

Report title: An update report on intelligence informing action being taken to reduce the rise in suicide rates in Essex	
Report to: Essex Health and Wellbeing Board (EHWB)	
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Date: 30 June 2023	For: Update purposes and discussion
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County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 The purpose of this report is to provide the board with updated local and national context for suicide prevention.
- 1.2 To summarise emerging local trends from the **Real Time Suspected Suicide Surveillance Project (RTSS) Annual report 2022**; the first **complete calendar year** annual data capture of suspected suicides for Southend, Essex and Thurrock (see 3.0).
- 1.3 To share SET Suicide Prevention Partnership Board progress in: (1) driving strategic commitment to suicide prevention and (2) informing and directing suicide prevention operational activity.
- 1.4 Ask the board to endorse and support recommendations arising from the report.

2. Recommendations

- 2.1 EHWB to acknowledge the following recommendations arising from the RTSS 2022 Annual report in relation to suicide prevention approach for Essex:
 - Shift from existing recommendation of focusing on 45-64 year old males, to males aged 25 – 44, 45 – 64 and 75+ and females aged 25 – 44 years (i.e., shift to universal response, informed by known drivers, rather than age or sex).
 - In response to historically high suicide rates in NEE, NEE to lead the piloting of a locality operating model (SET SP Partnership led Hub and Spoke).
 - The **number** of suspected suicides has increased in **all** ICBs in 2022; suicide prevention interventions are needed across all 3 ICBs, rather than just focusing on NEE due to the relatively high rate.

- Acknowledge areas facing resourcing/ capacity challenges impacting operational delivery and associated risks.
- To acknowledge and thank all partner organisations/ individuals contributing to the SET Suicide Prevention Partnership agenda through financial/ staffing sponsorship, championship, and direct work, recognising progress made through these commitments, next steps and the importance of sustainability.

3. Summary of issue

On 26th April 2023 the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) hosted their 9th Annual Conference. Alongside sharing their internationally leading longitudinal research, they communicated early warnings of anticipated national growth, particularly in relation to the predicted 'cohort effect' in reaction to periods of economic stress, modelled on observations from 25 years of patient data and population data since 2010. Locally, since 2010 Essex has shown a trend of worsening and statistically significant higher than national average rates of suicide in NEE, but this NCISH call to action identifies the need to build universal coverage of prevention measures across all geographies in Essex if we are to be stem growth.

3.1 Introducing the RTSS Annual Report 2022

The benefit of RTSS is speed. In 2021 it took 180 days on average for a death by suicide to be registered, compared to the monthly data flows from RTSS. Detailed information from RTSS is used by suicide prevention leads across Greater Essex, and censored bimonthly & annual reports are shared to partners to flag any concerns.

RTSS began in April 2021, and the previous annual report ran between April 2021 to March 2022. Going forward all reports will be based on calendar year instead of financial year. Moving to calendar year analysis is a progression which synchronises our local data discussions with regional and national datasets, as and when new data releases become available. The report looks at all suspected suicides which occurred in 2022 and sets the baseline against which future local trends will be measured year on year.

3.2 RTSS Annual Report 2022 – Findings

Each annual report moving forwards will open with a declaration of the accumulative count of all suspected suicides recorded since the launch of RTSS in April 2021, to enable us to better assess how patterns in Essex compare to national trends.

- Between April 2021 – December 2022 there have been 270 suspected suicides reported to RTSS. 72% (194) of these suspected suicides are male, and many of suspected suicides occur in the middle age (45 - 64) group. This is similar to the national picture.
- There were **178 suspected suicides recorded by RTSS in 2022**. This sets the baseline for calendar year data on which future years will be assessed against.

- In an **average month there are 13 suspected suicides across SET**, and there are **no strong seasonal patterns**

3.3 Age and sex

- There is a very wide range in the age of death by suspected suicide, ranging from 11 to 99 years old. Almost every age & sex has seen an increase in suspected suicides in 2022. Due to relatively small numbers we can't say if these differences are due to chance. We will continue to monitor suspected suicides by age, with a particular focus on any groups which show consistent year on year increases. However, the 2022 data, alongside national modelling, SET SP Board need to bring to the boards attention that prevention activity needs to expand beyond targeting middle aged males. Findings for board attention include:
- There has been a significant increase in the all-age suspected suicide rate (9.6 suspected suicides per 100,000 residents in 2022 compared to 6.6 in 2021). This increase has mostly been driven by a significant increase in male suspected suicides. Some of the largest increases in rates occurred in males, particularly in **males aged 25 – 44, 45 – 64 and 75+**. The NHSE wave kick start funding was costed to target males aged 45-64; this finding evidences a need to support a much larger cohort of residents.
- There has also been a significant increase in the suspected suicide rate in **25 – 44 year olds, driven by an increase in both males and females**. Suspected suicide rates vary year on year, but the increases seen in these three groups are so large that they are unlikely to be due to chance.
- Despite a slight increase in 2022, Greater Essex's suspected suicide rate in the **0 – 24 group continues to be significantly lower than the latest England & Wales 0 – 24 rate**.

