Committee	Dated:		
Health and Wellbeing Board	22/09/2023		
Policy and Resources Committee	19/10/2023		
Subject: Suicide prevention in the City of London Annual Update	Public		
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,12		
Does this proposal require extra revenue and/or capital spending?	N		
If so, how much?	£		
What is the source of Funding?			
Has this Funding Source been agreed with the Chamberlain's Department?	N/A		
Report of: Sandra Husbands, Director of Public Health	For Information		
Report author: Claire Giraud, Senior Public Health Practitioner			

#### Summary

In 2017, the City of London Corporation established a multi-agency suicide prevention group, in accordance with best practice recommendations, and published a Suicide Prevention Action Plan containing numerous initiatives aimed at reducing the number of suicides in the Square Mile. This report provides an update on the suicide prevention action plan as well as on the number of attempted suicides and suicides occurring in the City of London.

Suicide figures for the City should be interpreted with caution, as they are extremely low – this means that any variations may not be statistically significant (i.e. the figures may be due to chance fluctuation); and additionally, recording practices have changed during the reporting period, which may impact upon the figures.

#### Recommendations

Members of the Committee are asked to:

- Note the progress made on the Suicide Prevention Action Plan
- Note the most recent data for suicide in the City of London

#### Main report

## **Background**

- 1. Suicide is the act of intentionally ending one's own life. It is often the end result following a complex range of risk factors, mental illness and significant negative life events; however suicide is preventable, rather than an inevitable event. In the UK, suicide is one of the most common causes of death in people under the age of 50, with 5,691 reported people dying in this way in 2019. It is estimated that each suicide further impacts between 6 and 60 people. Within the UK, suicide shows significant gender and social inequalities, and is associated with stigma for families affected by it.
- 2. Over the last 8 years, a number of key policies and reports have been published to improve suicide prevention nationally and locally. In the City, a local audit, suicide prevention action plan and multi-agency suicide prevention group was established in accordance with best practice recommendations.
- 3. Public Health England (PHE) recommended several priority action areas to include in local suicide prevention plans:
  - Reducing risk of suicide in men
  - Preventing and responding to self-harm
  - Mental health of children and young people
  - Treatment of depression in primary care
  - Acute mental health care
  - Reduce suicides at known 'high risk' locations
  - Reducing isolation
  - Bereavement support for those affected by suicide

# **Overview for the City of London**

- 4. Between 1st of September 2022 and 31st of August 2023, there have been 6 suicides, with a total of 162 attempted suicides.
- 5. Between 1st of September 2022 and 31st of August 2023, there had been a total of 150 incidents whereby the subject had contemplated suicide or had suicidal thoughts.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> We have yet to achieve consensus on the definitions of these terms, creating a challenge for interpreting these data. The City of London suicide prevention steering group have identified this as an issue and aim to achieve consistency in future.

## **Emerging Trends throughout 2022**

### **Timing and Location**

- 6. Data from the City of London refers to events occurring within its geographic area. The majority of incidents will therefore involve individuals resident elsewhere in London and the country.
- 7. Over 67% of the attempted suicides occurred during the night and the peak days were Wednesday, Saturday and Sunday.
- 8. Bridges remain the most common location type for suicide attempts within the City, with 86% attempted suicides occurring on bridges. The second most common location was on the street (5%).
- 9. The qualitative analysis shows that 45% of individuals had a direct journey from their home address to the incident location, meaning it only required one mode of transport and one direct route.
- 10. The analysis also demonstrated that one of the individuals stated they worked in the City; however for 97% of individuals this was either not known or not recorded.

### Demographics at the end of 2022

- 11. Data from the City of London Police is provided in the table below, and covers the period subsequent to the previous City Suicide Prevention Annual Report in 2022. The data covers both completed and attempted suicides. Please note that the most recent data from the coroner was not available for this report.
- 12. **Age range:** Unlike in 2018, in 2019, 2020 and 2021, in 2022 there was a mixed aged range for attempts: five individuals aged under 18 (5%), 56% were aged 18 to 29 years of age, 19% in their 30s, 12% in their 40s, 7% in their 50s and one individual in their 60s (1%).
  - Completions were also mixed in 2022 (between ages 27 and 45).
- 13. **Gender**: Males represented 60% of attempted suicides, females represented 39% and trans represented 1%.
- 14. *Home Address:* The majority of individuals travelled into the City from their home address where suicide was completed or attempted.

