London Borough of Havering

Havering all-age suicide prevention strategy 2025-2030 [draft]

Working together to save lives

London Borough Of Havering
9/10/2024

Document Control

Include document details, version history, approval history, and equality analysis record.

Document details

Name	Havering Suicide Prevention Strategy 2025 - 2030
Version number	Working Draft v 0.8
Status	Working draft
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Approved by	
Scheduled review date	2030

Version history

Version	Change	Date	Dissemination

Equality & Health Impact Assessment record

<table>
<tr><td>1</td><td>Title of activity</td><td colspan="3">Havering Suicide Prevention Strategy 2025-2030</td></tr>
<tr><td>2</td><td>Type of activity</td><td colspan="3">A multiagency strategy to prevent suicide</td></tr>
<tr><td>3</td><td>Scope of activity</td><td colspan="3">- What is the scope and intended outcomes of the activity being assessed?
- Make sure you highlight any proposed changes.
- Please make sure that your description is understood by everyone, including members of the public

This document sets out the local strategic approach for reducing deaths by suicide in the Borough. .</td></tr>
<tr><td>4a</td><td>Are you changing, introducing a new, or removing a service, policy, strategy or function?</td><td>Yes</td><td rowspan="3">If the answer to <u>any</u> of these questions is ‘YES’, Please continue to question 5.</td><td rowspan="3">If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ‘NO’, please go to question 6.</td></tr>
<tr><td>4b</td><td>Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?</td><td>Yes</td></tr>
<tr><td>4c</td><td>Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people’s health and wellbeing?</td><td>Yes</td></tr>
<tr><td>5</td><td>If you answered YES:</td><td colspan="3">Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.</td></tr>
<tr><td>6</td><td>If you answered NO: (Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.)

Please keep this checklist for your audit trail.</td><td colspan="3"></td></tr>
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Date	Completed by	Review date

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Executive summary

Suicide is often the end point of a complex history of risk factors and distressing events, and can result in a profound and long-lasting impact on families and friends. Consequences can reach further into communities; like ripples on a pond, the impact of a suicide can go on to affect neighbours, workplaces, and schools, and bereavement by suicide is in itself a risk factor for death by suicide.

Public health measures to reduce access to means of suicide and improve care for those who are at risk have contributed to a reduction in the national suicide rate since the 1980s. In Havering 194 lives were lost to suicide between 2015 and 2023, averaging 19 deaths by suicide per year among residents.[2]

During the 15-year period 2005-07 to 2019-21, the rate of suicide in Havering did not differ significantly from the London average. More recently, there has been a significant decrease in rates of suicide across London as a whole, with the lowest observed rate of suicide (6.9 per 100,000) recorded during the period 2020 – 2022. This improvement in suicide rates was not seen in Havering, and consequently Havering now has a significantly higher rate of death by suicide (9.6 per 100,000) than London as a whole.

The risk of death by suicide is not the same across the whole population. People living in the most disadvantaged communities face the highest risk of dying by suicide; being homeless, in debt, unemployed, or living in poverty are risk factors for poor mental health and suicide.

This all-age suicide prevention strategy has been informed by national strategy and evidence; summarising known risks, population groups that are national priorities, and additional local priority groups which will be the focus of our local response. The complexities of suicide mean that prevention has to involve multiple actions across the many areas of strategy, policy and service delivery where local agencies come into contact with individuals who are more at risk. Furthermore, whilst it is the case that most deaths by suicide occur inside the home, in Havering, 1 in 3 deaths by suicide take place in public places. This highlights the importance of understanding and mitigating the risks associated with deaths in public places; both to prevent deaths from occurring, but also to address the impact of such deaths on the wider public.

An all-age strategy addresses the suicide risk factors that arise at different life stages. Whilst deaths by suicide amongst children are thankfully rare, the life course approach recognises that experiences throughout life, from childhood to old age, affect suicide risk. For example, children who have been suicide-bereaved, or experienced another adverse childhood experience (ACE) have an increased lifetime risk of death by suicide and need specific support.

The development of this strategy has been led by the Council, and has involved the Lead Member for Adults and Wellbeing, the Public Health Service, a broad range of Council and NHS frontline services, and over 20 stakeholder organisations. It has also included input from individuals who have experienced the pain of losing a loved one to suicide.

Those who have been involved in this strategy's development believe that **every death by suicide is preventable**, and so we aim to improve the success of suicide prevention activities within Havering; leading to a reduction in the number of deaths by suicide over the next five years. This aim will be met through implementing objectives focused on:

- **identifying** those at increased risk and applying the most effective evidence-based interventions for our local population and setting
- **prevention** activities across the system including increasing knowledge and reducing stigma
- **support** at both individual and population levels, including those at risk of suicide and the bereaved

These objectives will be achieved through the delivery of a detailed action plan, and monitored by a Havering Suicide Prevention Steering Group with a membership drawn from representatives of the Council and NHS, Safeguarding leads, mental health charities, and people with lived experience.

Foreword

As co-signatories to this strategy we believe that every suicide is preventable, and each life lost to suicide is one too many. Far too many of us have experienced the pain and grief that suicide inevitably leaves behind, being personally affected or standing alongside others who have gone through the tragic loss of a partner, child, parent, friend or colleague.

We strongly support the approach that this draft strategy sets out: that **preventing suicide is everyone's business.** Every organisation working in, and for, Havering residents will play their part in keeping people safe from suicide. We want communities, employers, colleagues, friends and families to know how to talk to someone they care about to support prevention of suicide.

This strategy sets out how we can achieve this; organisations' strategies, polices and services will be suicide-informed, with a workforce that is trained to understand and respond to suicide risk and bereavement. We know that even small conversations can be key for prevention. We will work to increase knowledge and awareness amongst residents, volunteers and the wider workforce on how to recognise those at risk, ask the right questions, listen without judgement and signpost to help.