3.4 Methods

- Hanging and drug related methods (including poisoning), continue to be the two most common methods used in suspected suicides. Together these two methods account for 77% (137) of all suspected suicides which occurred in 2022. RTSS informs us there are patterns in methods used by males and females, which can inform training and design of community intervention. Drug related deaths include poisonings and overdoses using medication. Information on medications is shared with clinical providers and medicines management in year, to inform discussions around any opportunities for iteratively improving patient safety.

3.5 Locations

- The **majority (72%) of suspected suicides occur in private residences**, most often the persons home. Public places are the next most common location (21%). The proportion of deaths occurring in these two locations hasn't changed since 2021. There are **no common locations for suspected suicides which occur in public**.

3.6 Rates

- The Greater Essex portion of SNEE (Tendring and Colchester) continues to have the highest suspected suicide **rate**, and the Greater Essex portion of HWE (Epping, Harlow, and Uttlesford) continues to have the lowest. These

rates account for the different age and sex structures of the areas, so can be compared across ICBs. However, **due to small numbers, none of these rates are statistically significantly different from each other.**

ICB suspected suicides, 2022

	Number		Rate	
	2021	2022	2021	2022
MSE	49	99	6.5	9.6
SNEE	25	36	11	12.2
HWE	13	23	6.1	8

Note: SNEE & HWE only include the parts inside Greater Essex

3.7 Number

- The **number** of suspected suicides has increased in all ICBs. Partly this is because we have a full year of data for 2022 and only 9 months of data for 2021. As shown below, after adjusting for the incomplete 2021 data, we would expect around 66, 33, and 18 suspected suicides in MSE, SNEE, and HWE respectively – so the increase can't be fully explained by more complete data. The increases suggest that interventions are needed across all 3 ICBs, rather than just focusing on SNEE due to the relatively high rate.

ICB suspected suicides, 2022

	21 RTSS (9 months)	21 RTSS adj. (to estimate 12 months)	22 RTSS (12 months)
MSE	49	66	99
SNEE (NEE only)	25	33	36
HWE (WE only)	13	18	23

3.8 Risk factors

- Risk factors are recorded under five categories within RTSS currently: (i) recent contact with police, or mental health services (within last 6 months), (ii) previous self-harm, ideation or attempt, (iii) domestic abuse (iv) social, housing or financial issues and (v) relationship, employment and living arrangements. Comparisons to 2021 haven't been made. There have been substantial improvements in data quality this year, so it isn't clear if any increases in risk factors is due to improvements in reporting or due to an increase in suspected suicides with those risk factors. This data is utilised in year for both reactive response to incidents and to shape all action directed by the SET SP Partnership Board. Data quality will continue to be iteratively improved under the RTSS project as working relationships with partners mature and RTSS is expanded to include more data sources (for example healthcare data).

3.9 Strategic commitment to suicide prevention

Building a succinct and clear narrative, has enabled the SET Suicide Prevention Partnership to articulate the need for strategic support in the agenda. Since last update to board, the SET Suicide Prevention Partnership have secured strategic commitments to the Suicide Prevention agenda through inclusion in **all three ICB Forward Plan/ ICS Strategies** and formalisation of links between the SET Suicide

