

Agenda Item No:	14
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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	14 August 2024
Subject:	Suicide Prevention
Director Sponsor:	Teresa Fenech, Executive Director of Nursing and Quality
Author:	Ryan Nicholls, Urgent & Emergency Mental Health and Suicide Prevention Programme Lead Jack Lewis, Consultant in Public Health
STATUS OF THE REPORT:	
Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Assurance <input type="checkbox"/> Information <input checked="" type="checkbox"/> A Regulatory Requirement <input type="checkbox"/>	

SUMMARY OF REPORT:
The purpose of this paper is to provide the ICB Board with an overview of the ICB's Suicide Prevention programme and priorities, in addition to raising the awareness of the current local and national suicide rates related to women, children and young people.
RECOMMENDATIONS:
Members are asked to:
<ul style="list-style-type: none"> i) note the priority approach. ii) endorse the importance of <i>Suicide Prevention</i> and the approach taken in promoting the prevention work with partners and stakeholders.

ICB STRATEGIC OBJECTIVE

Leading for Excellence	<input type="checkbox"/>
Leading for Prevention	<input checked="" type="checkbox"/>
Leading for Sustainability	<input type="checkbox"/>
Voice at the Heart	<input type="checkbox"/>

IMPLICATIONS

Finance	N/A
Quality	High quality health and care services have a role in effectively preventing suicides, detecting risk factors, and mitigating the impact of deaths from suicide.
HR	N/A
Legal / Regulatory	N/A
Data Protection / IG	N/A
Health inequality / equality	Suicides disproportionately effect deprived communities
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

MONITORING AND ASSURANCE:

There will be regular updates on progress of the Suicide prevention programme and its priorities to the Quality Committee and MHLDA collaboration operations board.

ENGAGEMENT:

All work that is prioritised as part of the programme is coproduced and discussed with services that provide Suicide prevention, postvention and crisis support. Additionally, the programme is linked in with coproduction and cocreation groups through the region to enhance the opinion and view of lived experience.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

Suicide Prevention Programme Overview with detail on Women and CYP

1. INTRODUCTION

The purpose of this paper is to provide the ICB Board with an overview of the ICB's Suicide Prevention programme and priorities, in addition to raising the awareness of the current local and national suicide rates related to specifically women and CYP.

2. BACKGROUND

In England and Wales, all deaths by suicide are certified by a coroner and cannot be registered until an inquest is completed. This results in a delay between the date the death occurred and the date of registration of that death. Real Time Surveillance of suspected suicides is used to mitigate this delay and implement timely actions.

A **Suspected Suicide** is a sudden death identified by staff at the Coroners officer as a suspect suicide as part of the pre-inquest process using information from a range of sources to help build an initial understanding of circumstances of death.

Real-Time Surveillance Suspected suicides identified by coroners and the police contribute to Real-Time Surveillance of suicides. Data is held by local authorities and used to quickly respond to emerging trends, including suicide clusters.

A **Suicide** is a death in which a conclusion of suicide has been reach by inquest. On the balance of probability, the Corner is satisfied that they have died as a result of their own actions and that it was their intention to die.

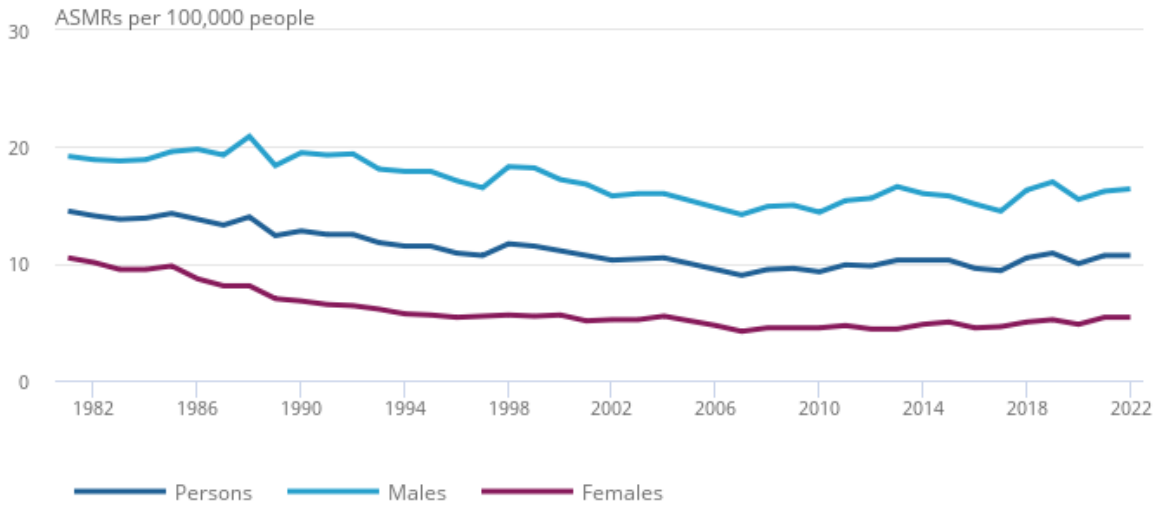
On 19th December 2023 the Office for National Statistics released data on the registered suicide rates across England and Wales for 2022. The main points of this dataset were:

