

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 09 April 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Update on partnership response to associated suspected suicide incidences |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Dr Ardiana Gjini, Executive Director of Public Health |
| SWYDDOG ADRODD: REPORTING OFFICER: | Mr Craig Jones, Prevention and Population Health Improvement Manager Ms Rebecca Temple-Purcell, Assistant Director of Nursing, Mental Health and Learning Disabilities |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Incidences of suicide and self-harm are continuing to rise across the UK. There are many factors contributing to this including the impact of the COVID-19 pandemic and the current cost of living crisis. A broader cohort of people are now considered at risk and Wales has seen a notable rise in deaths due to suicide.

Mid and West Wales had the highest rate of death by suspected suicide (15.7 per 100,000), which was statistically significantly different to the all-Wales rate and with North Wales and South-East Wales. The rates of deaths by suspected suicide in residents in the most deprived and next most deprived areas (13.9 per 100,000 and 13.7 per 100,000) were statistically significantly higher than the rate in residents in the least deprived area (9.5 per 100,000). The rate of deaths by suspected suicide in people who were reported to be unemployed was 114.1 per 100,000, which was at least 12 times higher than in any other employment status group.

On 22nd September 2023, Papyrus raised concerns regarding a potential cluster of suspected suicides in the Narberth area, citing 6 deaths in a 2 year period.

Two cause for concern meetings were convened by the Integrated Safeguarding Service Manager, Pembrokeshire County Council. The meetings concluded 4 deaths were linked and met the point cluster criteria in the guidance (box 1 page 15 PHE guidance):

- All known to each other and same age group
- All known to mental health services
- All socialised in the same pub
- All used cocaine

A community response meeting was also convened by regional Lead for Suicide and Self-Harm prevention and included operational partners and bereaved parents.

A multi-agency cluster response meeting was held 31st October 2023, escalated to Gold Command within the local Authority 3rd November 2023 leading to full engagement of a local system response led by Director of Public Health and utilising current English public health cluster guidance as Welsh guidance is currently under review.

Cefndir / Background

The Cases of Concern Suspected Suicides Meeting (CCSS/CRM) was formed to bring together key stakeholders from across the suicide and self-harm agenda. The multi-agency meeting is chaired by the HDdUHB Executive Director of Public Health, Dr A. Gjini with the purpose of providing the strategic leadership to oversee and make decisions in terms of an executive response, tactical actions, and communications, responding to the reported cluster of suspected suicides in Narberth, Pembrokeshire.

The CCSS/CRM had a key role in providing oversight and assurance to the Health Board and wider partners, on the delivery of actions and collaboration between acute and harm reduction services, both statutory and third sector, for adults, children and young people affected by the cluster of suicides. The composition of the CCSS/CRM encompassed local authority and public health leadership and other relevant stakeholders to ensure decisions taken were informed, evidence-based and developed through the principles of co-production.

Membership of the group consisted of appropriate representation from a wide range of partner agencies including but not limited to:

Hywel Dda University Health Board
Carmarthenshire County Council
Dyfed Powys Police
Ceredigion County Council
Pembrokeshire County Council
WAST
Coroner's Office
Regional Lead for Suicide and Self Harm Prevention
National Lead for Suicide and Self Harm Prevention
Welsh Government (*in attendance*)

Whilst individual organisations and agencies held specific responsibilities, the combined response was sought to achieve the following objectives:

- To prevent escalation of a suicide cluster
- To prevent further suicides
- To provide support services
- To relieve suffering
- To inform the public
- To continue to maintain normal services at the appropriate level
- To promote self-help and recovery for families
- To restore normality to the incidents as soon as possible
- To evaluate the response and identify lessons to be learned

A range of data sources available to the Health Board and partners and the Office for National Statistics annual data sets on registered death and the Real Time Suspected Suicide Surveillance have been key sources in informing the group of notable trends and patterns.

