



SHROPSHIRE HEALTH AND WELLBEING BOARD Report							
Meeting Date	19 th September 2024						
Title of report	Shropshire Suicide Prevention Update						
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	rec s (\ dis	oroval of commendation With cussion by ception)	Information only (No recommendation	ns)		
Reporting Officer & email	Gordon Kochane Gordon.kochane@shropshire.gov.uk						
Which Joint Health & Wellbeing Strategy	Children & Young People	Х	Joined up working x		Х		
priorities does this	Mental Health	Х	Improving Population Health x		Х		
report address? Please tick all that apply	Healthy Weight & Physical Activity		Working with and building strong x and vibrant communities		X		
	Workforce	Х	Reduce inequali		Х		
What inequalities does this report address?	People at greater risk of suicide and those who have been impacted or bereaved by suicide.						

1.0 Executive Summary

1.1 Purpose

To update the HWBB on the local response to the recently published data indicating an increase in the local suicide rate and progress with delivery of the objectives within the Shropshire Suicide Prevention Strategy.

1.1.2 Latest Shropshire Suicide Rate and Response

Latest national data indicates the suicide rate for Shropshire has increased. During the reporting period 2020-2022 the Shropshire rate was higher than the England average. However, recently published data in September 2024 covering the period 2021-2023 indicates the Shropshire rate has reduced slightly and is now statistically similar to the England average rate. It is noted, that although the Shropshire suicide rate is no longer higher than the national average, the local rate of 12.8 per 100,000 population is still high compared to previous years and above many other local areas in the West Midlands region, so is therefore important suicide prevention continues to be a system priority.

Following the published suicide data for 2020-22 earlier this year which indicated an increase in the suicide rate, an exceptional meeting of the Action Group agreed a number of actions as an immediate response and focused around improving local knowledge around these deaths. Activities have included:

- An audit of Coroner inquest reports for suicide deaths during this period to review patterns, trends
 or commonalities that may indicate differing circumstances for deaths during this period. This has
 been led by Public Health with key messages to follow.
- Progression with enhancing the local real time suspected suicide real time surveillance model –
 expanding the partners who contribute towards the system to record which services individuals
 accessed in the 12 months prior to death and to facilitate conversations on possible targeted earlier
 interventions. Partners have been trained and due to start contributing by September 2024
 (following information sharing agreements being finalised).
- Recruitment of a data co-ordinator operating across Shropshire, Telford & Wrekin to support the above process.

 Escalation of progress to design a suicide death review panel utilising a similar methodology as the drug alcohol death review panel. A test and learn first panel is being planned prior to end of calendar vear.

1.1.3 Updates and Progress with delivery of the Strategy

- Review of multi-agency Suicide Prevention Action Group to ensure the right representation from partners and review of priority action plans
- Confirmation to continue delivery of the suicide bereavement service across Shropshire, Telford & Wrekin. Working with Support After Suicide to evaluate the suicide bereavement service
- Establishment of two survivors of bereavement by suicide (SOBS) peer led support groups for adults impacted by suicide loss
- Continued delivery of subsidised and free to access suicide prevention training across the system
- Introduction of suicide risk awareness as part of the safeguarding session for taxi drivers applying for a taxi license
- Continuation of implementing dedicated workstreams for addressing needs for high-risk cohorts and integration with partners including (but not limited to) men, rural communities, substance use, domestic abuse, housing & homelessness, and military veterans
- Currently finalising a suicide prevention toolkit for GPs and Primary Care practitioners to support
 conversations where concerns of suicide are raised, including involvement of family and carers as
 well as support for professionals impacted by suicide or other traumatic events.