- In 2022, there were 5,642 suicides registered in England and Wales (10.7 deaths per 100,000 people); this is consistent with 2021 (5,583 deaths; 10.7 per 100,000).
- Around three-quarters of suicides registered in 2022 were males (4,179 deaths; 74.1%), equivalent to 16.4 deaths per 100,000.
- The rate for females was 5.4 deaths per 100,000 in 2022, consistent with rates between 2018 and 2021.
- Among females, the age-specific rate was highest in those aged 50 to 54 years (7.8 deaths per 100,000); in 2021 the highest rate was in those aged 45 to 49 (7.7 deaths per 100,000).
- Among males, the age-specific rate was highest in those aged 90 years or over (32.1 deaths per 100,000), followed by those aged 45 to 49 (23.0 deaths per 100,000).

The figure below shows the suicide rate in England has only fallen slightly over the last 40 years, with a recent slight increase for Males over COVID.

Figure 1: Suicide rates registered in 2022 remain consistent with 2021, 2019 and 2018

Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2022

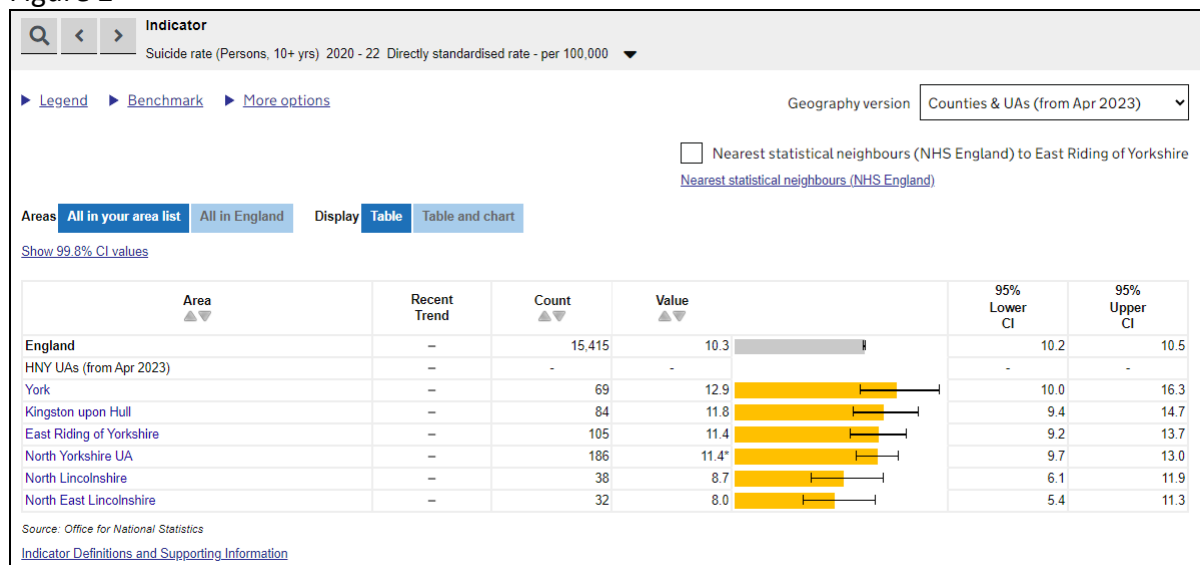


Source: Suicides in England and Wales from the Office for National Statistics

All Age Suicide

Figure 2 illustrates the most recent (April 2023) data set on all age suicide (10years and older) within the HNY region by place, whilst providing a comparison to the England average. With respect to the 'Value' this refers to deaths per 100,000

Figure 2



Office for Health Improvement and Disparities. Public health profiles. 2024 <https://fingertips.phe.org.uk>
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Figure 3 below indicates all age suicide per region, of which Yorkshire and Humber is second highest in rate of suicides per 100,000 population.

