing guidance and providing regular information and updates about mental health and emotional wellbeing. Work is also currently underway to promote and embed the use of a Self Harm Tool Kit in all</p>

	schools across Southend on Sea, Essex and Thurrock. This work will be led by Essex County Council on behalf of the Children's Commissioning Forum.
12	<p>Self - harm The National Suicide Prevention Strategy has been updated to include the need to address self - harm as a key issue.</p>
	<p>Action: We will implement NICE guidelines on self - harm, specifically ensuring that people who present at emergency departments following self - harm receive a psychological assessment. This work will be led by the three STP mental health forums.</p>