Office of National Statistics – annual data on registered deaths:

[Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

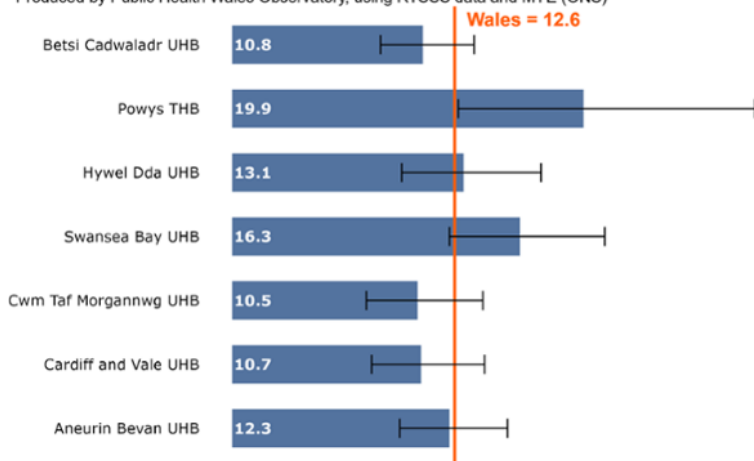
Real Time Suspected Suicide Surveillance (RTSSS) <https://phw.nhs.wales/services-and-teams/real-time-suspected-suicide-surveillance/deaths-by-suspected-suicide-2022-23/>

Both datasets highlight the following themes for prevention:

- proportion of male suicides
- opportunities to respond in mental health services and wider health and care system
- significance of socio-economic factors such as living alone, unemployment, living in more deprived or under-served communities.
- significance of behavioural factors such as substance misuse, being exposed to violence, access to internet/social media
- higher risk occupations (Male – trades, Female – caring/service)

The table below shows that Hywel Dda's rate of suicide by 100,000 population is slightly above the all-Wales average (13.1 compared to 12.6 per 100,000) with only Powys THB (19.9 per 100,000) and Swansea Bay (16.3 per 100,000) demonstrating a higher rate.

Deaths by suspected suicide by health board area of residence*, crude rate per 100,000, Welsh residents 2022/23
Produced by Public Health Wales Observatory, using RTSSS data and MYE (ONS)



*6 cases were missing health board area of residence data therefore are not included

The Mental Health and Learning Disability directorate have developed a database of live and historic data from April 2018 to present, relating to reported unexpected deaths of people known to mental health and learning disability services within Hywel Dda UHB. This data is based on serious incidents which are reported via the All Wales Datix reporting system and includes all unexpected deaths of current service users and those who have been known to services within the twelve months before their death. Unexpected deaths include those who have died from suspected suicide, unexplained deaths, drug related deaths and those who have died of physical health reasons whilst remaining under the care of mental health or learning disability services.

Whilst this database is representative of reported deaths from April 2018 onwards it is worth noting that improved sharing of information with Dyfed Powys Police since 2022 has led to more accurate and complete data sets being available for those who have died in more recent years. Similarly, effective working relationships with the National Confidential Inquiry for Suicides and Homicides has led to more historic reports being shared and recognised within the data. It is important to recognise factors such as these as they have an impact on the data being analysed and as such can lead to variations in the data set over time.

The data base helps services to build a picture of local experience and to benchmark recognised themes against national data such as the RTSSS. Early data comparisons show a similar picture between local and national data in relation to high-risk age groups and diagnostic histories. Current identified high-risk groups include males under the age of 35, females between 45 and 55, people with neurodivergent conditions and people with co-occurring mental health and substance misuse needs.

Recognising these themes has in turn led to collaborative improvement projects such as the development of the Co-occurring Mental Health and Substance Misuse Framework and Autism assessments skills development within community mental health teams.

Whilst illicit drug related deaths across Hywel Dda have shown a small but consistent decline over the last three years, there has been an increase in both fatal and non-fatal drug poisonings due to prescription and over the counter medication. Many of the non-fatal cases have been evidenced as a suicide attempt but it is unknown if some of fatalities were intentional or accidental. This data is again monitored 'live' to allow for intervention and action planning if required.

The imbedded document is a summary of organisational and community response to the concerns and this information has previously been shared with Welsh Government on 10 November 2023. It demonstrates the depth and breadth of effective partnership working which has been an integral aspect of addressing the impact of the suspected suicides.

