

Southend-on-Sea Health & Wellbeing Board

Agenda
Item No.

Report of the Interim Director of Public Health

To
Health & Wellbeing Board
On
Wednesday 12th June 2019

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For information only		For discussion	x	Approval required	x
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Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy-Progress Update

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To provide the Board with an update of the Southend-on-Sea, Essex and Thurrock (SET) Suicide Prevention Strategy 2017.

2. Recommendations

- 2.1 The Board is asked to note the SET Suicide Prevention Strategy 2019 Update provided.
- 2.2 The Board is asked to agree the [draft] SET Suicide 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.
- 2.3 The Board is asked to agree that suicide prevention training and bereavement by suicide support are priority actions for development on a SET footprint.
- 2.4 The Board is asked to agree Option 2, as detailed in section 5 of the Paper, as the preferred mechanism for implementing suicide prevention training.

3. Background & Context

- 3.1 The impact of any death is profound, affecting loved ones, friends, work colleagues and entire communities. The impact of a death from suicide can be more complex due to the often unexpected nature of the death as well as delays in investigation and conclusion.
- 3.2 Mental health is a key factor in suicide, yet the majority of those who take their own life were not in contact with mental health services. In the main, the causes are the everyday pressures of health, relationships, and finances that we may all struggle with.

As such, there is no one solution to preventing suicide. By having a thriving and prosperous local economy, safe communities, a focus on health and wellbeing, and a strong start in life, we can reduce some of the risks.

- 3.3 This complexity is further 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 service providers, the criminal justice system, emergency services, workplaces, communities and the voluntary sector.
- 3.4 In 2012, the Government published a report entitled *Preventing Suicide in England*, which set a welcome blueprint for local authorities and others. This has since been supplemented with further guidance from Public Health England. The *All-Party Parliamentary Group on Suicide and Self-Harm Prevention Inquiry into Local Suicide Prevention Plans in England 2015* recommended that all local authorities have in place by the end of 2017 suicide audit work, a suicide prevention plan and a multi-agency group to implement the plan.
- 3.5 The *Five Year Forward View for Mental Health*, published in 2016, set out an ambition to reduce the rate of suicides in England by 10 per cent nationally by 2020/21.
- 3.6 In January 2019, the Government published two documents, *Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives* and the *Cross-Government Suicide Prevention Workplan*. These documents prioritised embedding local suicide prevention plans; delivering the ambition of zero suicide in mental health inpatients; addressing the highest risk groups including middle-aged men, young people and other vulnerable groups; tackling societal drivers including indebtedness, gambling addiction and substance misuse; and, improving support for those bereaved by suicide.
- 3.7 The *NHS Long-term Plan*, published January 2019, reaffirms the NHS's commitment to make suicide prevention a priority over the next decade. It commits to rolling out funding to further Sustainability and Transformation Partnership (STP) areas, implementing a new Mental Health Safety Improvement Programme, as well as rolling out suicide bereavement services across the country.

4. Let's Talk About Suicide' The Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy 2017

- 4.1 Southend-on-Sea, Essex and Thurrock local authorities agreed to work in partnership to develop and implement the "*Let's Talk About Suicide*": *Preventing suicides in Southend-on-Sea, Essex and Thurrock 2017 Strategy (Appendix A)*. The strategy clearly identified suicide prevention as a priority and based its recommendations on the *Preventing Suicide in England* document key themes. These 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 of affected by suicide
 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 6. Support research, data collection and monitoring

The strategy was agreed for implementation at the June 2017 Southend-on-Sea Health and Wellbeing Board (HWB).

