

From: Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

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To: Health Reform and Public Health Cabinet Committee - 27 June 2018

Subject: **Suicide Prevention update**

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A

Introduction:

This paper updates Members of the Health Reform and Public Health Cabinet Committee on recent suicide prevention developments and highlights £667,978 of new funding that has been secured for suicide prevention work across the Kent and Medway STP area in 2018/19.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to note the recent progress and make comments and suggestions to strengthen future delivery.

1. Introduction and statistics

- 1.1 Every suicide is a tragic event which has a devastating impact on the friends and family of the victim, and can be felt across the whole community.
- 1.2 As the latest data published by PHE in November 2017 shows, Kent has higher suicide rates than both the South East Region, and England as a whole (Table 1). Rates amongst men are particularly high compared to regional and national levels.

Table 1 – Suicide rate comparison

Indicator	Period	England	South East region	Kent
Suicide: age-standardised rate per 100,000 population (3 year average) (Persons) 	2014 - 16	9.9	9.8	11.6
Suicide: age-standardised rate per 100,000 population (3 year average) (Male) 	2014 - 16	15.3	15.1	18.4
Suicide: age-standardised rate per 100,000 population (3 year average) (Female) 	2014 - 16	4.8	4.8	5.3

Source <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0>

- 1.3 A recent update in national data for 2017 shows a slight fall in the **number** of suicides and deaths by undetermined intent (which for statistical purposes are classified as *probable suicides*) registered by coroners in Kent (as shown in Table 2 below). Due to the way rates are calculated (using 3 year rolling averages) it is hard to know whether this is a real decrease as yet.

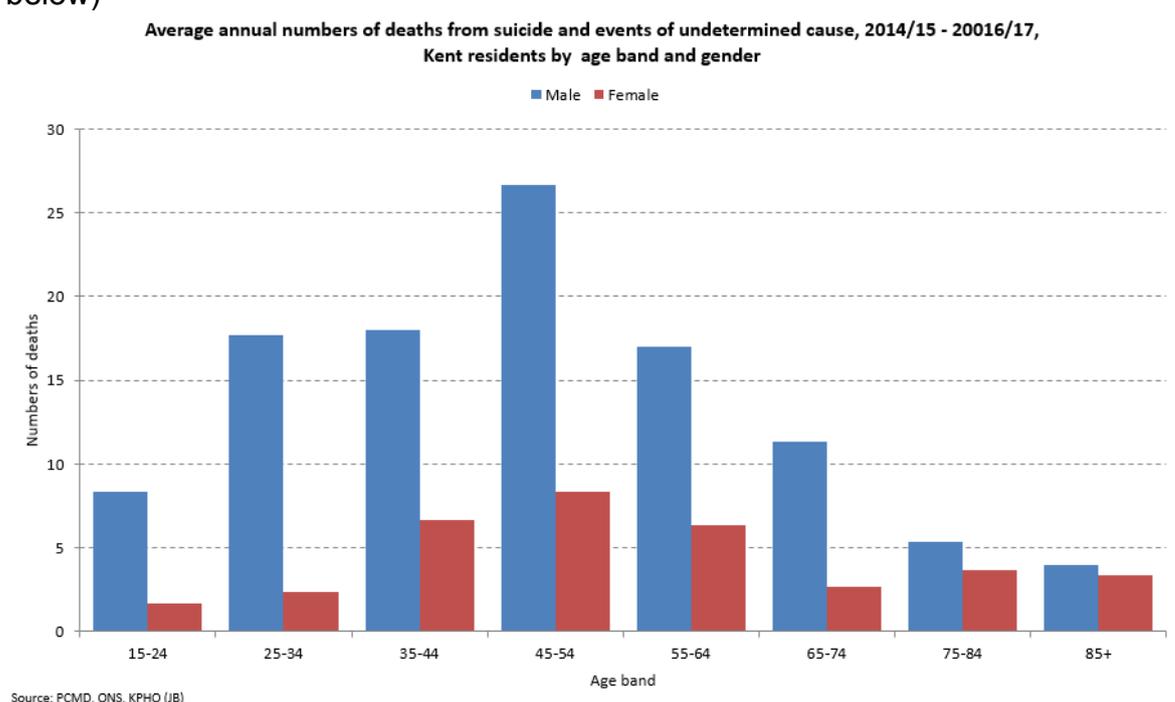
Table 2

Numbers of deaths from suicide and events of undetermined intent, 2010-2017 registrations, aged 15+ Kent residents, by gender

