

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 12/03/2024

Subject: Public Health Update on Suicide Prevention in H&F

Report of: Councillor Ben Coleman, Deputy Leader

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Responsible Director: Dr Nicola Lang, Director of Public Health

SUMMARY

This report provides an update on the incidence of deaths by suicide in Hammersmith and Fulham which, based on the latest data, now has the highest rate of deaths by suicide of any London borough. Work is happening at both strategic and operational levels in the Council, and amongst broader partners, to examine the context of recent deaths by suicide, and develop learnings to inform targeted and universal approaches for reducing the rate and preventing further occurrences.

The purpose of this report is for the Health and Wellbeing Board to note the current situation; and provide feedback to inform the development of a holistic H&F suicide prevention strategy; action plan; and commissioning work over the coming months.

RECOMMENDATIONS

1. To agree that Appendix 1 is not for publication on the basis that it contains information relating to unpublished data on suspected deaths by suicide in H&F in 2023.
 2. That the Health and Wellbeing Board **notes** the current context relating to suicide prevention in the borough; and **provides feedback** to inform the development of a new suicide prevention strategy for the borough.
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Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Supporting residents to be resilient, have the care they need, and to improve mental wellbeing at a population level supports H&F residents to achieve their goals in life and increase their time spent in good health.

Creating a compassionate council	Addressing suicide in the borough through the Council taking a proactive approach to supporting the mental wellbeing of residents demonstrates that we care, and are attuned to the complex factors driving deaths by suicide locally.
Doing things with local residents, not to them	The approaches that are being developed for the new H&F suicide prevention strategy will be informed by discussions with local people with lived experience of mental ill-health and suicide amongst their friends and family. These discussions have already commenced and will be continued through the life of the strategy, to ensure that actions are relevant, appropriate, effective and place-based.
Being ruthlessly financially efficient	The new suicide governance groups underpinning this work bring together local partners to ensure we are working effectively and efficiently together, to make best use of local resources.
Taking pride in H&F	The suicide prevention strategy will take a place-based approach, for example linking with existing local community groups and organisations, to support H&F being a borough where residents feel supported by people in their local community.
Rising to the challenge of the climate and ecological emergency	By utilising local services and assets for actions in the new suicide prevention strategy action plan, residents will be able to walk or take public transport to appointments – not only reducing emissions from vehicles, but also supporting their mental wellbeing due to spending time in nature.

Financial Impact

There is no direct cost impact associated with this report. Work to develop the suicide prevention strategy and action plan will be supported by existing members within the Public Health Team and other Council departments (e.g. Adult Social Care, Children's, Housing), as well as local service providers who have already been commissioned.

Background Papers Used in Preparing This Report










1. [H&F Suicide Prevention Needs Assessment, 2021–2024](#) (publicly available)
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DETAILED BRIEFING

Background

1. Suicide prevention is a matter of national priority. Overall, rates across England have declined in recent decades, however, more recently, progress has been stagnant or regressed since 2020. Whilst London has the lowest regional rate in the country, Hammersmith and Fulham regrettably has the highest rate of any London borough. The latest Office of National Statistics (ONS) data (2019–2021) puts the England rate at 10.4 per 100,000, London at 7.2, and Hammersmith and Fulham at 12.9.

Table 1: Incidence of confirmed deaths by suicide in the London borough of Hammersmith and Fulham, compared to England and London averages, and other London boroughs, 2019–2021.

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	–	15,447	10.4		10.3	10.6
London region	–	1,679	7.2		6.9	7.6
Hammersmith and Fulham	–	70	12.9		10.0	16.5
Sutton	–	56	10.6		8.0	13.8
Kensington and Chelsea	–	43	10.2		7.4	13.8
Ealing	–	83	9.8		7.8	12.2
Southwark	–	70	9.0		6.8	11.7
Camden	–	55	8.9		6.6	11.7
Hounslow	–	63	8.8		6.7	11.4

Source: Office of National Statistics (ONS)

2. Within local authorities, suicide prevention falls within the remit of Public Health. In H&F, work has been centred around our 2021–2024 Suicide Prevention Needs Assessment and related Action Plan, which outlines actions for each of the priority population groups identified, with responsibility delegated across Public Health, Adult's, and Children's services. Currently, work is being undertaken to produce an updated Suicide Prevention Strategy and Action Plan, based on more in-depth data analysis facilitated by real-time surveillance databases, and regular meetings of newly re-instated prevention boards.

Data on deaths by suicide in Hammersmith and Fulham residents

3. There are two main sources of data on deaths by suicide in H&F, which have different data protection sensitivities. These sources include the publicly available ONS data (which is complete, but not up-to-date as they reflect cases who have had coroner's inquests completed, which takes some time following the death); and the Thrive London Real-Time Surveillance System (RTSS), which contains up-to-date data on both confirmed and suspected deaths by suicide. As the data in the latter database includes suspected cases which are still subject to confirmation following coroners' inquest, these data need to be analysed carefully, as some deaths recorded as suspected suicides may later be assessed as having a different cause of death, following inquest. Additionally, these RTSS data contain detailed information on cases to support with case reviews and learnings for service providers to facilitate further prevention work, and as such, are subject to strict data protection and not publicly available.