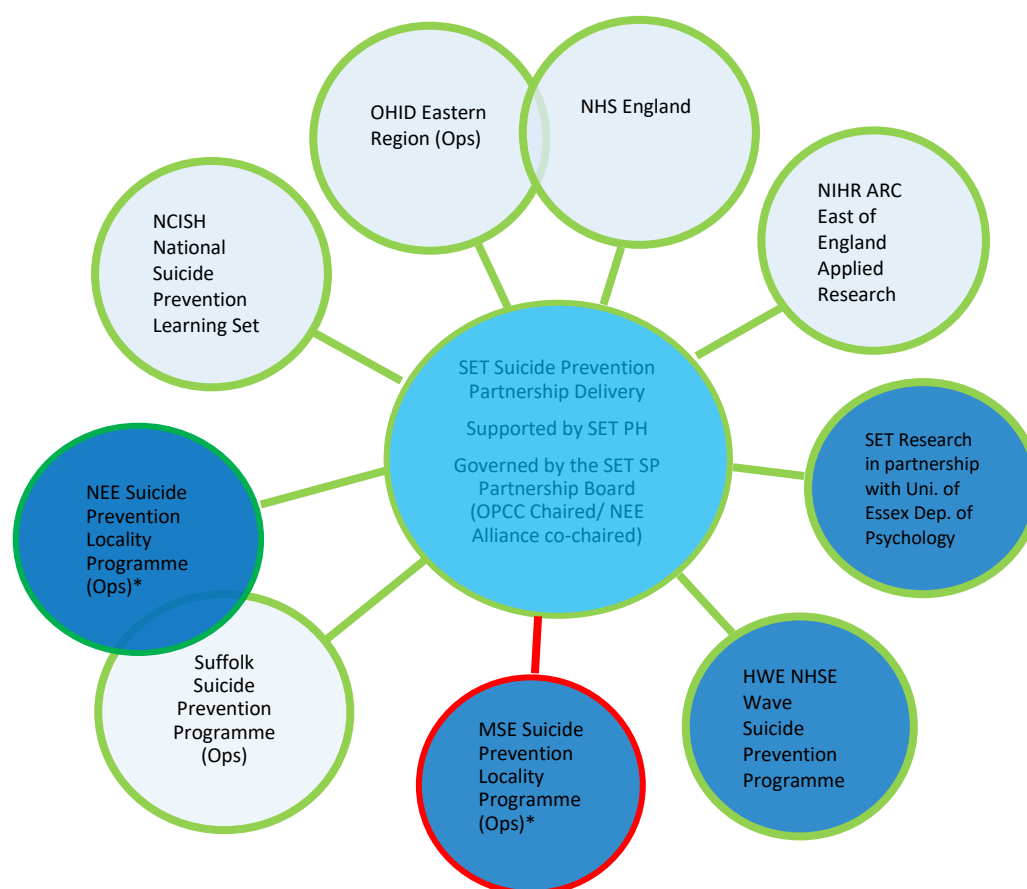
Prevention Partnership Board and **Essex Safeguarding Adults Board** and **Essex Domestic Homicide Review Panel**. Strengthening links between Essex Child Death Overview Panel is also planned later this year. These strategic commitments are essential, since they support the sustained prioritisation of resources required to make an impact and an essential part of the governance of operational delivery.

3.10 Informing and directing suicide prevention operational activity

Information from local and regional RTSS, SET Suicide Prevention Partnership Board members and NCISH is being disseminated through the SET Suicide Prevention Partnership Board. In 2023, the partnership can evidence good practice examples where partners have been able to come together to respond and learn through **incident review**; building our local capability to react, learn and prevent. Although a phased programme of work around improving data quality is ongoing in the background, SET SP Partnership now have sufficient insight to shape support needs which marks considerable progress in moving the agenda from passive observation to positive operational action.

SET Suicide Prevention Partnership Board is supporting the below hub and spoke model of delivery, to improve co-ordination of effort across the partnership.

SET Suicide Prevention Partnership Hub and Spoke Delivery Model



The SET SP Partnership can support all localities in the development of an evidence-based locality action plan, for endorsement by both the respective ICB and Alliance. In April 2024, the HWE NHSE Wave Programme will end; from April 2024 a similar structure to SNEE is planned for HWE; splitting into Hertfordshire Suicide Prevention Programme and a West Essex SP Locality Programme.

	Commitment in ICS Forward Plan	Delivery budget allocated	Workstream identified for ICS to lead on in partnership	Operational capacity status
NEE	Yes	NEE ICS budget for 1 year fixed term post SNEE fair share budget for postholder.	GP training and building of NEE SP operational network	Green
WE	Yes	WE is still funded by the NHSE Wave programme and HWE have signalled verbal commitment to sustain existing arrangements beyond this.	Workstreams are still dictated by NHSE at this time	Green
MSE	Yes	Verbal commitment to absorb NHSE Wave programme budget into MH Transformation Fund. SET SP Partnership Board seeking confirmation and financial transparency.	Identified by SET SP Partnership Board as an ideal early adopter to pilot an Opiate Weaning workstream in response to local need	Red Currently under restructure, evidence of capacity challenges where no dedicated posts are allocated to lead locality operations

3 Next steps

- 4.1 To build the SET SP Partnership Board's capacity within the hub and spoke operating model. This involves recalling Essex PH resource from ICS operations to support this function.

4 Issues for consideration

a. Financial implications

- 5.1 Any costs arising from the actions set out in this paper will be accommodated within the Public Health Grant, within funding allocated through the NHSE Suicide Prevention and Reduction programme or from respective ICS budgets.

b. Legal implications

- 5.2 There are no legal implications. Any decisions relating to the work arising from the SET Suicide Prevention Partnership Board, will be subject to the Council's governance process where applicable.

c. Health/Social implications

- 5.3 This programme supports the implementation of the wider prevention agenda and Health in All Policies approach.

6 Equality and Diversity implications

- 6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 6.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that marriage and civil partnership is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 6.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.