

Suicide Prevention

Yearly Annual Report to Health and Wellbeing Board

What has changed nationally/ locally in the past 12 months?

Content warning: The content of this document may be emotionally challenging as it discusses suicidality and self-harm.

Support is available:

Samaritans – a listening service which is open 24/7 for anyone who needs to talk.

Campaign Against Living Miserably (CALM) - CALM's confidential helpline and live chat are open from 5pm to midnight every day.

Shout – a free confidential 24/7 text service offering support if you're in crisis and need immediate help.

Nationally, there has been a significant increase in the suicide rate in England and Wales, reaching the highest levels since 1999. According to the Office for National Statistics (ONS), 6,069 suicides were registered in 2023 (11.4 deaths per 100,000 people), compared to 5,642 deaths in 2022 (10.7 deaths per 100,000). This rise was observed across both males and females, all adult age groups and particularly among males aged 45–49 and females aged 50–54. Hanging, strangulation and suffocation remained the most common methods of death by suicide, accounting for nearly 59% of all cases.

Locally, in Havering, an average of 18 suicide deaths per year has been recorded over the past decade, with the age-standardised suicide rate remaining higher than the Outer London and Greater London averages (though no longer statistically significant).

In 2024:

- 17 deaths by suspected suicide amongst Havering residents were detailed in the nRTSSS¹ database.
- A larger proportion of those who died by suspected suicide were female than expected, based on historic and national data.
- Almost half of the deaths by suspected suicide in 2024 amongst Havering residents took place in a public place.
- Some methods of death were more common than others, and this information will be used to inform local actions for suicide prevention going forward.
- The average age of those who died by suspected suicide was slightly younger than National statistics, and ages spanned a wide range throughout adulthood.
- The average index of multiple deprivation score of deaths by suspected suicide (based on home address) was 4.²

What has been achieved in the past 12 months?

1. Development of a New Strategy

¹ Near Real Time Suspected Suicide Surveillance System

² A score of 4 indicates that, on average, individuals that live in these areas are more deprived than 60% of areas in the country, but not among the very most deprived. This suggests that socioeconomic disadvantage may be a contributing factor in some of these cases. While suicide occurs across all social and economic groups, higher levels of deprivation are often linked to risk factors that may contribute to suicidal thoughts and behaviours.

From April 2024, the new Havering All-Age Suicide Prevention Strategy 2025–2030: Working Together to Save Lives was developed. This strategy builds on previous work and outlines a comprehensive, cross-sector approach to reducing suicide rates locally. An accessible, easy-read version of the strategy was also produced to ensure wider reach and inclusivity.

2. Public and Professional Consultation

To ensure the strategy reflected the needs of both the public and professionals, a six-week consultation was launched on World Suicide Prevention Day (10 September 2024). A full report of the consultation has been produced to ensure transparency and accountability.

3. Strengthening of Cross-Sector Partnerships

The strategy development and consultation process improved collaboration between existing stakeholders and successfully engaged new partners who had not previously been involved in Public Health-led suicide prevention activity. This includes expanded involvement from voluntary, community and professional groups across the system.

4. Implementation and Governance Structure

Implementation of the five-year strategy began in March 2025, and the Strategy reports to the Havering Community Mental Health Board. This work is supported by three core governance and delivery groups:

- The Suicide Prevention Stakeholder Group
- The Suicide Prevention Strategy Steering Group
- The Havering Lived Experience Advisory Group (LEAG)

A detailed action plan has been established, and progress is being monitored through the Strategy Steering Group and LEAG, which both meet quarterly.

5. Review and Learning from Suspected Suicides

Public Health has continued its use of the Real-time Suspected Suicide Surveillance System (nRTSSS) to ensure timely review and response to suspected suicides. Upon notification of a suspected death, a structured process is followed to gather information from relevant partners. This informs learning and supports local action planning.

6. Safeguarding and System-Wide Learning

Three cases reviewed through the above process were referred to Havering Safeguarding Adults colleagues. Two are being considered within a suicide-themed Safeguarding Adults Review (SAR), and a decision is pending on the third. Public Health is also contributing to a SAR concerning a non-Havering resident who died within the Borough. These referrals reflect the strengthening of partnership working, data sharing and shared responsibility for suicide prevention across sectors.

Performance against KPIs

(Provide performance against agreed KPIs with explanatory commentary)

N/A

Are there currently any limitations?

(Highlight any obstacles limiting progress particularly if partners on the HWB may be in a position to help)

Advice on working more closely with GP Practices across the borough to include their expertise and case-specific knowledge in the suspected suicide review panel process.
Advice on establishing a closer relationship with the local Coroner.

What are the agreed plans for the coming year?

(Describe plans for the forthcoming year in terms of top 5 actions, giving a lead for each)

Implement recommendations from Annual Report, with Samantha Westrop as AD lead:

1. Adopt and implement a local all-age suicide prevention strategy to ensure best use of local data, intelligence and partnership working
2. Continue reviewing each suspected suicide amongst Havering residents to gather relevant available information, including from GP, to inform prevention efforts
3. Gain clarity on the outputs of reviews conducted by wider systems partners and scope possible access to reports with timeline review and incorporation of finding and recommendations into our local prevention efforts.
4. Scope the possibility of obtaining additional data sources for suspected suicides beyond nRTSSS.
5. Implement the agreed action plan resulting from the Havering strategy.