Figure 3

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	15,415	10.3	10.2	10.5
North East region (statistical)	–	933	13.5	12.6	14.4
Yorkshire and the Humber region (statistical)	–	1,731	12.1	11.5	12.6
South West region (statistical)	–	1,802	11.9	11.4	12.5
North West region (statistical)	–	2,289	11.8	11.3	12.2
West Midlands region (statistical)	–	1,659	10.7	10.2	11.3
East Midlands region (statistical)	–	1,341	10.4	9.9	11.0
South East region (statistical)	–	2,557	10.4	10.0	10.8
East of England region (statistical)	–	1,504	9.0	8.6	9.5
London region (statistical)	–	1,599	6.9	6.6	7.3

Source: Office for National Statistics

Suicide in Younger Women

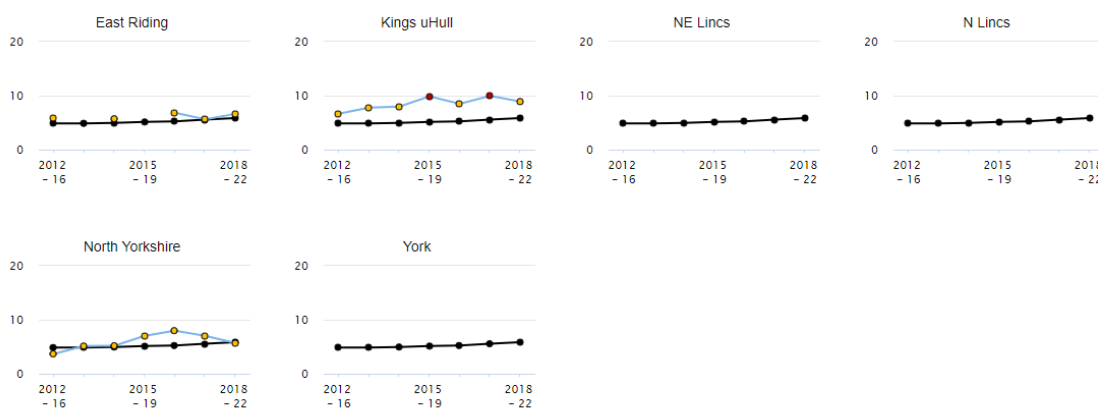
The most recent official data for confirmed suicides amongst females aged 25-44 records 68 deaths between 2018 and 2022, with rates at or near the English average in our 6 Places (where data is not shown in the figure below the rates are too small to be calculated).

Fortunately, pregnancy is a protective factor for death by suicide¹ and it is relatively rare. There were 10 deaths from suicide out of 674,377 UK pregnancies in 2020 and a further 18 deaths in the year following pregnancy. Data is not available at HNY level.

Figure 4

Age-standardised rate for suicide by age and sex (Female, 25-44 yrs)

Directly standardised rate - per 100,000



Suicide in Children and Young People

Unfortunately suicide in CYP has increased significantly nationally (Figure 5), accounting for an additional 85 deaths per year comparing the 2012-16 and 2018-22 periods.

¹ [MBRRACE-UK Maternal CORE Report 2022 v10.pdf \(ox.ac.uk\)](https://www.ox.ac.uk/mbrrace-uk/maternal-core-report-2022-v10.pdf)

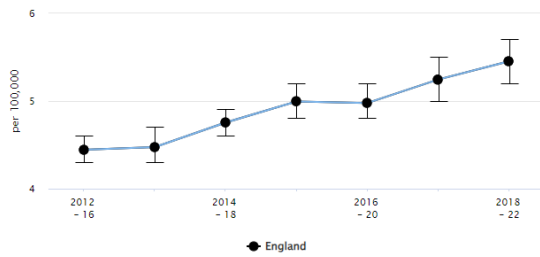
Figure 5

Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)

Directly standardised rate - per 100,000

[Hide confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Count	Value	England	
			95% Lower CI	95% Upper CI
2012 - 16	2,261	4.4	4.3	4.6
2013 - 17	2,265	4.5	4.3	4.7
2014 - 18	2,393	4.8	4.6	4.9
2015 - 19	2,499	5.0	4.8	5.2
2016 - 20	2,472	5.0	4.8	5.2
2017 - 21	2,589	5.2	5.0	5.5
2018 - 22	2,688	5.5	5.2	5.7

Source: Office for National Statistics

Suicide Prevention - OHID (phe.org.uk)

Figures 6 illustrates Yorkshire and Humber CYP suicides compared to the England average. This is regional data and not ICB level and therefore inclusive of West and South Yorkshire and shows an even steeper increase compared to England. The increase has primarily been in Places outside of HNY, with Figure 7 showing all HNY Places as not significantly different than the English average.