We want our Borough to be a place where suicide is not considered a solution to any problem; where people know where to go for help, and how to help one another. We believe that, together, we can make a difference to save lives and prevent families and communities from experiencing suicide loss.

We take this opportunity to thank everyone who has contributed to the development of this suicide prevention strategy, especially those who have shared their experience of losing someone to suicide; providing a better understanding of how to prevent similar grief and pain.

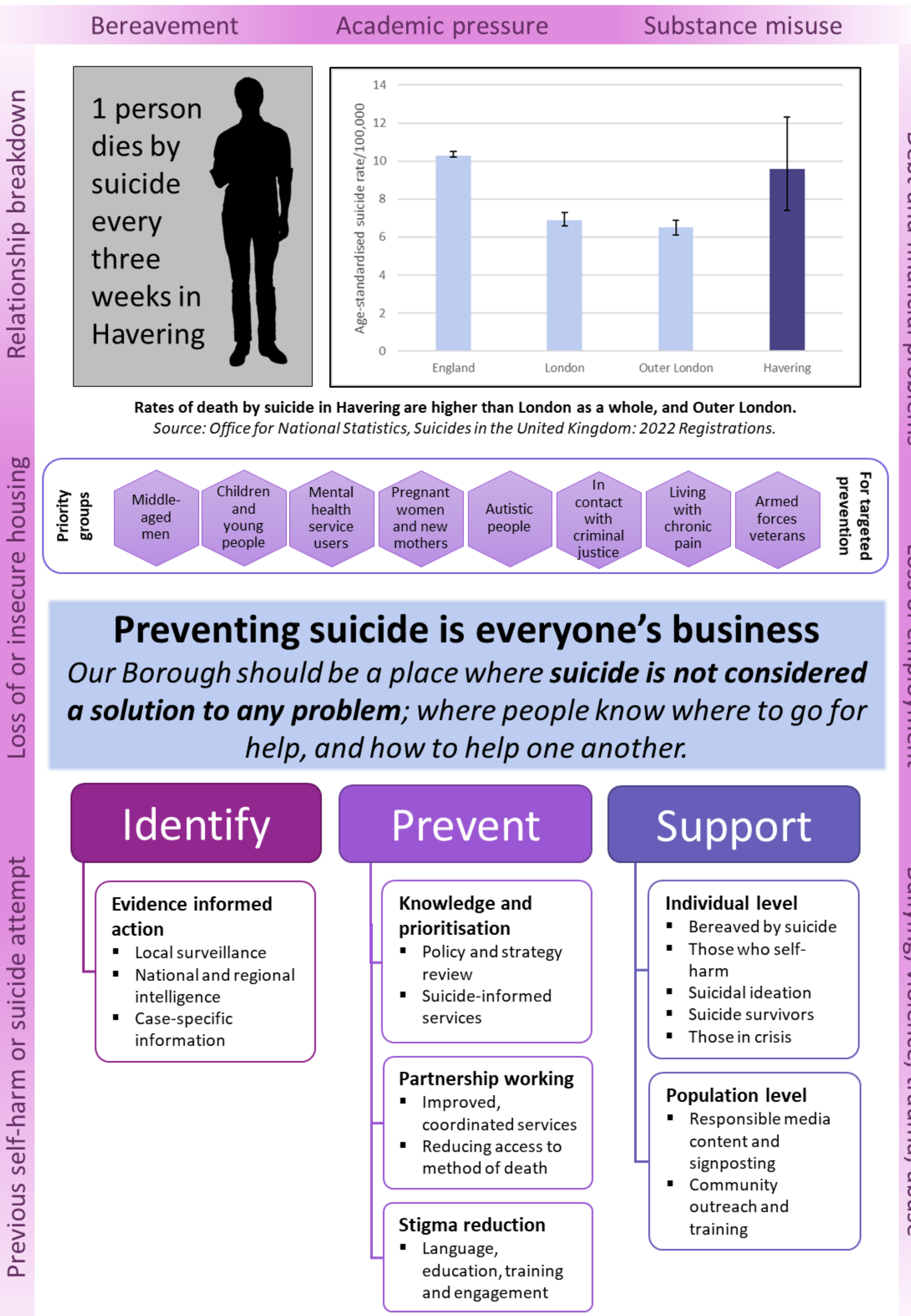
Councillor Gillian Ford
Deputy Leader of the Council and Cabinet Member for Adults and Wellbeing

Dr Mark Ansell
Director of Public Health, London Borough of Havering

Photo to follow

Dr Maurice Sanomi
Senior GP Partner and Havering Partnership Clinical and Care Lead for Mental Health (NEL ICB)

Strategy on a Page



Introduction

Suicide is often the end point of a complex history of risk factors and distressing events, and the cause of a profound and long-lasting impact on families and friends. The consequences of loss to suicide have a wide reach; like ripples on a pond, the impacts are felt by neighbours and communities, by schools and workplaces.

This draft five year all-age *Havering Suicide Prevention Strategy 2025-2030* summarises what we will do to prevent such loss of life and so avoid the pain caused by losing someone to suicide.

The development of this strategy has been led by the Council, and has involved the Lead Member for Adults and Wellbeing, a broad range of Council and NHS frontline services, over 20 stakeholder organisations and, most importantly, people with the painful experience of having lost a loved one to suicide.

Work started on this strategy during 2023 by bringing together key information about suicide in the Borough; identifying risk factors and vulnerabilities, and gathering evidence from national and regional strategy, and guidance. A more comprehensive list is detailed in Appendix 2 but the main documents include:

- National strategy: *Suicide prevention in England: 5-year cross sector strategy*
- National Institute for Health and Care Excellence (NICE) Guidelines
- The NHS Long Term Plan
- Local Government Association Local Suicide Prevention Planning: a practice resource
- London-wide and NEL-wide arrangements and priorities for suicide prevention

> The Vision for Havering is that the Borough should be a place where **suicide is not considered to be a solution to any problem**; where people know where to go for help, and how to help one another. The Borough will be **home to communities that are happy, thriving and resilient**. People living in Havering will, with the **right support at the right time**, recover from crisis, psychological distress and mental disorder, by having **access to safe, integrated and compassionate services**.