4.2 The SET Suicide Prevention Strategy 2019 update (Appendix 1) report details progress made since the Health and Wellbeing Board sign-off in 2017. It provides an outline of the current national context and ambitions; audit findings and recommendations; update on key areas including bereavement and postvention, social media, training for professionals and communities, supporting research, data collection and monitoring; as well as an update from the Mid and South STP Plans for crisis intervention and acute care mental health transformation. The update outlines three priority actions for the SET Suicide Prevention Steering Board to take forward, these are:

- **Action 1:** We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution regarding prevention. As a first step we will understand available training, roll out awareness training including e learning, and increase public awareness through promoting national campaigns. We will also consider the addition of self-harm training to this agenda. This action will be led by Essex County Council (ECC) Public Health Team.
- **Action 2:** 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 *Help is at Hand* booklet is given to those bereaved or affected by suicide in a timely manner. This action will be led by Southend-on-Sea Borough Council Public Health Team.
- **Action 3:** We will seek to learn lessons from suicides and attempted suicides locally 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 by ECC's Public Health Team.

5. Suicide Prevention Training

5.1 As outlined in the *SET Suicide Prevention Strategy 2019* update, and in line with the *Cross-Government Suicide Prevention Workplan*, the Steering Board has identified suicide prevention and awareness training as a first priority.

5.2 The *Cross-Government Suicide Prevention Workplan* highlights the need for suicide prevention awareness training for staff working within public services, including (but not exclusively) healthcare, transport networks, and police and prisons, due to the number of individuals they may come into contact with who are at risk of suicide.

5.3 It also supports the need for training to include self-harm, as advocated in the *Self Harm and Suicide Prevention Competence Frameworks*, published by *Health Education England* and the *National Collaborating Centre for Mental Health*. The Frameworks identify the skills and knowledge required for all those working in public facing services, thus ensuring people who self-harm and/or are suicidal are supported in line with best practice.

5.4 Essex County Council Public Health team (ECCPHT) is leading on Action 1 to develop the suicide prevention and self-harm training offer across SET. ECCPHT has identified a range of training options, from free e-learning, face to face workshops of varying length, to extended training for trainer models. ECCPHT will over a 6 month period scope what training is currently being delivered in the SET areas and report the findings to the Suicide Prevention Steering Board.

5.5 The partnership has identified three training options to consider, namely:

Option 1-To allow organisations, sectors, partners to undertake their own training as they see fit. This Option would not include any support or interface with ECCPHT or the

partnership and could conclude with an inconsistent training outcome across the SET footprint.

Option 2-ECCPHT and the partnership will promote the free e-learning training, face-to face workshop offers and train the trainer models across the system but leave it to organisations to commission and implement either within individual organisations or collaboratively in partnership with others. ECCPHT will provide a direct relationship with organisations and would act as a reference point/source of support and advise organisations as required on the best training provision for their organisation. ECCPHT would also promote Mental Health First Aid as a training offer for organisations to consider.

Option 3-Local Authority Public Health Teams to coordinate the commissioning, full funding and delivery of training across the system thus providing consistency, efficiency and perhaps subsidise smaller partners such as the voluntary sector or direct to the public. In this instance, the Suicide Prevention Steering Board working officers group will lead and organise training for all sectors, organisations and partners. This would necessitate resource to manage the administration function that would be required.

5.6 The Board is asked to agree Option 2 as the preferred mechanism for implementing suicide prevention training.

5.7 Option 2 is the preferred option for the following reasons:

- There is already some evidence that organisations are self-funding delivery of suicide prevention training
- Previous attempts to source funding for an organised approach to training were unsuccessful with few partners making a contribution
- The previous attempt to implement Training the Trainer failed due to lack of scale (insufficient capacity & staff turnover of the trainers to make it sustainable) and lack of administrative capacity to arrange courses;
- Collating and sharing feedback and learning would enhance quality control of local arrangements

5.8 Option 2 and 3 are not mutually exclusive and should some partners chose to collaborate an arrangement to implement centrally could be made. A long term version of option 3 building local capacity through a Training the Trainer approach could still be explored as a second phase once sufficient interest and commitment is built through option 2.

5.9 As outlined, in the event the Health and Wellbeing Board approves option 2 above, it is proposed that the suicide prevention working officers group will review what progress has been made in terms of rolling out training and report to the Steering Board when it next meets, due to be scheduled in October 2019, in order to scope and scale the training being delivered across sectors. Depending on appetite, this would include training across the board with a view to capturing as many people as possible including schools and workplaces.