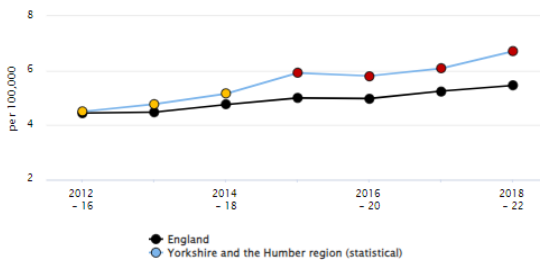
Figure 6 – Suicide trend in persons aged 10-24 in Yorkshire and Humber

Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)

Directly standardised rate - per 100,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)

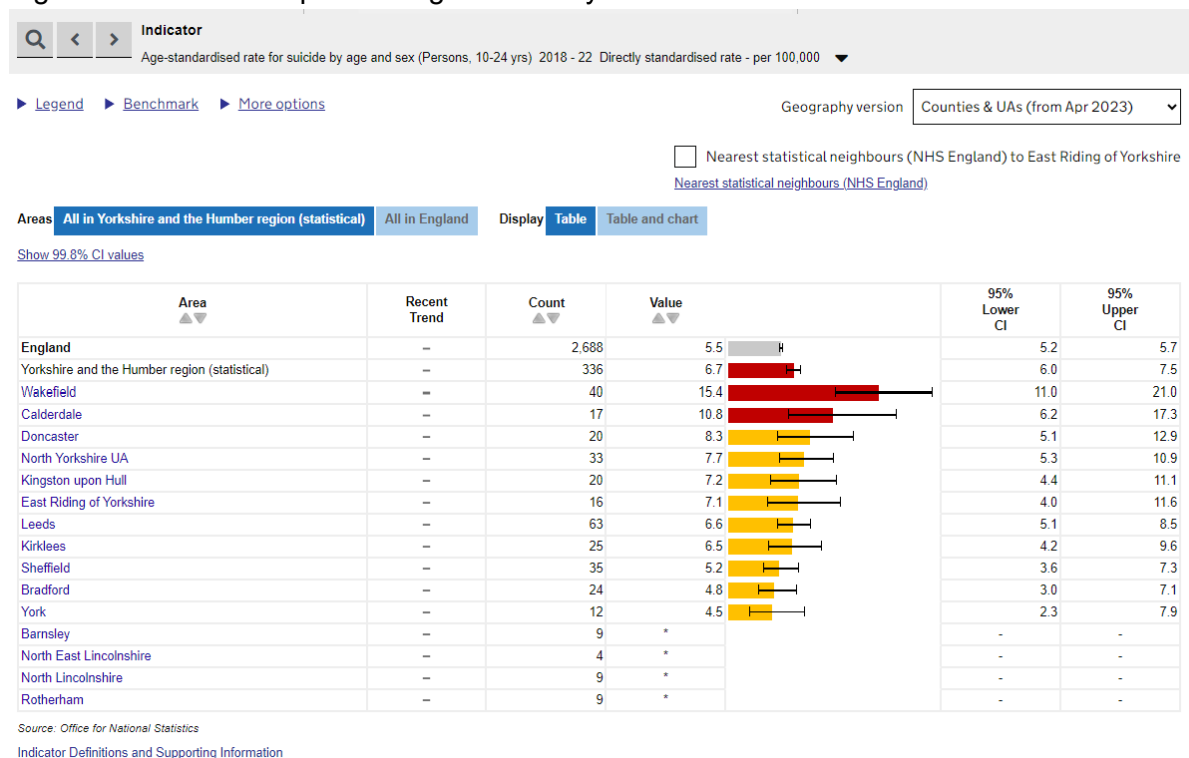


Recent trend: Could not be calculated

Period	Count	Value	Yorkshire and the Humber region (statistical)		England
			95% Lower CI	95% Upper CI	
2012 - 16	239	4.5	3.9	5.1	4.4
2013 - 17	251	4.8	4.2	5.4	4.5
2014 - 18	269	5.2	4.6	5.8	4.8
2015 - 19	305	5.9	5.3	6.6	5.0
2016 - 20	296	5.8	5.2	6.5	5.0
2017 - 21	306	6.1	5.4	6.8	5.2
2018 - 22	336	6.7	6.0	7.5	5.5