This gathering together of knowledge contributed to the development of a Suicide Needs Assessment. This was used to inform the content of three multi-agency stakeholder workshops, held in July 2023, September 2023 and May 2024, and further engagement with stakeholders and partners.

Building on the previous three-borough Barking and Dagenham, Havering, and Redbridge Suicide Prevention Strategy 2018-2023, the themes and discussions from the two workshops and engagement went on to shape the vision for suicide prevention in the borough and the contents of this strategy.

Throughout the development of this strategy, partners working in and for Havering have continued to implement our 2018-2023 strategy, including;

- Providing and promoting information and training on suicide prevention for frontline workforces, residents and others who work in the borough

- Participating in North East London initiatives, including support for people bereaved by suicide
- Participating in London-wide suicide prevention arrangements, including signing up to the data sharing agreement for real time suspected suicide notifications
- Providing better support by ensuring that people in crisis are identified, taken to a place of safety and discharged with robust safety plans[1]

Of note is the anticipated publication of the Government's new Major Conditions Strategy, which is expected to include a mental health plan.

What we know about suicide in the Borough

This strategy includes some key extracts from the Havering Suicide Needs Assessment. The full needs assessment can be accessed here [This will be available at the time of strategy finalisation].

From 2020-22, there were 16,449 suicides registered in England and Wales, equivalent to a rate of 10.5 deaths per 100,000 people[2]. "Suicide and injury or poisoning of undetermined intent" was the leading cause of death for both males and females aged 20 to 34 years in the UK between 2001-18[3].

The current suicide rate for Havering is higher than the rate for London as a whole although not statistically significantly different to England (2020-22 data). On average there have been 19 deaths by suicide per year in Havering since 2015[4]. In 2021-2022, the Havering suicide rate for males was 13.5 per 100,000; almost double the suicide rate for females (7.2 per 100,000) [4].

Public health measures to reduce access to means of suicide and improve care for those who are at risk of suicide have contributed to a reduction in the national suicide rate since the 1980s, although over the past 20 years the suicide rate in England has remained relatively constant. Nationally there has been no progress towards the 2016 NHS five-year forward view for mental health target to reduce suicides by 10%[5], as most recent national three-year average rates in 2020-22 (10.4/100,000) had not reduced compared to 2013-15 (10.1/100,000)[2].

In January 2018 the then Secretary of State for Health announced the ambition for zero suicides in mental health inpatient units; acknowledging the reduction in deaths by suicide in the preceding years (42% reduction between 2009–2011 and 2018–2020[6]), however clearly indicating a national priority to further reduce deaths by suicide in the inpatient setting.

[1] Suicide Prevention Strategy (havering.gov.uk)

[2] www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations

[3] Leading causes of death, UK - Office for National Statistics (ons.gov.uk)

[4] NEL Suicide Prevention Data Dashboard

[5] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[6] Hunt *et al.* (2024) Psychiatric in-patient care in England: as safe as it can be? An examination of in-patient suicide between 2009 and 2020. Cambridge University Press.

This reduction in deaths occurring in inpatient settings adds additional importance to preventing deaths by suicide in the home, the most common location of suicide in Havering, as well as those occurring in public places (approximately 1 in 3).

As illustrated in Figure 1 there is wide variation in age-adjusted rate of suicide across the London Boroughs. Havering is one of five London Boroughs with a significantly higher rate than London as a whole, but a similar rate to England.[2,7]