Asesiad / Assessment

Guidance for responding to a potential suicide cluster in Wales is currently under review. Due to this lack of national guidance and identified governance structures the initial work in Pembrokeshire was led by local authority safeguarding team.

A multi-agency cause for concern meeting was convened. The first two meetings (September and October) were led by Pembrokeshire County Council Safeguarding lead, but the National policy Lead for suicide prevention requested that the multi-agency group is chaired by the local DPH with this first meeting taking place 19th November 2023. 4 further working meetings have taken place since, and the last meeting which includes a debrief of the multi-agency work, is scheduled for 16 April 2024. The purpose of the group was to establish if there was a potential cluster and adapting the Public Health England guidance to identify which type of cluster. The Terms of Reference were developed and ratified by the group (attached)

Early indicators are described, together with the need to carefully establish the facts and avoid premature and possibly unhelpful responses.

Types of suicide clusters:

- **Point clusters** (or spatial-temporal clusters) A greater than expected number of suicides that occur within a time period in a specific location. This might be in a community or an institution (for example school, university, psychiatric inpatient setting)
- **Mass clusters** (or temporal clusters) A greater than expected number of suicides within a time period which are spread out geographically
- **Clusters involving a specific method of suicide** Sometimes clustering can involve a particular method of suicide. This can occur in both point and mass clusters
- **Echo cluster** A cluster occurring in the same location as a previous cluster, but some time later

There have been no further linked suspected suicides in the area. The Health Board has led on a pro-active response to the situation and has established and highlighted a range of actions

aimed at the prevention of future occurrences. Valuable experience has been gained through implementing the response which has enabled Terms of Reference and structures to be developed to inform future responses. Guidance for responding to a potential suicide cluster in Wales is currently under review.

A suicide prevention training strategy is currently going through a period of consultation. Although the health board is the lead organisation on this, the importance of the progressive tiers of training being available to the wider partnership has been emphasised throughout. Although the training will not be mandated for health board staff, it is important to note that it will be considered essential for some staff, especially those working in mental health and frontline roles where people present in distress e.g. Emergency Departments. Suicide prevention training courses (ASIST) have already been arranged for Primary Care staff in Pembrokeshire and to a wider cohort across the region to support the on-going community assurance work.

Within the MH&LD directorate a service improvement project looking at the use of person-centred safety planning for those who are at risk of suicide and self-harm related behaviours has been established. This has included collaboration on a national project supported by the national lead for suicide and self-harm looking at skills and tools, online training provision for frontline staff across the directorate and a learning needs analysis and options appraisal focussing on the delivery of suicide prevention interventions.

Critical to ongoing suicide prevention work is the continued delivery of the below Rapid Response Model which is currently being piloted across Hywel Dda and Powys regions.

Hywel Dda and Powys Rapid Response Pilot

- The aim of the Rapid Response to Incidents of Suspected Suicide Protocol is to set out the regional arrangements to provide a rapid, multi-agency response to managing the consequences and impact of incidents of suicide for children and adults across the Mid and West Wales region.
- The Rapid Response steering group oversees implementation of the model for the Mid and West Wales Safeguarding Board region.
- The pilot has been implemented since September 2022 across Powys, Pembrokeshire, Carmarthen and Ceredigion
- A clear process has been agreed with the police notifying the local authority in the first instance
- The process is managed by the Safeguarding teams in all areas.
- The steering group are working closely with substance misuse services and aligning the links with drug related deaths.
- An evaluation of the model will be held in spring 2024.
- There is an intention to explore opportunities for responding to significant attempts
- Multiagency support has been positive.