2.0 Recommendations (Not required for 'information only' reports)

That the Board

- i. Considers endorsement of the activities presented within this update
- ii. Contribute and support the continued delivery of the Suicide Prevention Strategy and evolution and delivery of the Action Plan
- iii. Support the recommendation that system partners continue to prioritise suicide prevention actions and promote the workforce to access suicide prevention training to help contribute towards efforts in reducing local deaths
- iv. Will receive regular updates on progress with suicide prevention activity

3.0 Report

3.1 Introduction

Every death by suicide is a tragedy for the individual, their families and friends, and for their local communities. Whilst there is much activity happening nationally to help prevent suicide, local action is critical to save lives and this requires strong multiagency groups, partnership working and excellent local leadership to develop and deliver robust suicide prevention plans specific and tailored for the local population.

In Shropshire, we believe that suicide is preventable; but it requires all of us to seek every opportunity to achieve this. A refreshed Suicide Prevention Strategy for Shropshire was launched in September 2023 with ambition to build upon the foundations laid by the previous strategy with recognition of new presenting challenges over the past years that can be associated with increased suicide risk (including impact of COVID, economic and social uncertainty related to world events and rising costs of living).

The agreed objectives from the 2023 Suicide Prevention Strategy are displayed in the following diagram.

Objectives This strategy intends to reduce the number and rates of suicides across Shropshire through the following commitments; Improve the mental wellbeing Improve the quality of data and social outcomes for people and intelligence on suicide and bereaved by suicide through suicide risk, utilising tools such as timely connection and support. Real Time Surveillance to better This includes bereavement and understand and respond to practical support as well as Objective Objective demographic need and emerging ongoing opportunities to access trends. Implement learning one two postvention services as required. reviews and audits with partners This will include review of the to ensure recommendations are sustainability and evolution of implemented. existing models for long-term investment. Enhance the universal offers to Ensure that all professionals, mitigate suicide and self-harm risk partners and volunteers across to raise awareness of suicide. This Shropshire are suicide risk Objective Objective builds upon the previous Strategy aware, and have the and involves close partnership knowledge, skills and four three with representatives from high risk confidence appropriate to their cohorts to co-produce targeted offers and messages for suicide risk mitigation.

3.2 Data Intelligence and Latest Position

Data from the Office for Health Improvement and Disparities (OHID) covering the 3-year period 2020-2022, has identified an increase of the suicide rate for Shropshire. Although this moved Shropshire to having a higher than England average suicide rate, latest data published in September 2024 reports the rate has slightly reduced and is now considered statistically similar to the national average rate.

As is displayed in Chart 1 below, the rate of suicide in Shropshire for 2020-22 was 12.9 per 100,000, compared to the England average rate at 10.3 per 100,000. This related to 108 suicide deaths in this period and 9 additional suicide deaths compared to the previous reporting period. In 2021-23 the Shropshire suicide rate was 12.8 per 100,000 compared to the England average rate of 10.7 per 100,000. This related to 110 suicide deaths during this period and 2 additional suicide deaths compared to the previous reporting period.

It should be noted that statistical modelling has been used by OHID to take into account low numbers (as a small change in number can have a significant impact on rate).

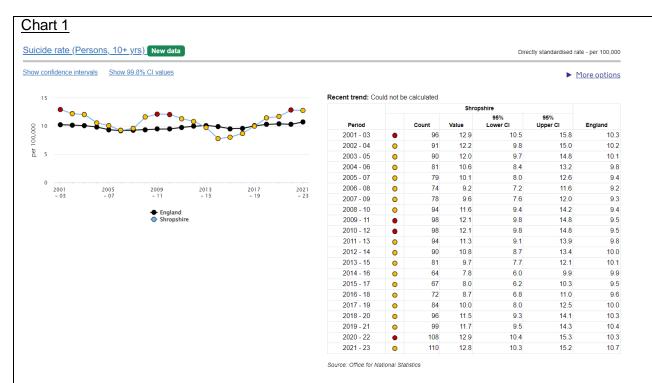


Chart 2 compares the Shropshire suicide rate to other LAs in the West Midlands, with a regional average rate of 10.7 suicide deaths per 100,000 population. It can be seen during the 2021-2023 reporting period the Shropshire rate was the 3rd highest in this cohort. During this period, it is also noted that 6 local areas in the West Midlands experienced an increase in suicide rate and 8 reported a decrease to varying degrees. It is noted that in addition to Shropshire, Worcestershire is the only other LA in the region that has moved to a rate higher than the national average during 2020-2022.