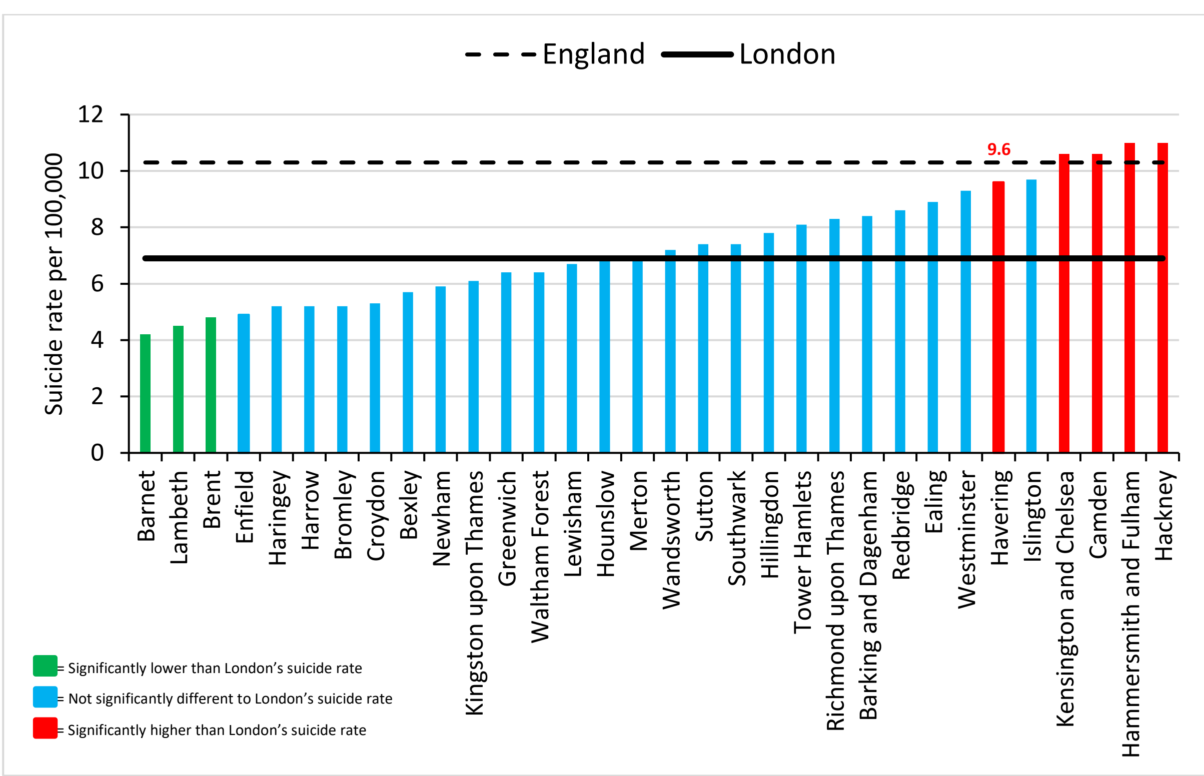


Figure 1 Three-year aggregate age-standardised suicide rates in London boroughs, London and England, 2020-2022*. Source: Office for National Statistics (2022). Suicides in the United Kingdom: 2022 Registrations.*

Risk factors for suicide

Suicide is rarely caused by one thing. It is more likely due to a complex mix of social, cultural, psychological and economic factors that interact to increase an individual's level of risk (Figure 2). Factors are rarely experienced in isolation, and some have a direct causal link to others; for example, loss of employment leading to debt and financial problems.

[7] The most recent age-adjusted rate of suicide in Havering is 9.6 per 100,000 population (95%CI: 7.4 – 12.3). This rate is not statistically significantly different from England, (10.3 per 100,000 [95%CI: 10.2 – 10.5]) but higher than London (6.9 per 100,000 [95%CI: 6.6 – 7.3]).

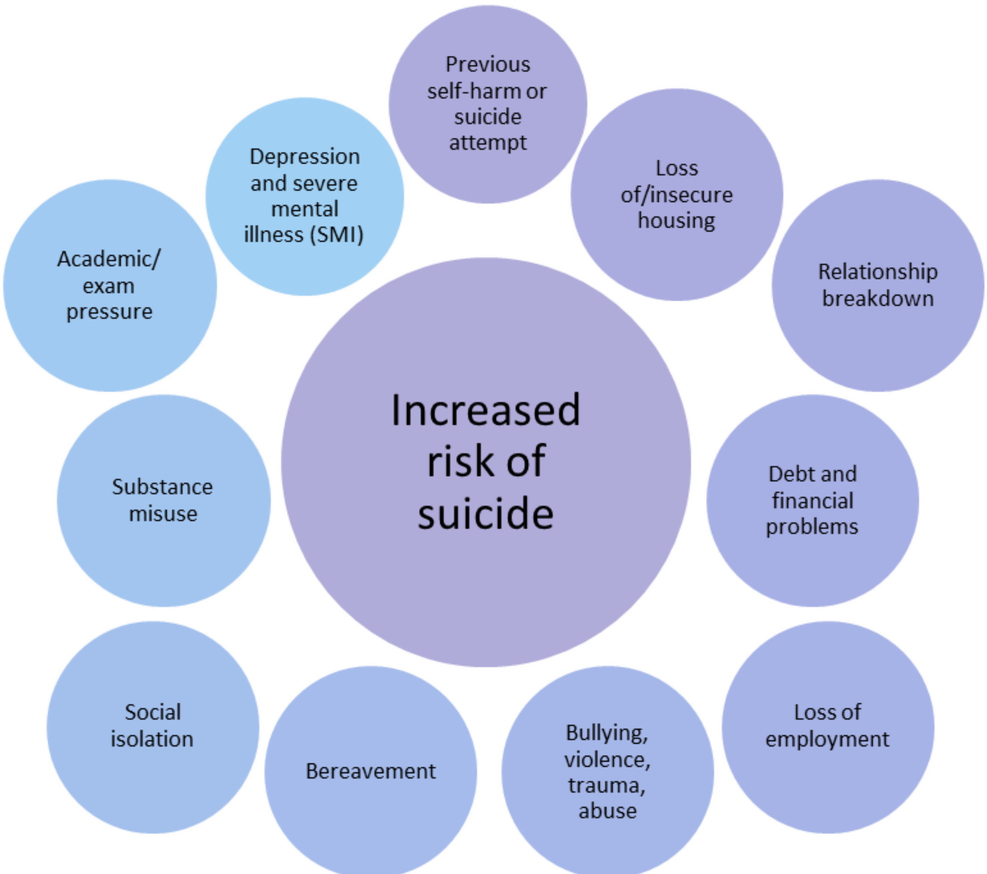


***Figure 2 Multiple factors that have been linked to an increase risk of suicide*[8]**. *Examples of SMI include psychosis and paranoid schizophrenia. NB: Each of the factors can be experienced along with any of the others listed.*

[8] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

Inequalities

As is the case with the vast majority of health and wellbeing outcomes, there is an unequal distribution of risk and frequency of suicide across the population. As such, the **inequality of risk and access to available services experienced by the population of Havering should be considered throughout the operation of this strategy**.