Source: Office for National Statistics

Figure 7 – Suicides in persons aged 10-24 by Place in Yorkshire and Humber



[Suicide Prevention - OHID \(phe.org.uk\)](http://phe.org.uk)

3. ASSESSMENT

The HNY Suicide prevention programme outlines priority areas agreed via Suicide Prevention Steering Group located within the Mental Health Learning Disabilities and Autism (MHLDA) collaborative. Each priority has set objectives representing joint effort with ICB partners and regional stakeholders.

HNY MHLDA Suicide Prevention programme priorities and progress 2023-24

In September 2023, the UK Government released a 5-year [Suicide Prevention Strategy for England](#) with 8 priorities:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

The MHLDA Suicide Prevention Programme subsequently produced a 1-year action plan aligned to the eight priorities with an initial focus on three of the priorities.

1. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.

1.1 *Work with organisations that represent, work with, or are popular among largely male populations, to explore further options to support men and share innovative and good practice.*

Progress update

The programme commissioned MIND in late 2023 to deliver a series of community business training sessions, aimed at barbers, gyms, taxi drivers and alike to help raise the profile of suicide prevention and the tools. This was delivered region wide in a mixture of face to face and virtual provision.

The programme has also created a suicide prevention best practice toolkit for Human Resource Departments, in addition to proposing businesses, schools and Local Authorities embed the 'Baton of Hope Workforce pledge' as a mainstay to their policies on site.

1.2 *Develop a greater focus on Women's health and suicide prevention.*

Progress update

Great engagement has been had with place-based Women's health services, namely Together Women and Women's Aid in NEL. With such learning and understanding, the programme has created a Women's Health and Suicide Prevention subgroup where the sole aim will be to bring to light the preventative work ongoing in the region, ultimately aiming to reduce women's suicide and self harm.

1.3 *Work with Universities UK (UUK) to support universities to embed its Suicide-safer universities guidance, which covers both prevention of suicide and compassionate responses to suicide in universities.*

Progress update

The programme has looked to connect with all universities and higher education sites in the region, to initially understand their provision of suicide prevention work and then secondly to benchmark across the region to help share good pieces of work and practice. This has also resulted in improved connections with universities/ HEI with local crisis support services to reduce duplication and improved communication.

1.4 *Encourage employers, including in largely male industries, to have adequate and appropriate support in place for employees – including, for example, people trained in mental health first aid, mental health support and suicide prevention awareness.*

Progress update

The programme has engaged with Football Associations, Rugby League and Professional Football Clubs to raise the profile of Mental Health provision, training and accessible services. It has also looked to promote excellent pieces of work, namely E. Riding FA and their Mental Health Champion Scheme. Additionally, the programme has commenced its roll out of ZSA training in internal training for workforce and Humber Teaching NHS Foundation Trust has led in this.

2. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.

2.1 Improve suicide prevention signposting and support to people in contact with primary care services, including those receiving care for physical ill health and long term health conditions.

Progress update

There has been sustained vigour in focusing on understanding suicide and long term health conditions with the continued support of the LTH subgroup that has been established since 2022. Additionally, frequent attender services have been engaged with and introduced to the wider programme framework to have a greater understanding of what is working and what is not. Whilst also looking to reduce duplication and improve connections and collaboration between providers in place.

2.2 Strengthen informational messaging, including on risks associated with gambling, and continue to work to further strengthen evidence on how to reduce gambling-related harms.

Progress update

Following a place-based Suicide prevention conference, the programme showcased a national gambling charity and available support to stakeholders and steering groups to help raise the profile. There have also been initial discussions about HNY being selected as a host site for a pilot in gambling harms workshops in the community.

2.3 Explore further ways to signpost people to social prescribing and other loneliness support, including online social prescribing platform and NHS toolkit.

Progress update

The programme has met with CYP Social Prescribing Services in place to understand the wider context of provision, in addition to promoting social prescribing to stakeholders and partners as a suicide and crisis prevention provider. The programme has create a pilot project to improve the overall connection and pathway from CYP Social prescribing and CAHMS.

3. Providing effective crisis support across sectors for those who reach crisis point.

3.1 Anyone seeking urgent mental health support in England will be able to do so via NHS 111, selecting the mental health option.