Postvention support

- The Rapid Response pilot process has enabled local authorities to offer postvention support to those immediately affected by the suspected suicide.
- The postvention support has been provided by a number of third sector agencies including: The Jac Leis Foundation, The DPJ Foundation and Sandy Bear providing support to children bereaved by suicide.
- Staff affected by the rapid response process or providing support to families have been offered support within their own organisation and also signposted to the POPYRUS debrief service [Debrief service | Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](#)

The MH&LD directorate have established a monthly Serious Incident Learning Forum in the autumn of 2023 which considers themes and learning from serious and untoward incident reviews which have concluded. The purpose of the forum is to share and embed the learning across all services within the directorate and the wider health board were relevant. It provides a space for service leaders to recognise and share good practice and to consider how thematic learning can be utilised to stimulate ongoing service improvements.

There is a new all-Wales suicide and self-harm prevention strategy currently out for consultation. Hywel Dda University Health Board will collate a response to this consultation and the national plan will then be used to help focus and develop a localised plan in line with all-Wales structures and practices. This will see new actions but also the enhancing of current practices such as the ongoing development of the rapid response pilot. Further planned actions are the introduction of a suicide review board in line with the drug related death review board process. These reviews, as well as the findings of the rapid response model, will provide key themes for prevention strategies as well as supporting capacity across Local Authorities.

There have been no further suicide cases linked to the cluster. The role of the Cases of Concern Suspected Suicides Meeting has become more focussed on ensuring that the appropriate structures are in place to respond to any future incidences and a Terms of Reference for the group has been agreed. The key multi-agency leads have been identified and the appropriate leadership is in place to act when early notifications of a future cluster are signposted to allow for quick and agile action to reduce harm to our communities.

Argymhelliad / Recommendation

For the Committee to note the update provided.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
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| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 5. Whole systems perspective |

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| Amcanion Strategol y BIP: UHB Strategic Objectives: | 4. The best health and wellbeing for our individuals, families and communities |
| Amcanion Cynllunio Planning Objectives | 7a Population Health |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives |

| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | |
| Rhestr Termau: Glossary of Terms: | |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to Committee: | |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
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| Ariannol / Gwerth am Arian: Financial / Service: | None – the actions taken were absorbed into current operational arrangements Integrated Impact Assessment Template |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Available on request Integrated Impact Assessment Template |
| Gweithlu: Workforce: | See attached above Integrated Impact Assessment Template |
| Risg: Risk: | See attached above Integrated Impact Assessment Template |

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| Cyfreithiol: Legal: | None <u>Integrated Impact Assessment Template</u> |
| Enw Da: Reputational: | None <u>Integrated Impact Assessment Template</u> |
| Gyfrinachedd: Privacy: | None) <u>Integrated Impact Assessment Template</u> |
| Cydraddoldeb: Equality: | None <u>Equality Impact Assessment</u> |

Summary of organisational and community response to increase in the number of suspected suicides within Narbeth.

| Organisation | Activity | Update summary |
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| Pembrokeshire Local Authority | <p>On 22nd September, Papyrus raised concerns regarding a potential cluster of suspected suicides in the Narberth, citing 6 deaths in a 2 year period. Two meetings have since taken place and have concluded 4 deaths are linked and meet the point cluster criteria in the guidance (box 1 page 15 PHE guidance):</p> <ul style="list-style-type: none"> ➤ All known to each other & same age group ➤ All known to mental health services ➤ All socialised in the same pub (The Eagle) ➤ All used cocaine <ul style="list-style-type: none"> • Multi agency cluster response meeting held 31st October • Escalated to Gold Command within the local Authority 3rd November | <p>Update summary</p> <p>Cause for Concern (cluster)</p> <p>Actions taken below to date:</p> <ul style="list-style-type: none"> • Officers have met with community members to understand some of the issues and concerns for YP welfare and safety. • The Samaritans have reached out and provided advice, support and information to support community activity to run safely avoiding increasing the risk to others in the community and will be providing outreach in the area • Substance Misuse services are working together to develop a plan for outreach opportunities in the area • Funding application has been submitted for specialist support services to reach out to families and provide counselling support • Harm reduction resources are being sourced for community venues around the risk of cocaine and alcohol use • A meeting has taken place with 3rd sector agencies to plan and co-ordinate an event in Narberth, this will include statutory agencies and youth services. The event will follow the model applied in Swansea (awaiting this to be shared) • Escalation discussion with Gold Command Team <p>Ongoing concerns</p> <p>Further work is needed to establish more links with the current cluster group.</p> <p>There are cause for concerns over the Milford Haven and Haverfordwest areas which will need considering under the PHE guidance.</p> <p>Next steps for consideration / approval:</p> <ul style="list-style-type: none"> • Gold Command lead on strategic planning |