The number of deaths by suicide in Havering are too few to statistically explore the relationship with different sociodemographic factors. This strategy therefore assumes that the inequalities experienced by our local population reflect those described nationally. The accompanying EqHIA outlines the known implications by protected characteristic. Insight from national and international data details the following inequalities in the distribution of risk factors linked to death by suicide:

- Age
    - Suicide affects individuals across all age groups, with certain age-related risk factors warranting particular attention.
    - In Havering, the highest suicide rates between 2013 and 2023 were among middle-aged people, specifically those aged 40-49 years and 50-59 years. This trend aligns with national data for England and Wales[9].
    - While the overall number of suicides among younger populations is comparatively lower, recent years have seen a relative increase in suicide rates nationally[9].
    - Given these trends, both middle-aged people and children and young people have been identified as priority groups for suicide prevention efforts in Havering, aligning with the national suicide prevention strategy.
- Disability
    - Disabled women are over four times more likely to die by suicide compared to non-disabled women[10].
    - Disabled men are three times more likely to die by suicide than non-disabled men[10].
    - Suicide is a leading cause of early death for autistic people without co-occurring learning disabilities; autistic people are seven times more likely to die by suicide than allistic (non-autistic) individuals[11].
- Gender identity and sexual orientation
    - Men are on average three times more likely to die by suicide than women[12].
    - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and those who are part of the community (LGBTQ+) are at a higher risk of death by suicide compared to those who do not identify as LGBTQ+[13].
- Ethnicity

[9] Office for National Statistics (ONS), 2022
[10] Disabled people far more likely to die by suicide than non-disabled people | Disability Rights UK
[11] https://www.autistica.org.uk/our-research/research-projects/understanding-suicide-in-autism#:~:text=Autistic%20people%20are%20much%20more,alarming%2035%25%20have%20attempted%20suicide.
[12] Suicide rate in England & Wales by gender 2000-2022 | Statista
[13] Self-harm and suicidality among LGBTIQ people: a systematic review and meta-analysis. Marchi et al. (2022)

    - Although there is limited evidence of statistically significant differences in suicide rates to give a full picture between ethnic groups, racism and discrimination can have significant impact on wellbeing and suicide risk[14].
- Religion or Faith
    - In the UK, people belonging to any religious group generally have lower suicide rates compared to those with no religion, with the lowest rates in the Muslim group (5.14 per 100,000 males and 2.15 per 100,000 females).[15]
    - The rates of suicide were highest in the Buddhist group (26.58 per 100,000 males and 31.05 per 100,000 females) and religions classified as "Other" (33.19 per 100,000 males and 28.95 to 38.06 females)[16].
    - For men and women, the rates of suicide were lower across the Muslim, Hindu, Jewish, Christian and Sikh groups compared with the group who reported no religion.
- Maternity
    - Maternal suicide is still the leading cause of direct (pregnancy-related) death in the year after pregnancy in the UK[17].
    - Almost a quarter of all deaths of women during pregnancy or up to a year after the end of pregnancy were from mental health-related causes[17].
    - A recent confidential enquiry reported that improvements in care might have made a difference in outcome for 67% of women who died by suicide[18].
- Deprivation
    - People living in the least advantaged areas have a 10 times higher risk of suicide than those living in the most advantaged areas[19].
    - Living in poverty increases the risk of poor mental health and death by suicide.
- Stigma of mental ill-health
    - Members of groups and communities where stigma of mental ill-health and suicide is more prevalent are at an increased risk as a result of lack of engagement with services that offer support to prevent death by suicide[20].

[14] https://www.samaritans.org/about-samaritans/research-policy/ethnicity-and-suicide/
[15] Jacob, L., Haro, J.M. and Koyanagi, A., 2019. The association of religiosity with suicidal ideation and suicide attempts in the United Kingdom. Acta psychiatrica scandinavica, 139(2), pp.164-173 and ONS sociodemographic inequalities in suicide
[16] "Other" religious group included Pagan, Spiritualist, Mixed religion, Jain and Ravidassia.
[17] Suicide remains the leading cause of direct maternal death in first postnatal year | Maternal Mental Health Alliance
[18] MBRRACE-UK: Confidential Enquiry into Maternal Deaths in the UK and Ireland. "Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19"
[19] Inequality and suicide | Samaritans
[20] Mental illness stigma and suicidality: the role of public and individual stigma - PMC (nih.gov)

Priority Groups

Risk factors and resilience to the impact of risk factors and the cases of deaths by suicide are not equally distributed across the population. Consequently, a number of population groups have been identified nationally as priorities for targeted suicide prevention actions. In addition to national priority groups, additional local priority groups have been identified by local stakeholders and partner agencies (Figure 3).

National Priority Groups	Additional Local Priority Groups
• Middle-aged men • People who self-harm • Childen and Young people (rising rates in recent years) • People in contact with mental health services • Autistic people • Pregnant women and new mothers • People in contact with criminal justice system	• People with economic risk factors* • People who misuse substances • People bereaved or impacted by suicide • Victims and perpetrators of domestic violence and abuse • People living with chronic pain and/or long term conditions • Veterans of the armed forces

Figure 3 National and local priority groups for targeted suicide prevention activity.
**Including those living in neighbourhoods of disadvantage, in debt, homeless or facing homelessness, unemployed, insecure or low quality housing*

Working Together

The complexities of circumstances that can lead to death by suicide mean that effective suicide prevention requires action across multiple areas of strategy, policy and service delivery. Partner agencies will have their own strategies and policies relating to suicide prevention and so there is a need to ensure seamless collaboration across the system.

Key objectives of this strategy specify that knowledge and prioritisation of suicide prevention, and partnership working at sub-regional, London and national levels should be strengthened across the system. This joined up working across agencies that come into contact with priority groups will lead to a well-coordinated and effective preventative response to benefit those at highest risk, increasing community resilience to ensure that everyone develops the skills to identify when someone needs help, and can signpost to appropriate sources of support.

Stigma can be a barrier to people seeking support when they are experiencing mental ill health, facing suicidal thoughts or having experienced a bereavement as a result of suicide. Everyone has a role in creating safe spaces for people to speak up and seek support. Another key priority of this strategy is the reduction of stigma surrounding suicide and bereavement by suicide which will be achieved through education, training and other engagement with the local system-wide workforce.

Multi-agency case review panel

Upon notification of a death by suspected suicide, the public health team will lead on the initial review and information gathering exercise to determine whether or not a comprehensive review will be performed by another partner agency/team within the wider system (e.g. domestic homicide review). For cases where such reviews are taking place Public Health will lead on the collation of case-specific recommendations.