# Summary for Period 1 January 2021- 31 August 2023

	Attempt			Contemplating			Complete suicide		
Month	2021	2022	2023 to date	2021	2022	2023 to date	2021	2022	2023 to date
Jan	< 5	8	12	< 5	9	11	< 5	0	0
Feb	< 5	7	18	7	7	15	0	0	0
Mar	16	7	13	< 5	14	14	0	0	< 5
Apr	9	6	8	9	5	12	< 5	0	< 5
May	11	8	13	9	10	12	0	0	0
Jun	17	13	19	19	16	9	< 5	0	< 5
Jul	17	13	16	15	П	18	0	0	< 5
Aug	12	18	14	9	16	15	0	0	< 5
Sept	10	15		15	13		< 5	< 5	<5
Oct	13	15		6	7		< 5	0	
Nov	11	13		11	10		0	< 5	
Dec	11	6		12	14		0	0	
Total	127	129		119	132				< 10

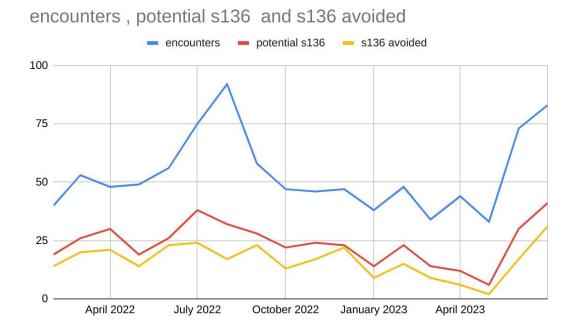
<sup>\*</sup>data up to September 2nd 2022

15. Increases in suicide rate are associated with periods of economic and political uncertainty.<sup>2</sup> This could explain why the City of London saw a corresponding rise in 2021 and again in 2023.

 $<sup>^2</sup>$  De Bruin et al, 2019. New insights on suicide: uncertainty and political conditions. Applied Economic Letters. doi.org/10.1080/13504851.2019.1686453

## **Mental Health Street Triage**

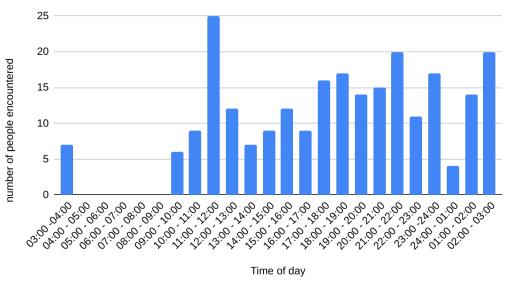
- 16. The Mental Health Street Triage (MHST) was operating 7 days a week from 5pm to 3am since May 2018.
- 17. The number of daily operational hours expanded in response to a rise in incidents from July 2021 to October 2022.
- 18. In 2022, after the operating team reported lower activity levels during the expanded hours, new core hours for the service became 3pm to 3 am. This new model started on October 4th 2022.
- 19. MHST Activity levels February 2022 July 2023:



The graph above shows activity levels over the past 18 months, with daily shift patterns changing from 18 to 12 hours per day in October 2022. In both 2022 and 2023, there is an increase in activity in the summer months.

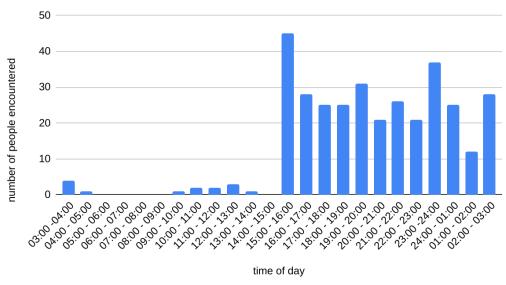
#### 20. MHST activity level per hour July 2022 to 3 October 2022 (expanded hours)





#### 21. MHST activity level per hour October 2022 to June 2023 (12-hour model)

### MHST activity 4 October 2022 - 30 June 2023



- 22. Overall the service has seen more activity since the 12 hour model was established, with the first hour of the shift recording over 40 incidents.
- 23.A key function of MHST is to avoid the use of s136. In total, MHST responded to 635 incidents that were potential incarcerations under section 136 from 1st of July 2022 to 30 June 2023. As a result, an estimated 65.4% of s136 detentions were avoided.

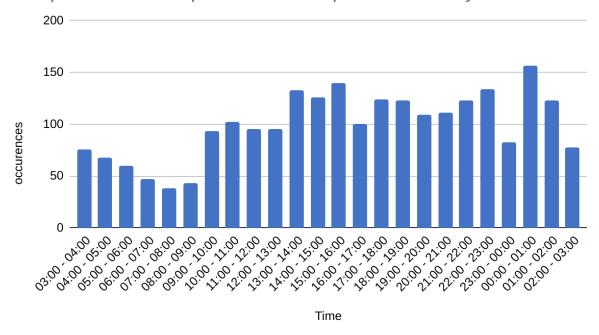
24. The proportion of s136s prevented by the service has varied but remained largely consistent over time:

Feb 22 - Sep 22: 77.9%Oct 22 - Jul 23: 67.3%

Prior to this, since 2017 the service had varied between 65% and 76%.