Area resident	Gender	2010	2011	2012	2013	2014	2015	2016	2017	Total
Kent	Male	73	85	97	119	130	116	104	85	809
	Female	27	34	26	31	35	36	36	38	263
	Total	100	119	123	150	165	152	140	123	1072

Source: Primary Care Mortality database, KPHO (JB); Medway Public Health

1.4 Middle aged men are at particular risk of completing a suicide. (Table 3 below)



1.5 As Kent is a large county, the Kent rate of suicide can mask the local variations. When viewed by clinical commissioning group areas within Kent, the variations show up, East Kent suicide rates being higher than West Kent. (Table 4 below).

Table 4

Numbers of deaths and rates from suicide and undetermined causes, Kent CCGs, 2014 -2016 registrations, by gender, - residents aged 15+

Clinical commissioning group	Male		Female		Both sexes	
	Numbers	ASR / 100,000 ¹	Numbers	ASR / 100,000 ¹	Numbers	ASR / 100,000 ¹
NHS Ashford CCG	28	19.7	4	2.7	32	10.9
NHS Canterbury & Coastal CCG	40	16.4	12	4.7	52	10.5
NHS Dartford, Gravesham & Swanley CCG	63	20.7	8	2.4	71	11.4
NHS South Kent Coast CCG	54	21.1	14	5.5	68	13.0
NHS Swale CCG	33	24.0	9	6.7	42	15.5
NHS Thanet CCG	40	25.7	17	9.4	57	16.8
NHS West Kent	92	16.4	43	7.0	135	11.7

Source: PCMD, KPHO (JB)

¹ - Directly age-standardised mortality rate per 100,000 residents

1.6 According to the National Confidential Inquiry into Suicide and Safety in Mental Health Services (hosted by the University of Manchester) in the year before someone dies by suicide, and in relation to their contact with the NHS;

- Around 1/3 have contact with secondary mental health services
- Around 1/3 have contact with primary care only
- Around 1/3 have no contact with the NHS

1.7 The Secretary of State for Health has set a national target for a 10% rate reduction in the rate of suicide by 2020/21. To support this, NHS England has set aside £25m over the next three years. It is from this funding that Kent and Medway STP has successfully bid for £667,978 for suicide prevention work within 2018/19. (More details about how this funding will be used can be found later in Section 3).

2. 2017 / 18 suicide prevention review

- 2.1 KCC Public Health led a number of suicide prevention initiatives during 2017/18. These included;
- Continued promotion of the Release the Pressure social marketing campaign and the associated 24/7 freephone support line. Since the start of the campaign (in 2016) there has been an 82% increase in the number of male callers, and the support line currently receives nearly 2000 calls every month. Following national recognition of the campaign, the City of London asked for permission to use the campaign, and it can now regularly be seen in train stations and other locations within the centre of London.





- 811 people were trained in Suicide Awareness and Prevention (commissioned by KCC Public Health and delivered by West Kent Mind)
- New research – data shows that the suicide rate in the most deprived decile in Kent is more than double the rate in the least deprived decile
- Co-ordinating the multi-agency Suicide Prevention Steering Group to implement the 2015-2020 Suicide Prevention Strategy
- Working to identify and respond to high risk groups such as young people, students, prison populations and individuals known to secondary mental health services

3.0 New NHS England funding

- 3.1 The Kent and Medway STP has been awarded £667,978 for suicide prevention work in 2018/19. It is one of nine STP areas to successfully bid for this funding.
- 3.2 In line with guidance from NHS England, approximately 20% of the funding will go to Kent and Medway NHS and Social Care Partnership Trust (KMPT, the providers of secondary mental health services in Kent and Medway) to help develop and implement their Zero-Suicide Action Plan which has been requested by the Secretary of State. KMPT will be focusing on key high risk points such as the seven days following discharge from in-patient settings, and after attending A&E departments for self-harm.
- 3.3 The rest of the funding will be go towards community-based prevention and early intervention programmes (including primary care) as outlined by the table below. Highlighted in bold are the main links to KCC directorates and services, many other links will be made as the programme progresses.