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| | | <ul style="list-style-type: none"> • Ann John has advised to go back further with data analysis – 5 years • Media statement to be developed and decision made for single point of contact for press |
| Hywel Dda University Health Board | <ul style="list-style-type: none"> • Head of Adult Mental Health and Interim Senior Nurse Quality Assurance and Practice Development attended cause for concern and cluster meeting. • Public Health Consultant with responsibility for SSHP also attended • On advice from Professor Ann John, CAMHS lead notified • Also notified Head of nursing in preparation for any media activity | <ul style="list-style-type: none"> • Meeting on Monday 13th November with Head of Nursing, Public Health Consultant and Local Authority lead to update and develop pre-emptive media response • Ongoing CAMHS involvement in cluster response and increased awareness with schools in reach service • 111 option 2 will be running a Hywel Dda University Health Board campaign at the end of November which will include radio and social media |
| Dyfed Powys Police | <ul style="list-style-type: none"> • DPP attendance and data/intelligence provided for both cause for concern and cluster meetings • Ongoing support from DPP in data and intelligence gathering around recent suspected suicides and any potential links to suspected suicides outside the Narbeth area or outside the recent time frame | <ul style="list-style-type: none"> • DPP representatives in attendance at community response meeting – there will be increased PCSO attendance in the area. Offer to hold a road show event if appropriate and to also support other organisations with any community activity. • DPP representative also in attendance on the harm reduction webinar held 7th November to ensure consistent harm reduction messages re cocaine and alcohol use |
| Regional Lead for SSHP | <ul style="list-style-type: none"> • Supporting cause for concern and cluster meetings, providing advice and guidance and linking into National Lead and Professor Ann John for advice • Ensuring all agencies updated • Chaired a community response meeting to coordinate prevention activity being | <ul style="list-style-type: none"> • On going support for all organisation involved in response ensure consistent messaging and appropriate information sharing • Supporting community provision and waiting for response on request for funding support for “pop up” provision • Advice and guidance re media and local councillors being shared with statutory partners |

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| | arranged by various 3 rd sector organisations and bereaved parents | |
| 3 rd sector organisations | <ul style="list-style-type: none"> • Co-Alc Alliance Provide materials as requested –held an online harm reduction workshop Monday 7th November • DDAS - Increased outreach and harm reduction messaging/support • Jacob Abraham Foundation Support for families affected by suicide and to offer lived experience expertise to any future planning • Luke Conlon - Offer of support for fathers bereaved by suicide • Samaritans – Increased community presence • PAPYRUS - Offer of materials and 24-hour helpline service • LISS - Run a pop-up café for peer-to-peer support once a week | <ul style="list-style-type: none"> • All organisations who attend community response meeting have been asked to provide feedback on <ul style="list-style-type: none"> ➤ Any planned dates/schedule for activity so we can inform statutory partners e.g. youth service and Police ➤ What the amount of funding is required? ➤ What will it help provide? ➤ Who is best placed to receive the funding, lead organisation ? |
| Organisations/ lived experience | <ul style="list-style-type: none"> • Gryff's Mindspace | <ul style="list-style-type: none"> • Involved in community response meetings |

CASES OF CONCERN SUSPECTED SUICIDE/ CLUSTER RESPONSE MEETING

Narberth Suicide cluster group 2023-24

Terms of Reference

Directors of Public Health in the Health Boards have a responsibility to manage clusters of non-communicable disease, and will provide local systems leadership should this occur, with the involvement of Welsh Government policy leads and other partners.

Purpose

The Cases of Concern Suspected Suicides Meeting (CCSS/CRM) brings together key stakeholders from across the suicide and self-harm agenda - providing the strategic leadership to oversee and make decisions in terms of an executive response, tactical actions, and communications, responding to a suspected cluster of suicides or 'near misses.'