Progress update

A strong relationship has been created with the Crisis and Urgent Care programme in the MHLDA collaborative with the development of a Crisis prevention stream of work. Throughout the SP programmes work the 111 MH option has been paramount in communication and forecasting with stakeholders and new partners. The programme lead has integrated in meetings to discuss the 111 option to provide the SP perspective.

3.2 Mental Health Liaison services have improved community service provision and prevention work with 'most at risk' individuals.

Progress update

Work has taken place in ensuring that not only greater connections with Liaison Services are in place, but also data is flowing to the SP programme as part of the MHLDA data set that is shared with the ICB board on a quarterly basis. This is a new approach for the programme to ensure that Suicide Prevention is seen differently and secondly to ensure there are other quantitative methods of valuing the work of suicide prevention, namely reduction in the number of service users presenting self harm, the number of service users presenting suicide ideation reduced and the number of service users presenting suicide attempt reduced.

Working across programmes – Children and Young People's Mental Health and Suicide Prevention

The MHLDA collaboratives programme leads for Suicide Prevention and for CYP Mental Health are working together to address actions relating to CYP to ensure consistency and reduce duplication. Although numbers of CYP under 18 who attempt a death by suicide are very low (see data below) there has been a continued rise in CYP mental health issues. The number of Children

and Young People (CYP) aged 5-16years with a probable mental disorder rose from 11% in 2017 to 17% in 2021 and 19% in 2023 [all mental health conditions]. The level of acuity at first presentation has also increased, meaning often CYP need to remain in services longer to address their mental health issues.

Work is underway to develop a suicide prevention pathway for CYP, including support in escalating cases of self-harm or suicidal ideation or following a suicide attempt. This includes work to improve support to those waiting to access services to reduce escalation of issues (waiting well). We are also reviewing the step-down arrangements from Crisis, particularly after serious self-harm or risk of suicide, as well as working to improve support for those CYP impacted by suicide. This includes working with places where there are lower rates, to identify good practice and share across the system. Both the Suicide Prevention steering group and the CYP mental health steering group across Humber and North Yorkshire are involved in and being kept up to date in this work.

4. CONCLUSION

4.1. This report provides the ICB Board with an overview and progress report of the HNY ICB suicide prevention programme for 2023-24 and a snapshot of the progress. It also provides clarity on the data and challenges the region and country has with stubbornly static or increasing suicide rates with respect to all age and then specifically Women and CYP.

5. RECOMMENDATIONS

5.1. Members are asked to:

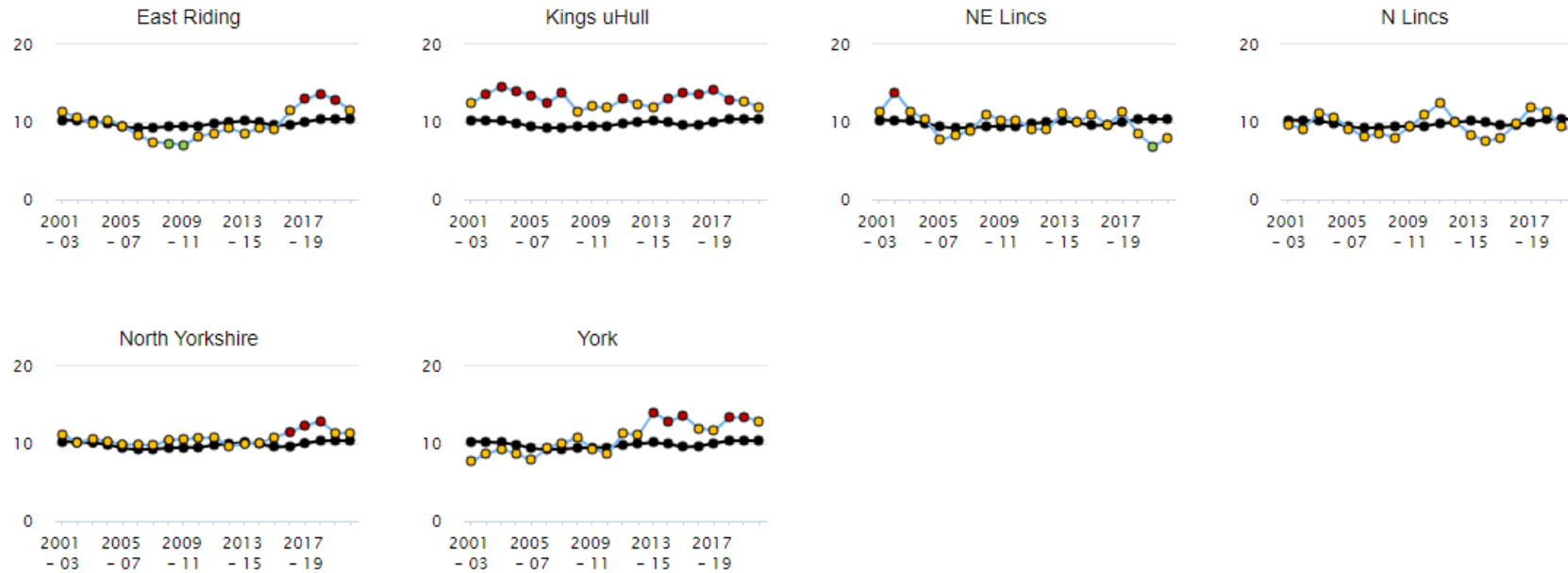
i) note the priority approach.