Chart 2

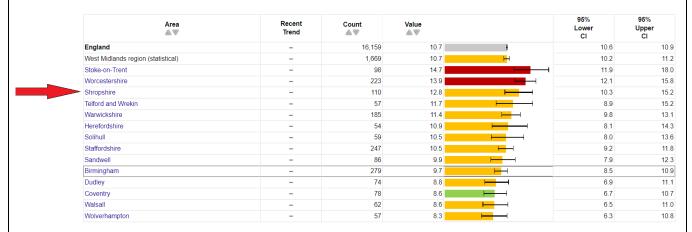


Chart 3 compares the Shropshire suicide rate to nearest statistical neighbours as defined by NHS England (local authority areas with similar characteristics, geography and demography). It can be seen during the 2021-2023 reporting period; the Shropshire rate was the 7th highest in this cohort. Similar to the regional position, there is variation of trends from the previous reporting period with 7 statistical neighbour areas reporting an increase in suicide rate and 7 reporting a decrease.

Chart 3 95% Neighbou 16,159 10.9 England 10.6 Neighbours average 133 15.7 22.2 Cumberland 244 14.1 18.2 Westmorland and Furness 93 12.4 19.1 10 17.6 Northumberland 122 12.2 12.1 15.3 15.9 Dorset 12 132 11.1 15.2 110 12.8 10.3 14.5 Somerset UA 12.6 Cheshire East 14.6 15 133 12.5 10.3 East Riding of Yorkshire 117 12.4 14.7 North Yorkshire UA 13.9 202 12.2 10.5 Herefordshire 14.3 10.9 Suffolk 12.3 217 10.8 Gloucestershire 9 183 10.6 9.0 12.1 Wiltshire 12.3 142 10.6 West Berkshire 9.7 Source: Office for National Statistics

Considerations for the Health and Wellbeing Board to be aware of regarding the increased suicide rate:

- Our local Suicide Prevention Strategy was published in September 2023 which is outside of the reporting period for the higher suicide rate.
- It is recognised that the latest reporting period includes the period during the COVID pandemic and lockdown period and is acknowledged there may have been delays in completion of some inquests within the year of death due to disruption of usual services which may have an impact on data.

Initial Response to increasing rates

A briefing paper was shared with the Suicide Prevention Action Group and exception meeting called to agree a co-ordinated response. A key outcome was the need to improve understanding of circumstances surrounding suicide deaths during this period and if there have been any thematic changes that may have contributed towards this increase. This also links with the Strategy ambition to improve data and intelligence on suicide death and suicide risk.

The recommendations for initial response included:

- Audit of Coroner inquests where a verdict of death by suicide has been recorded to better understand nature of circumstances around suicide deaths during this period
- Enhancement of Real Time Surveillance to include additional partners to record if the individual was known to services (supporting opportunities for earlier intervention as appropriate)
- Escalation of design and implementation of a multi-agency suicide death review panel where the individual was known to service, to review any gaps, missed opportunities and consider recommendations to mitigate similar future risk

Audit of Suicide Deaths

The audit of Coroner inquests where suicide was recorded as verdict has been led by Public Health and is to complete soon. Outcomes from the audit will be used to inform further priority actions for the Suicide Prevention Action group. Detailed findings will be restricted given the sensitive nature of the information.

A real time suspected suicide surveillance system has been introduced across Shropshire, Telford & Wrekin which provides function to capture primary detail related to recent probable and possible suicide deaths. The purpose is to enable multi-agency collaboration to provide ability to learn from, and react to, emerging patterns and trends in local suicide. Key partners have included West Mercia Police, Midlands Partnership Foundation University Trust and Public Health.