The CCSS/CRM has a key role in providing oversight and assurance to the Health Board and wider partners, on the delivery of actions and collaboration between acute and harm reduction services, both statutory and third sector, for adults, children, and young people.

The composition of the CCSS/CRM will encompass public health leadership and other relevant stakeholders to ensure decisions taken are informed, evidence-based and developed through the principles of co-production.

Scope

- All services, statutory and third sector, who play a role within the suicide and self-harm agenda, notably when a cluster has occurred.
- To address cluster/s of completed or attempted suicide and self-harm including use of illicit substances
- All ages (children to adults, including older adults) and settings (including community and prescribed places of detention).

Membership and Quorum

Membership of the group will consist of appropriate representation from a wide range of partner agencies:

Hywel Dda University Health Board

Carmarthenshire County Council

Dyfed Powys Police

In attendance and co-opted members:

Ceredigion County Council

Pembrokeshire County Council

WAST

Coroner's Office

Regional Lead for Suicide and Self Harm Prevention

National Lead for Suicide and Self Harm Prevention
Welsh Government (*in attendance*)

The Chair or nominee and at least one representative from each of the relevant agencies must be present for a quorum. A quorum of members must be present before a meeting can proceed. In the absence of the Chair, the Group will nominate an acting Chair. The Chair should be advised of a member's inability to attend as soon as is practical.

Combined Response

Whilst individual organisations and agencies may have specific responsibilities, the combined response should seek to achieve the following objectives:

- To prevent escalation of a suicide cluster
- To prevent further suicides
- To provide support services
- To relieve suffering
- To inform the public
- To continue to maintain normal services at the appropriate level
- To promote self-help and recovery for families
- To restore normality to the incidents as soon as possible
- To evaluate the response and identify lessons to be learned

Aims

- To oversee the immediate response in the event of a cluster of suicides and/ or self-harm incidences within Hywel Dda University Health Board and the three counties of Carmarthenshire, Ceredigion and Pembrokeshire and the resulting media interest.
- To act as the channel for media communication, both locally, nationally and internationally with an agreed spokesperson.
- To coordinate tactical and operational support to the Executive Board in the immediate response to incidences of suspected suicide across area and the resulting media interest.

Key responsibilities

- To provide strategic leadership to any response.
- To agree and oversee the partnership Response Action Plan.
- To provide the link with the Welsh Government.
- To share high-level or confidential information across organisations in a timely fashion.
- To respond to pressures identified by the partners and emerging findings from analysis of data.
- To reprioritise and release resources to respond to priorities.
- To sign off strategic communications proposals.
- To bring partners together and to provide feedback to a broader range of colleagues.

- Agree a media relations strategy.
- To manage operational communications.
- Develop standard briefing information on suicide in the affected area.
- Make contingency plans in the event of the incident escalating that may demand other resources.
- To develop communication channels between operational agencies.
- To share information through agreed protocols in response to incidents.
- To identify resources required and operationally for the CCSS/CRM to agree and sign off when appropriate.
- To ensure there is postvention support to offered to those affected by the death/s following best practice and evidence based approached to protect the most vulnerable

Strategic Links / Drivers

Talk to me 2 (currently being re-written)

National guidance for cluster response (in development for Wales)

Harm reduction strategy

Substance misuse strategy delivery plan (not yet published)

Reporting

The group will report progress to Hywel Dda University Health Board directly to the Executive Director of Public Health; the Health and Safety Committee of the HDUHB will receive updates and briefings on the cluster management.

The Director of Public Health will keep Welsh Government informed.

Timescale and Frequency

The CCSSM will meet on a regular basis, more frequently during the acute response phase, with the option of extraordinary meetings being called if and when required or appropriate.

Secretariat

Secretariat support will be provided in rotation by: Hywel Dda University Health Board, relevant Local Authority, Regional suicide team. Papers will be distributed to the CCSS/CRM members at least five working days before a CCSS/CRM, except with the Chair's agreement. The agenda for meetings will be agreed between the Chair and key members ahead of the distribution of meeting papers.