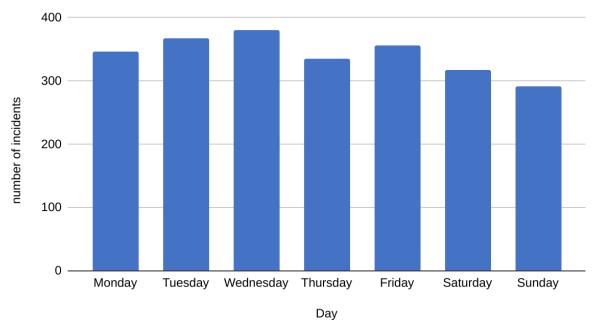
- 25. Discussions with the MHST team are ongoing to assess the effectiveness of the new 12-hour model in place since October 2022. Issues emerging include:
  - Possible need for additional cover past 3am
  - Challenges for staff scheduling due to incidents occurring at the end of the shift being more difficult to handover promptly
- 26. We have sought further data from City of London Police to determine whether any changes to the existing model would be appropriate, and we will liaise with NHS commissioners of the service if so.
- 27. CoLp MH data April 2021 July 2023

CoLp MH incidents per hour from April 2021 to July 2023



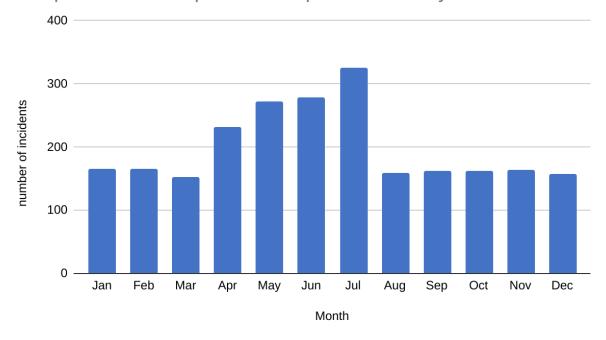
The above graph shows that activity levels peak from midnight to 1am and are at their lowest from 6am to 9am.

CoLp MH incidents per day from April 2021 to July 2023



The above graph shows that activity is fairly similar more days of the week with a slight decrease on Thursday and a more notable decrease on sunday.

CoLp MH incidents per month April 2021 to July 2023



The above graph shows increased activity from April to July, activity levels are similar from August through to March.

## **Action Plan Progress Summary**

- 28. Overall, 65 actions have commenced since the launch of the action plan, of which 10 are completed, 55 are in progress.
- 29.4 new actions have commenced since the last annual report to the Health and Wellbeing Board.
- 30. Some of the new actions added to the plan since the last annual update include:
  - The events guidance note on risk associated to events on the subject of suicide.
  - Adapting the upcoming national highways software on location risk assessment for tall buildings and urban structures.
  - the production of an enhanced suicide prevention report.
- 31. Significant milestones include:
  - Training in Suicide Awareness and Prevention of City workers through the Business Healthy network still sees high uptake, with 192 people trained in the last 4 years, an additional 2 sessions are planned for 2022-23 to empower even more City workers to be the eye and ears of the emergency services. Ad hoc training is also delivered to businesses who have had incidents.
  - The Bridge Watch programme (volunteer patrols on the bridges) was finally successful in recruiting a programme lead, we are expecting mobilisation by the end of 2023.
  - The Secure City Programme's Vulnerable People workstream, which looks at technological solutions to improve situational awareness for emergency and support services on the City Bridges, continues to progress field trials within a wider, innovative IT programme. A key finding early in the workstream is that while there is a wide interest in this type of solution set, CoL is ahead of many other areas in conducting field trials.

**RAG Status Key and Summary** 

Status of Actions	
Major Problems	0
Minor Problems	<mark>7</mark>
In Progress/ongoing	47
Completed	10

- 32. The majority of actions are green, either underway or on track to deliver. One action that has progressed but with delay (thus is amber) is the secure city programme.
- 33. No actions have failed to progress as originally envisaged (aka Red rating)

## **Conclusion and Recommendations**

- 34. The past year has seen significant progress in the area of suicide prevention across the Corporation and its partners. Mental health street triage has implemented their recommended change in hours and we are currently assessing how well they are working.
- 35. The action plan has moved forward since its review, new actions have been added and many of the older actions are either complete or in progress.

## **Appendices**

Appendix 1 – Suicide Prevention Action Plan for 2022–25

### **Report Authors**

**Claire Giraud** 

Public Health Senior Practitioner, City of London and Hackney Public Health Team **Andrew Trathen** 

Consultant in Public Health, City of London and Hackney Public Health Team

Contact: claire.giraud@hackney.gov.uk