A new dedicated Real Time Surveillance Co-ordinator post has now been recruited, to ensure enhanced use of real time surveillance and to work collaboratively with a broader range of partners to provide greater understanding as to the social circumstances and services contacted in the period prior to death, providing further insights for prevention planning. Expanded partners who will be included within the

real time surveillance process include drug and alcohol services, domestic abuse services, representatives from the local mental health voluntary sector as well as Local Authority Adult Social Care and Housing teams. Further partners that could support are also being explored.

Suicide Death Review Panel

A new process for thematic review of suicide deaths is currently being designed, with intention to create a multi-agency suicide death review panel. The purpose of this panel is to invite system partners to thematically review whether there may have been any additional opportunity for prevention and consideration of any gaps that could have reduced risk that need to be addressed. Learning and recommendations from these reviews will be shared with appropriate partners or escalated as necessary to mitigate similar future risk in others. Outcomes from the panel will also be used to influence Suicide Prevention Action Group activities.

An initial test and learn approach to the new suicide death review panel is being planned before end of calendar year.

3.3 Updates for delivery of the Shropshire Suicide Prevention Strategy

This section provides an update of activity against the 4 Suicide Prevention Strategy objectives

Objective 1: Improve data quality and intelligence on suicide and suicide risk

Access to meaningful data and intelligence is essential for effective suicide prevention planning and to ensure the right offers are available and accessible to those impacted by suicide and thoughts of suicide.

The Real Time Suicide Surveillance system now has a dedicated Co-ordinator with purpose to manage the surveillance system, ensure data completeness through developing relationships with multi-agency partners and support both Action Groups with data reports and flagging emerging trends and risks. A real time surveillance approach provides a more timely opportunity to review risk in the community, as it is recognised Coroner inquest may take a longer time due to the additional detail collated.

Both Action Groups continue to invest in the surveillance system and are keen to expand the information captured from both existing partners (providing further insights about the individual that could establish further patterns of risk) and to explore working with additional system partners.

We are continuing to explore opportunities to collect intelligence from partners agencies who respond to suicide (or suspected suicide) attempts, which will assist in using an evidence-based approach to targeted intervention planning. It is recognised there are challenges in collecting this (including challenges around subjectivity and formats of how databases store information). A new "Improving data and intelligence" subgroup of the Action Group is being created to support these conversations.

Objective 2: Improved outcomes for people bereaved by suicide

It is estimated that for every person who dies as a result of suicide, at least 115 people are affected. There is much evidence that people bereaved by suicide are at greater risk themselves of suicide or poor health, social and economic outcomes and greater risk of trauma.

The suicide bereavement service operating across STW was one of the first systems to implement a suicide bereavement service and is now well established. It is delivered in partnership by Shropshire MHS and Telford Mind, with a focus on practical, therapeutic and advocacy support. There were 75 referrals into the service from Shropshire residents during 2023-24. Feedback is collected from clients who have accessed the service and has been very positive. Example comments collected from recent reports include;

"Being able to see you and talk things through before I feel worse helps me so much"

- "You were able to help me plan for how I was going to get through the funeral, it helped me to get through it and reassured me I can reach out to ask for help"
- "I wouldn't be here today if it hadn't been for you seeing me and spending time with me. My family don't understand"
- "Thank you so much for listening without judging me"
- "Knowing that the support is here is great, it makes such a difference"
- "Talking to you relieves so much"

Referrals into the suicide bereavement service can be inconsistent so there is ongoing discussion to promote opportunity for our suicide bereavement officers to meet with agencies and teams across Shropshire, Telford & Wrekin to promote the service, what the offer includes and how to access. Plans are also in place for a refresh of the communications to promote the service across STW which will include updated printed materials to be made available.

Although the suicide bereavement service is not a counselling offer, there are alternative pathways for people needing these offers. This includes strong links with local bereavement voluntary sector providers where supported signposting and connections are in place via the Council customer services team where people are impacted by bereavement, grief or loss for any reason including suicide bereavement.

Shropshire now has two peer led support groups for adults impacted by suicide loss. This is delivered by trained volunteers from Survivors of Bereavement by Suicide (SoBS) and currently has regular groups in Shrewsbury in Oswestry.