Where no such comprehensive reviewed is scheduled to be led by another agency public health will lead on a review, to identify lessons learned and case-specific recommendations for actions to be shared with the wider system.

Vision

The Vision is that the Borough should be a place where suicide is not considered to be a solution to any problem; where people know where to go for help, and how to help one another. The Borough will be home to communities that are happy, thriving and resilient. People living in Havering will, with the right support at the right time, overcome mental health challenges as they arise by having access to safe, integrated and compassionate services.

Aim

We believe that **every death by suicide is preventable**, and so we aim to improve the success of suicide prevention activities within Havering; leading to a reduction in the number of deaths by suicide over the next five years[21], and an improvement of the support offered to individuals who engage in self-harm and those bereaved by suicide. This aim will be met through implementing objectives focused on identification, prevention and support (Figure 4).

Objectives

Objectives and key high-level actions that will be taken to deliver the objectives of this local strategy are described below. A separate detailed action plan will enable the suicide prevention steering group to monitor implementation.

The local delivery plan will be flexible, in particular in response to announcement and implementation of new government initiatives. These are likely to include the planned review of the national curriculum, publication of the new Major Conditions Strategy (expected 2024), and the procurement and implementation of the Department of Work and Pensions alert service to identify people who raise suicidal thoughts when using DWP helplines and services.

[21] Suicide rate data is aggregated for three year rolling periods. As such the impact from the suicide prevention strategy would not be seen until 2025-27 (Y1), 2026-28 (Y2) and 2027-29 (Y3) data is released.

Identify

Evidence informed action
- Local surveillance
- National and regional intelligence
- Case-specific information

Prevent

Knowledge and prioritisation
- Policy and strategy review
- Suicide-informed services

Partnership working
- Improved, coordinated services
- Reducing access to method of death

Stigma reduction
- Language, education, training and engagement

Support

Individual level
- Bereaved by suicide
- Those who self-harm
- Suicidal ideation
- Suicide survivors
- Those in crisis

Population level
- Responsible media content and signposting
- Community outreach and training

Figure 4 Overview of objectives

Identify

Objective 1: We will ensure that our local preventative actions are evidence informed so that interventions are effective, timely and responsive to local need.

This will be achieved by:

- Quarterly review of local surveillance data through the Real Time Suspected Suicide Surveillance System (RTSSS) to identify trends/patterns in both risk factors and the method/location of death.
- Knowledge of risk groups and effectiveness of interventions will be informed by National and regional data and intelligence, including routine data from the Office of National Statistics information shared by partners such as British Transport Police.
- Qualitative information will be collated from multi-agency reviews of individual cases, led by Public Health or partner agencies, performed upon notification of a suspected suicide to inform both short- and long-term recommendations for change.

The **Real Time Suspected Suicide Surveillance System** (RTSSS) gives an early opportunity to understand local trends in suspected suicide before Coronial inquest has occurred, and supports timely intervention for people who have been bereaved or affected by suicide; providing links to effective postvention support.

Prevent

Objective 2: We will ensure that knowledge and prioritisation of suicide prevention will be strengthened across the system. This will be achieved by

- All relevant Council, NHS and partners' policies, strategies, and service provision will be reviewed from the perspective of suicide prevention.
- Where identified through the reviews, appropriate action for suicide prevention will be embedded and/or strengthened to take into account nationally identified priority groups, local priority groups, and for suicide risk factors. This will build on the mapping exercise that was carried out in 2023/24, which was the first step in identifying relevant policies and strategies.
- The named leads responsible for Council and NHS policies, strategies and service provision will provide updates of improvements made to the suicide prevention steering group.
- Services and partners should take into account any learning and developments in suicide prevention, including recommendations resulting from the multi-agency review of individual cases.
- Increased uptake of suicide prevention training and mental health first aid among Council and NHS frontline workforces, and commissioned services' workforces and promotion of suicide prevention and training to other local employers, as per the 2023 National suicide prevention strategy.

Objective 3: We *will strengthen partnership working at sub-regional, London and national levels. This will be achieved through:*

- Joined up working across organisations for the benefit of service delivery to residents.
- Application of evidence to implement preventative measures such as reducing access to means and method of suicide (e.g. physical changes to public places).

- Work with partners across the system in London and north-east London will enable collaboration on actions best taken on a multi-borough footprint and those actions that are best taken forward at a single borough level. This will require co-ordination of strategies and policies from multiple agencies.

Objective 4: We will work to reduce stigma surrounding suicide and bereavement by suicide. This will be achieved by

- The Council and NHS working with voluntary and community sector partners to tackle the stigma of mental ill health and suicide, with a specific focus on inequalities.
- Providing information, education and training on suicide prevention for the local system-wide workforce
- Providing information and increasing awareness of suicide prevention among local communities and residents
- Reducing barriers for those in need of support.

Support

Objective 5: We will work across the sector with partners at sub-regional, London and national levels to strengthen, coordinate and ensure equity and accessibility of the support offered to:

- those bereaved by suicide
- individuals who engage in self-harm
- staff of anchor institutions whose work exposes them to the effect of suicide (e.g. those responding to deaths by suicide or impacted by the loss of someone who died by suicide).
- those who express suicidal ideation
- those who reach crisis point and survivors of attempted suicide

Objective 6: We will ensure local provision of early intervention and tailored support at a population level to those with common risk factors. We will do this by

- Working together to ensure responsible media content to reduce harms, improve support and signposting (both virtual and physical), and provide helpful messages about suicide and self-harm.
- Targeting training offers to those organisations and community groups that are in contact with at risk and priority groups. Where possible we will support voluntary community and social enterprise sector organisations to access Government funding.