4. Due to the data sensitivities described above, the most recent data we have on deaths by suicide (from 2023) are included in exempt appendix 1.

National guidance

5. The work that we are undertaking on suicide prevention must be focussed on borough-level data, and the specific demographics of those at risk in H&F. However, national government guidance provides a helpful framework for our approach. In September 2023, **DHSC published their suicide prevention 5 year cross-sector strategy** and accompanying action plan. In short, the top priorities at a national level are as follows:
 1. Improving data and evidence.
 2. Tailored, targeted support to priority groups.
 3. Addressing common risk factors.
 4. Promoting online safety and responsible media content.
 5. Providing effective crisis support.
 6. Reducing access to means and methods of suicide.
 7. Providing effective bereavement support to those affected by suicide.
 8. Making suicide everybody's business.
6. These are relevant areas of concern that can be incorporated into our strategy, ensuring that we are broadly aligned with national-level priorities, and applying them to our specifically identified high risk groups.
7. More specifically, the action plan identifies **local authorities as the leads for the following actions:**
 - Work together to improve data collection and data sharing in all areas, including identifying where an individual resides as well as the location in question, to improve understanding and provide appropriate support and guidance for future lessons learned.
 - Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loved ones to bereavement support.
8. These are areas with which H&F are compliant. Data are collected using real-time surveillance systems (Thrive LDN), from which our Police contacts will offer support to next-of-kin. The data we collect are shared and reviewed at panel meetings.

Suicide prevention work in Hammersmith and Fulham

9. As mentioned, Public Health are currently working on producing an updated H&F Suicide Prevention Strategy. This will be based on the trends in deaths by suicide in H&F, in 2023. The rationale for focusing specifically on these most recent cases is due to the large increase in cases seen in 2023 compared to previous years, signifying an emerging risk and need to respond to contemporary challenges that residents are facing.
10. One working group that has been established is the Case Review and Learning Panel, which has begun to meet monthly to review, in detail, a small number of suicides from the 2023 database. We will select cases based on chosen characteristics, such as those who were known to MH services, or those in prison etc. The other group, that will meet bi-monthly, is the Strategy Group—whose meetings will focus on the production and implementation of our action plan, informed by the findings of the Learning Panel. Where risk factors or trends are identified from the cases, we are seeking opportunities for intervention which can be reviewed and implemented by the group.
11. It will be crucial that the appropriate attendees are involved, and we have spent time having introductory meetings with a variety of contacts (local mental health services, HMP Wormwood Scrubs, the Safeguarding Adults Executive Board, GPs, Adult's and Children's Services, the Coroners Court, etc.), to ensure that the sharing of information and actions is maintained and effective. Involving representatives from these different agencies will mean that we can improve the effectiveness of interventions, which is a priority for us. Moreover, the group membership is not closed, and additional members may be recruited as and when appropriate for the cases under review.
12. Another primary focus is improving referrals to our local crisis support service – The Listening Place (TLP). TLP offer face to face support to clients as well as preventative intervention training. We are working with GPs to enhance referral pathways, and arranging for specific intervention training sessions to be delivered for staff and stakeholders who are resident-facing. We have also facilitated several introductions between TLP and other agencies (for example West London Trust), in order to encourage a joined-up approach so that all parties are aware of what support is available; and what the journey of a resident in crisis would look like through these services. Over the Christmas break, we arranged for the Council's communications department to share support available through TLP and Samaritans on social media for our residents. Our intention is for this to become routine.
13. There are several intended outcomes that these actions will aim to achieve. We expect to facilitate better partnership working across agencies, which will allow for enhanced and broader outreach to those at risk. As such, we anticipate increased referrals to services, which will indicate that our joint up approach has been successful. Given that a large proportion of recent cases were known to mental health services, we aim to ensure that all residents who encounter services going forward are equipped with the support and contacts to remain safe, this will be evidenced by a reduction in the number of deaths within this

cohort. Ultimately, our intended outcome is an overall reduction in deaths by suicide.

14. All work on suicide prevention will be reported back to the Health and Wellbeing board for governance, ensuring accountability for discussed outcomes and to support partnership working on suicide prevention between Council and Health partners.

Reasons for recommendations

15. Because of the data discussed above, including the relatively high incidence of deaths by suicide in H&F, this report seeks the support of the Health and Wellbeing Board for Public Health to proceed with development and publishing of a Suicide Prevention Strategy for the borough, with an associated action plan for use amongst Council staff and sector partners.

LIST OF APPENDICES

Exempt Appendix 1 – Analysis of H&F deaths by suicide in 2023