Objective 3: Promoting a suicide risk aware workforce with skills and confidence to respond to concerns of suicide

Subsidised access to suicide prevention training continues to be provided for some teams and agencies (including voluntary, community sector). This is to support the ambition of creating a suicide aware Shropshire and developing a culture free of stigma to encourage more open discussion about suicide and raise awareness of the range of offers and support that can help those impacted by suicide or thoughts of suicide.

The Action Group continues to work with system partners to promote the range of suicide prevention training available (both locally subsidised, self-funded and broader peer reviewed suicide prevention training). This includes ongoing discussion on how to ensure time to train where services may be facing capacity issues due to high service demands.

During 2023/24 subsidised training was provided to almost 200 representatives from across Shropshire. These include (but are not limited to) faith groups, VCSE counselling services/mental health agencies, sexual and domestic abuse support services, Fire & Rescue workforce, carer support services, community hospitals, NHS (including NHS Mental Health services), the Shropshire RESET team (supporting rough sleepers), the Shrewsbury Ark, refugee support services, Shrewsbury Colleges, foodbanks, Healthy Lives Social Prescribers, Community Hub staff, drug and alcohol services, Local Authority housing team and social care staff.

The training courses provided during 2023/24 include:

- Suicide prevention awareness training
- Suicide First Aid (understanding suicide interventions)
- Suicide First Aid lite
- Suicide First Aid CYP (trial)

Feedback is collected from all who undertake subsidised training to influence future delivery and has been mostly positive in terms of participants demonstrating how they will/have been able to utilise the learning within their usual roles. Example of recent feedback is highlighted below;

- "I am utilising this learning already, fully informed and confident in asking correct questions at right time".
- "It is a heavy subject to talk about, but the course was presented in a way to enable free and open discussion, which made it an excellent learning environment. I now feel better equipped to offer help and support to someone in crisis until professional help can be sought".
- "I was pleased I took the course as it has helped me so much in my job. on some of the courses I have been on I have found some of them very boring and I start to lose interest".
- "A good course that has definitely helped me with my role and has increased my confidence when dealing with people with suicidal thoughts and intentions"

In addition, roughly 45 individuals that work within Shropshire were able to access 3 jointly funded ASIST 2-day suicide prevention workshops, which provide a more in-depth opportunity to both learn and practice suicide prevention skills using role play.

The free to access Zero Suicide Alliance training continues to be promoted and is now embedded into the Leap into Learning platform. Specialist categories linked to the Zero Suicide Alliance free training also continue to be promoted, specifically for:

- Taxi drivers connections have been made with the licensing team to include a suicide risk awareness element is built into safeguarding awareness sessions for taxi license applications. This includes provision of the 'Pick up the phone you are not alone' z-card and details of the free online suicide awareness training aimed at taxi drivers
- Veterans shared with the Armed Forces covenant
- Prisons
- Probation

It is also recognised that Shropshire Council has invested in a STORM train the trainer model to address suicide and self-harm risk for people working with children and young people.

A new training offer from Papyrus has been made available for Shropshire, Telford & Wrekin until end of 2024 with funded spaces to access SP-OT and SPEAK suicide awareness sessions as well as further ASIST 2-day workshops. Please contact Gordon Kochane at Gordon.kochane@shropshire.gov.uk for further details and expressions of interest.

Objective 4: Enhance offers that mitigate suicide risk and target higher risk groups

The Strategy identified a number of groups which based on national evidence have a higher risk of suicide compared to the general population. These higher risk groups include men, people who self-harm, people in contact with services where suicide risk is identified, farming and rural communities, military veterans and people with protected characteristics. Additional groups of focus include children, young people and young adults as well as those impacted by wider social risk (including but not limited to financial insecurity, domestic abuse, problem gambling, housing insecurity, criminal justice contact, substance use dependency and relationship breakdown).