Governance

Suicide Prevention Steering Group

A steering group will be formed that will be drawn from representatives of the Council, the NHS, Safeguarding (adults and children), mental health charities, and people with lived experience. The Steering Group will be responsible for:

- ensuring progress against the action plan
- monitoring performance against an agreed dashboard
- updating the action plan in response to learning from surveillance and as new national initiatives are announced
- producing an annual report

The Suicide Prevention Steering Group will be responsible to the Havering Place Based Partnership and the Havering Health and Wellbeing Board, and accountable to the Council's Cabinet (Figure 5).

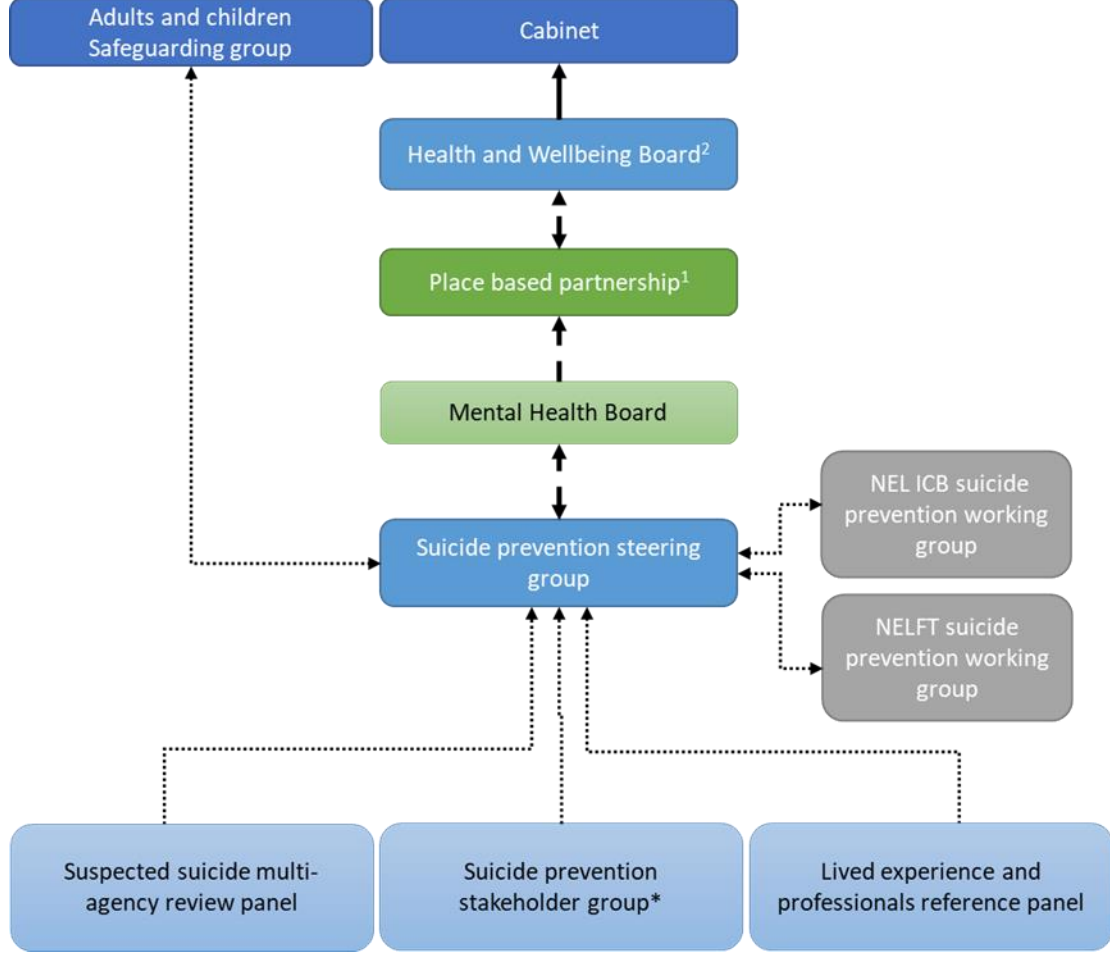


Figure 5 Proposed accountability structure for the Public Health led Suicide Prevention Steering Group. *Solid arrows indicate accountability, dashed arrows indicate responsibility and dotted arrows indicate sharing of information between groups.* [1]*Responsible for implementation.*[2]*Adoption of strategy. *Locally based stakeholders include those working in areas impacting the wider determinants of health that are known to be associated with increased risk of death by suicide. See Appendix 1 for a complete list of stakeholder groups.*

Involving people with lived experience

We will ensure that the voices, perspectives and insights of people with personal experience inform the planning, design and decisions at all levels of suicide prevention activity. This includes people with experience of suicidal ideation, those who have made previous suicide attempts, and people who are bereaved by suicide.

Timescales

This strategy covers the period Spring 2025 – Spring 2030.

Consultation

This Strategy has been drafted in collaboration with partners and stakeholders.

The proposed consultation process will have two tiers;

1) Professionals and agencies with direct interest and influence in the prevention of deaths by suicide will be asked to complete a semi-structured survey regarding the draft strategy. This feedback will then be incorporated prior to wider public consultation.
    i. The semi-structured survey will be shared with identified stakeholders with the request for completion via email and internal electronic communication platforms.
    ii. Three groups (Havering Council, NHS partners, School and College staff) will be invited to a short presentation outlining the content of the strategy followed by a request to complete the semi-structured survey.
2) The public consultation on the draft strategy is planned during September 2024; inviting the views and comments of stakeholders in the Borough, including residents, businesses, the voluntary and community sector, and the workforces of statutory agencies not included above. Feedback will be requested using a structured survey distributed via:
    i. Council social media platforms
    ii. Newsletters
    iii. QR codes on printed media (i.e. posters)

The Suicide Prevention Strategy, an easy read version of the Strategy, the Suicide Health Needs Assessment, and the Equality and Health Impact Assessment will be published on the Havering Council's Consultation and Engagement Hub (Citizen Space). Hard copies of the easy read version of the Strategy and the survey will be available via libraries.