6. Bereavement Support Services

6.1 Bereavement support is identified as a priority for action by the SET Suicide Prevention Steering Board. Southend-on-Sea Borough Council Public Health Team is leading on this action. The ambition is to develop a central resource that will help to direct people bereaved or affected by suicide to appropriate support. The Government, in the *NHS Long Term Plan*, has identified that bereavement support is a key priority with the ambition by 2023/24 to roll-out in a phased approach services to all areas of the

country through funding provided to STPs. It is proposed that an options paper is developed for future review by the HWB.

7. Southend-on-Sea Suicide Prevention Partnership Steering Group

7.1 In response to the SET Suicide Prevention Strategy 2017 the Southend-on-Sea Suicide Prevention Partnership Steering Group was established.

7.2 The Group has agreed a draft Southend-on-Sea Suicide Prevention Action Plan (Appendix 2).

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

7.4 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.

7.5 Southend-on-Sea Association of Voluntary Services hosted a 'Let's have a conversation about suicide' Question Time style event in September 2018. An expert panel was invited to respond to audience questions about suicide and suicide prevention.

7.6 Short term future priority actions for the Action Plan include:

- Review and refresh the Southend-on-Sea Suicide Prevention Action Plan 2018-2021
- Issue updated self-harm and suicide prevention toolkits to Southend-on-Sea schools
- Promote national and local mental wellbeing and suicide prevention campaigns through social media in partnership with mental health and suicide prevention organisations.
- 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
- Develop a business case that identifies an appropriate central resource that will help to direct people bereaved or affected by suicide to appropriate support.

8. Southend-on-Sea, Essex and Thurrock Suicide Prevention Steering Board

8.1 Southend-on-Sea, Essex and Thurrock Councils have convened, since April 2019, a Suicide Prevention Steering Board to provide system wide leadership and expertise across the Local Authority and STP footprint including neighbouring counties. 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; and, data collection and audit.

8.2 The Steering Board has established Terms of Reference detailing its purpose and key outcomes (Appendix 3). 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 to be accountable to the Steering Board.

- 8.3 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.

9. Southend-on-Sea, Essex and Thurrock Suicide Audit 2017

- 9.1 In August 2018 an audit was completed of coroner determined suicides and open verdicts for Southend-on-Sea, Essex and Thurrock individuals in 2017.

- 9.2 The audit split age groups into two categories, those aged 18-25 and those aged over 26. The 18-25 year old category were reviewed and included in the suicide in young people thematic review undertaken by Essex County Council. For those aged 26 and over a sample of suicide and undetermined death were included from Essex, whilst due to the smaller numbers, all cases of suicide and undermined death in Thurrock and Southend-on-Sea were included. Sixty-five records out of a possible 127 were reviewed for those aged over 26. Due to a strategic focus on suicide and younger adults all suicides for those aged 18-25 were included for all three councils-a total of 12 in 2017.

- 9.3 Key Audit findings identified the following:

- 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 has 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 cases reviewed.
- 73% of suicides involved males. The most prevalent age for males was between 40 and 49 and between 40 and 44 for women.
- 83% of suicides for people aged 18-25 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.
- In Southend, 55% of people who took their own lives were not in employment.
- Over half of the death in Southend-on-Sea took place in the individuals own home with hanging and poisoning being the most common methods. A small number of deaths took place in public spaces.

- 9.4 The SET Suicide Prevention Steering Board has received a challenge to the suicide audit process by the Essex Coroner Service. The Coroner Service has updated its record keeping to an online system. This means that access to the suicide records is problematic for each local authority due to data protection and accessing records concerns. The Board requests that the HWB agrees that the Chair can resolve the concerns with the Coroner on behalf of the HWB and the SET Suicide Prevention Steering Board.