ii) endorse the importance of *Suicide Prevention* and the approach taken in promoting the prevention work with partners and stakeholders.

Appendix 1 – Suicide trends by Person (male and female combined) and age in HNY

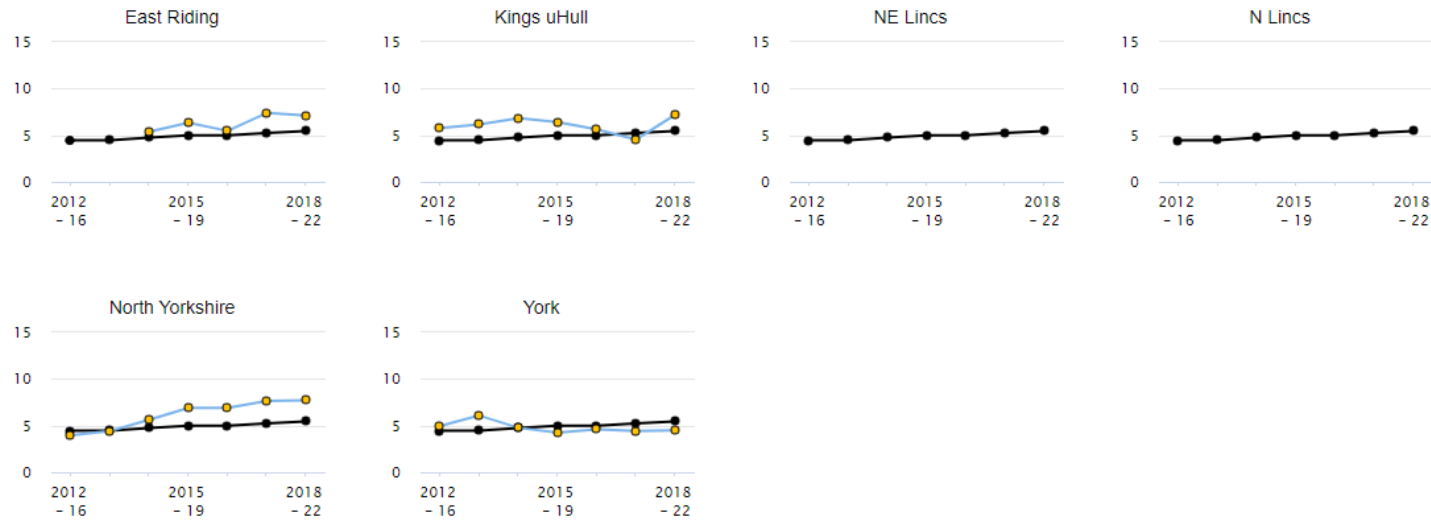
Suicide rate (Persons, 10+ yrs)