Following conclusion of the wider public consultation, a report will be produced that summarises feedback received and will describe what will be done in response to feedback, including any amendments to be made to the strategy document itself, and additional actions to be incorporated into the detailed action plan.

Glossary

Age-adjusted	Age adjustment enables meaningful comparisons to be made between two populations that vary in age structure.
Allistic	A person not affected by autism.
Domestic homicide review	A Domestic Homicide Review (DHR) is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.
EqHIA	The Equality and Health Impact Assessment (EqHIA) is a legal requirement under the Equality Act 2010 and aims to improve the work of the council by making sure it does not discriminate in providing services and employment and that it does all it can to promote equality and good relations for the community and various socio-demographic groups that are typically underrepresented.
ICB	Integrated Care Board; an NHS organisation responsible for planning health services for their local population.
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and those who are part of the community
Major Conditions	Major conditions refer to the main causes of ill-health that contribute to disease in England, specifically: cancers, cardiovascular diseases (including stroke and diabetes), chronic respiratory diseases, dementia, mental ill health and musculoskeletal disorders.
Needs assessment	A needs assessment is a systematic approach to understanding the needs of a population. It can identify the unmet health and healthcare needs of a population, and what changes are required to meet those unmet needs.
NELFT	North East London Foundation Trust; NELFT provides an extensive range of integrated community and mental health services for people living in the London boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest and community health services for people living in the south west Essex areas of Basildon, Brentwood and Thurrock.
Office of National Statistics (ONS) data	The ONS main responsibilities are collecting, analysing and disseminating statistics about the UK's economy, society and population. ONS produce a range of economic, social and population statistics that are published in over 600 releases a year.
QR code	A QR code is a machine-readable code consisting of an array of black and white squares, typically used for storing URLs or other information for reading by the camera on a smartphone.

Real-time suspected suicide surveillance system (RTSSS)	The RTSSS provides more up-to-date data on suicides locally compared to ONS data which has time lags of approx. 12-18 months to be published because of the time taken to complete an inquest; with the caveat that the suicide is only suspected and has not been confirmed as the cause of death by a coroner. RTSSS data Includes suspected suicides of any Havering resident including those where the suicide took place outside of the borough, it does not include suspected suicides by people who are not Havering residents even when the suicide occurs in the borough. The RTSSS provides the following data the individual's name, demographics, place of suicide, method, circumstances, warning signs, mental health issues however information on risk factors including finances, employment and family circumstances can often be less complete. The RTSSS was developed by Thrive LDN and utilises data on suspected suicides collected by the Metropolitan Police, the British Transport Police (BTP) and the City of London Police. Our level of surveillance will focus on the London Borough of Havering however; we work closely with the North-East London (NEL) suicide prevention working group who we expect to focus on surveillance across all seven NEL boroughs.
Severe Mental Illness (SMI)	Examples include psychosis and paranoid schizophrenia.
Sub-regional	Sub-regional refers to the subdivision of a region.
Suicidal ideation	Suicidal ideation, or suicidal thoughts, is the thought process of having ideas, or ruminations, with taking one’s own life.

Appendices

***Appendix 1**: Member organisations/representatives of the Havering Suicide Prevention Stakeholder Group, 2023.*

LBH Public Health	BHRUT
LBH Elected member for Health and Wellbeing	Healthwatch
London Fire Brigade	Community Connectors
Mind	Local area coordinators
Samaritans	Health champions
Havering Carer's hub	Jobcentre plus / DWP
LBH Community Safety	LBH Housing
NELFT	LBH Adult Social Care
Metropolitan Police	LBH Children's Services
NHS NEL ICB	CAMHS
GP Representative	LBH Early Help
LBH Communications	LBH Education
People with lived experience	Safeguarding Adults Board
LBH CTax & Benefits, Exchequer & Transactional Services	LGBTQ+ forum / LGBTQ freelance trainer
Peabody	LBH Planning
Havering Integrated Team	Network Rail
Imago	ELFT
Community hubs	CGL
NEL Training Hub	LBH Workplace Health
PSHE Network	LBH Communities
Street pastors	LBH Social work
Town centres Manage	Havering Compact
Age UK	

Appendix** 2 **Main sources of evidence used as key references for this strategy in gathering evidence for identifying risk factors and vulnerabilities.

Source documentation	Link
Havering All Age Autism Strategy	All age autism strategy Final 140722 002.pdf (havering.gov.uk)
Havering Substance Misuse Strategy	Havering Combating Substance Misuse Strategy
Havering Homelessness Strategy 2020-25	Havering Council Prevention of Homelessness and Rough Sleeping Strategy 2020 - 2025
Havering Community Safety Partnership Plan 2022-25	Appendix 1- HCSP Partnership Plan 2022- 25 V3.pdf (havering.gov.uk)
Gambling Policy 2020-23	App 1 Statement of Gambling Policy 2019-2022 Draft for Consultation.pdf (havering.gov.uk)
Supported Housing Strategy 2022-25	Supported Housing Strategy.pdf (havering.gov.uk)

Havering Housing Services Domestic Abuse Policy	Housing Domestic Abuse Policy (havering.gov.uk)
Adult social care support planning policy	Adult Social Care Support Planning Policy (havering.gov.uk)
Local suicide prevention planning: a practice resource	PHE_LA_Guidance_25_Nov.pdf (publishing.service.gov.uk)
National Suicide prevention in England: 5-year cross-sector strategy	Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)
The NHS Long Term Plan	NHS Long Term Plan
The five year forward view for mental health	The Five Year Forward View for Mental Health (england.nhs.uk)
National Institute for Health and Care Excellence (NICE) Guidelines	Overview | Suicide prevention | Quality standards | NICE

NB: The above is not an exhaustive list and additional resources to cross cutting-issues and key documents the suicide prevention strategy were included in a Map of Suicide Priority Groups and Risk Factors as part of the suicide prevention needs assessment.