There are already existing links with many programmes of work across the system to ensure suicide prevention is embedded or opportunity to identify and respond to risk considered. To date, there has been focus on promoting access to suicide prevention training and sharing of resources that can be used by services and teams to support conversations about suicide, support for suicide and support for bereavement by suicide. This includes distribution to GPs, libraries and a range of other partners in the community of the Pick up the Phone You Are Not Alone zcard, bereavement support materials and TogetherAll leaflets (promoting the online emotional wellbeing peer support platform for adults in Shropshire). It is recognised however, that although it is important to have universal access to support, there may be different approaches and messaging required to have best impact when supporting different groups. To help identify priority actions for targeted offers, a number of new workstream subgroups of the Suicide Prevention Action Group have been formed. Although still being established, these subgroups provide a more focused space to invite people with lived experience along with stakeholders who actively work (or have interest) with the target group, to consider the challenges and potential opportunities that could mitigate and manage risk.

To date these groups, include; people known to services, men, rural communities, wider determinant risks and a children and young people workstream planned for end of August. Additional focused workstream discussions have included improving data and intelligence and training.

The purpose is to encourage integrated approaches to addressing shared ambitions, with workstream outputs influencing priorities within the suicide prevention action plan. It also provides opportunity to take recommendations from the Action Group to other system Boards and working groups to work in partnership (recognising their may be instances where others expertise may be better placed to influence).

If there is interest in supporting any of the workstreams please contact Gordon.kochane@shropshire.gov.uk for further information.

Examples of local enhanced offers to date

Farming and rural community:

- Connected with the rural health check programme delivered at livestock markets, whereby representatives from the Outreach team have been trained in suicide first aid to support anyone impacted by suicide or thoughts of suicide.
- Close working connections with Shropshire Rural Support as key partners of the Action Group.
- Continue to explore opportunities to connect with those that work closely with the farming community (such as suppliers and animal veterinarians) to promote subsidised access to suicide awareness training and information on signposting for support

People known to services

- A new toolkit aimed at supporting GPs and Primary Care with suicide prevention is currently being finalised. This has been designed in collaboration with the Shropshire, Telford & Wrekin named GPs for Safeguarding and provides details on how to identify risk, consideration of engaging language and example conversation openers taking a trauma informed approach, safety planning materials and detailing the specific role that GPs and primary care practitioners could undertake to help keep people safe and well and/or appropriately involve and support family or carers. The toolkit also includes information for practitioners to look after themselves. The toolkit is due to launch before end of calendar year.
- Funded 2-day ASIST workshop suicide prevention training for Shropshire Recovery Partnership staff to provide additional practitioner knowledge for supporting substance use clients with thoughts of suicide

Military Veterans

 Targeted subsidised training provided to services supporting military veterans with a spotlight focus as part of the 2023 World Suicide Prevention Day promotions

Communications and Messaging

- A communications plan to promote messages of suicide prevention and appropriate signposting has been agreed by the Action Group.
- A Christmas and New Year poster campaign was launched in December 2023 to promote offers
 of support available during a period where many usual services may be closed and recognising
 this can be a challenging time for some. This was widely promoted throughout Shropshire,
 Telford & Wrekin with positive feedback.

Although the Suicide Prevention Action Group is responsible for delivery of the Strategy, it is recognised suicide prevention is everyone's role. There is reliance on system partners to understand their role and promote messages and signposting information to people who they support. The Action Group welcome ideas and suggestions for further integration with wider strategies and programmes that work with similar cohorts.

Risk Assessment and	Partner agencies are asked to continue to prioritise suicide
Opportunities Appraisal	prevention, related actions and opportunity to release staff as

	appropriate to access suicide prevention training in order to support					
	reduction in the higher rate of deaths					
Financial implications	No financial decisions are explicitly required for this report.					
(Any financial implications of note)						
Climate Change Appraisal as applicable	Not applicable for this report					
Where else has the paper been presented?	System Partnership Boards	MH, LD &A Board				
	Voluntary Sector					
	Other					
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)						
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead –						
Cllr. Cecilia Motley, Portfolio holder for Adult Social care, Public Health, and Communities						
Appendices						
(Please include as appropriate))					