Directly standardised rate - per 100,000



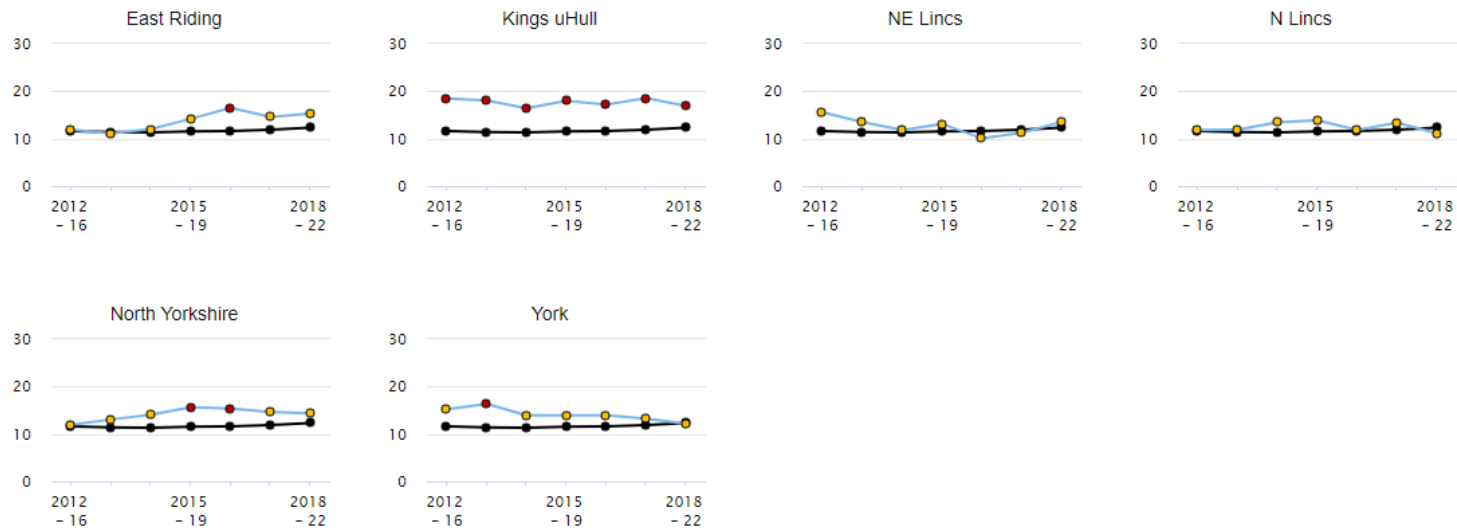
Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)

Directly standardised rate - per 100,000



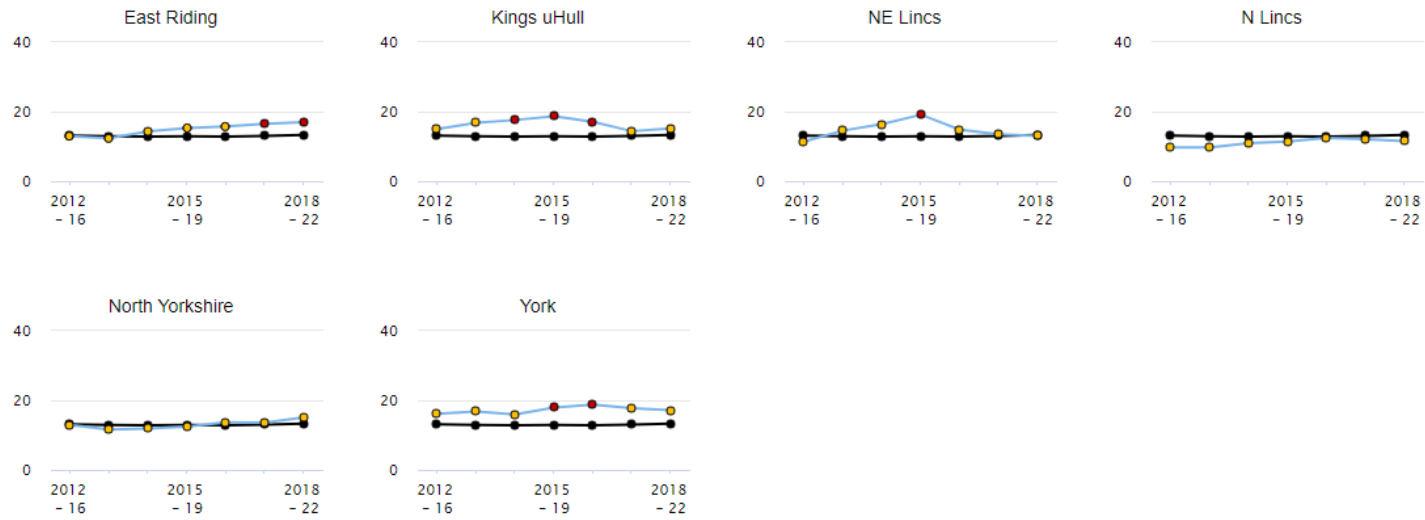
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs)

Directly standardised rate - per 100,000



Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs)

Directly standardised rate - per 100,000



Age-standardised rate for suicide by age and sex (Persons, 65+ yrs)

Directly standardised rate - per 100,000