10. Reasons for Recommendations

- 10.1 A death by suicide has a profound impact on individuals, families, and communities and preventing such deaths is a government and Southend-on-Sea-on-Sea, Essex and Thurrock Council's priority.
- 10.2 A joint approach recognises the complex geography of Southend-on-Sea, Essex and Thurrock with overlapping boundaries and jurisdictions, both at Council and STP level, which require both local and shared approach to suicide prevention. It still allows for local flexibility whilst maintaining a broader overview for those partners who cross boundaries.
- 10.3 The three upper-tier local authorities in greater Essex will continue to work in partnership as a pragmatic measure to working more effectively, reducing duplication and creating better outcomes for our populations. This approach will be managed by the SET Suicide Prevention Steering Board.
- 10.4 The Board will also have oversight of the key actions that have been agreed and will progress on a single footprint:
- training of the local workforce and the public so that they understand the risks of suicide and their potential contribution regarding prevention; and,
 - bereavement support for those directly affected by a death by suicide.

11. Corporate Implications-Contribution to the Southend-on-Sea 2050 Road Map

- 11.1 The SET Suicide Prevention Strategy 2019 update links directly to the following Southend-on-Sea 2050 ambition themes and outcomes:
- **Safe and Well**
 - People in all parts of the borough feel safe and secure at all times.
 - Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
 - We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
 - **Active and Involved**
 - Even more Southenders agree that people from different backgrounds are valued and get on well together
 - The benefits of community connection are evident as more people come together to help, support and spend time with each other
 - Public services are routinely designed, and sometimes delivered, with their users to best meet their needs
 - A range of initiatives help communities come together to enhance their neighbourhood and environment

12. Financial Implications

- 12.1 There are no direct financial implications arising from this report. There is an element of the strategy that includes public awareness raising and workforce training; therefore there may be a resource implication to upskill both groups with suicide prevention information. Secondly, there is a further resource implication to provide a central resource that will help to direct people bereaved or affected by suicide to appropriate support. Upon HWB approval, further work will be undertaken to progress these priority areas and identify any funding implications.

13. Legal Implications

- 13.1 None

14. People Implications

- 14.1 Increasing awareness through training and promoting local support services and national campaigns will have a positive impact on population mental wellbeing and suicide prevention.

15. Property Implications

- 15.1 None

16. Consultation

- 16.1 As the strategy reflects the ongoing and intended work of organisations and partnerships, we have not consulted specifically on this strategy update,

17. Equalities and Diversity Implications

- 17.1 The strategy was informed in its development and update by an audit of all suicides in Southend-on-Sea, with data collected on a suite of characteristics, in order to identify any specific actions for common factors or groups with specific characteristics.

18. Risk Assessment

- 18.1 This is a national imperative where there is a clear government intention to reduce the rate of suicides in England by 10 per cent nationally by 2020/21. In Southend-on-Sea we are statistically similar to the national rate, however, we have continued economic pressures on the general population, coupled with the increasing local prevalence of depression and anxiety, and therefore it is important to take actions to prevent an increase in the rate.

19. Value for Money

- 19.1 The economic cost of each death by suicide has been calculated as £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering (National Suicide Prevention Alliance). In the Southend-on-Sea, Essex and Thurrock area there were 139 coroner recorded deaths in 2017, this equates to an approximate cost of £232 million, therefore prevention of even one suicide offers value for money.

20. Community Safety Implications

- 20.1 Management of a death by suicide, particularly in an open public space, may require some sensitive management to reassure local communities and individuals and to offer support. This would be undertaken with relevant council departments, Essex Police, the Samaritans, the media and Network Rail, as appropriate.

21. Environmental Impact

- 21.1 Not Applicable

22. Background Papers

- 22.1 This report does take account of reports published by the Government and Public Health England, which can be found at:

<https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance>

22.2 Appendix A-‘Let’s Talk About Suicide’ The Southend-on-Sea, Essex and Thurrock Suicide Prevention Strategy 2017



Suicide Prevention
Strategy final.docx

23. Appendix

23.1 Appendix 1
Southend-on-Sea, Essex and Thurrock Strategy 2019 Update



SET Suicide Strategy
Update Report 2019

23.2 Appendix 2
Southend-on-Sea Suicide Prevention Action Plan



Southend on Sea
Suicide Prevention A

23.3 Appendix 3
[Draft] Southend-on-Sea, Essex and Thurrock Suicide Prevention Steering Board
Terms of Reference



Suicide Prevention
Board - Terms of Ref