Category	Rationale	Detailed proposals
Communications	Given that approximately 2/3rds of people who die by suicide are not known to secondary mental health services, social marketing campaigns are an effective way of raising awareness of available support and encouraging people at risk to seek help.	<p>Extend and further target Release the Pressure.</p> <p>Commission a mobile app that allows people to build their own safety plan and easily access support when needed.</p> <p>KCC: link to Public Health and KCC communications</p>
Training	NICE guidance recommends that health professionals as well as members of the public are trained to recognise suicide warning signs and to learn how to respond when risk is identified.	<p>A range of training will be provided (including 3 hour, 2 day, online) at a range of venues across the county.</p> <p>Bespoke training for primary care teams will be delivered to GPs and practice staff in their own practices and through Protected Learning Time sessions.</p> <p>At least 1000 people will receive training during 2018/19.</p> <p>KCC: Link to Live Well Commissioning and Social Care</p>
Workplace interventions	Workplaces offer an opportunity to identify people at risk and highlight the support mechanisms that are available.	<p>Existing workplace health teams across Kent and Medway will be upskilled to deliver additional suicide awareness and prevention messages. Industries such as construction, transport and agriculture will be targeted given their increased risk of suicide.</p> <p>KCC: Link to Human Resources teams.</p>
Innovation fund	Given that nationally there is a lack of evidence about what works within community settings, this fund will allow for innovative ideas to be tested. It is anticipated that effective projects will provide case studies and models of practice for other areas to follow.	<p>This innovation fund will provide small grants to local groups to implement new (or extend existing) projects.</p> <p>It will be open to charities, schools, community groups, parish and district councils, and other organisations.</p>
Suicide Safer Universities	<p>University communities have been identified as a high risk group within the K&M Suicide Prevention Strategy.</p> <p>The three Kent Universities</p>	<p>This funding will support the Suicide Safer University project with a focus on men and help-seeking; social marketing campaigns to be developed and rolled out; work on post-vention as well as supporting</p>

	and one Further Education College (with a combined population of over 50,000 students and in excess of 6,000 staff) have come together as part of a Suicide Safer Universities project.	additional training. KCC: Link to Children’s services, Safeguarding and public health
Bereavement Support	Improving support for families bereaved by suicide has been identified as a priority in the Kent and Medway Suicide Prevention Strategy.	This funding will allow for current provision to be mapped and measured against national guidance. Recommendations will be developed to ensure high quality, equitable, bereavement support is provided. KCC: Links to Coroners, Live Well Commissioning, Social Care and Voluntary Sector commissioning
Research	Current data sets can provide good quantitative and demographic evidence regarding people who die by suicide. However, they don’t provide the detail about why they died. By uncovering more regarding the motivations of people who die, future interventions can be designed more effectively.	This research will include a systematic audit of coroner confirmed suicide cases in Kent and Medway and uncover the motivations of people who die by suicide. A range of other research methods will also be used to understand the lives and behaviour of individuals in the months before their death in order to uncover opportunities for intervention. KCC: Links to Social Care, Coroner’s Office, Research and Development, Observatory, Public Health.

- 3.4 Each of the above elements will be subject to individually designed evaluation methods, as well as being part of a national evaluation programme being developed by NHS England.
- 3.5 While the above actions meet recently published draft NICE guidelines on Preventing Suicide in Community and Custodial Settings¹, there is a recognition that the impact of many of them (for instance the training and research) will only be felt in the medium to long term.
- 3.6 Therefore, alongside this commissioned support, there will also be a programme of collaboration with stakeholders to make changes to the wider health system which will produce faster results towards the 10% reduction target. (For instance, ensuring that primary care settings are able to identify and better support those individuals who have made previous suicide attempts). To enable this to happen, suicide prevention is fully integrated into the mental health strand of the STP. The important issue for the suicide

¹ <https://www.nice.org.uk/guidance/indevelopment/gid-phg95/documents>

prevention programme is that mainstream services are improved **together** with innovation and community awareness raising.

4.0 KCC Cross Directorate Support on Suicide Prevention

- 4.1 All directorates are engaged and are supporting delivery of the strategy. Links are made via transport and community safety in order to strengthen outcomes on access to places of safety and securing suicide hotspots. Strong relationships also exist with Adult Social Care and Children's Services. Examples of work include:
- 4.2 *Crisis Care*
KCC Social Care and Public Health directorates are working with CCG and Police in strengthening places of safety for vulnerable people who are traditionally held in police custody or taken to A&E. This is the work of the Kent and Medway Crisis Care Concordat. KCC's commissioned Live Well Service and improved commissioning of housing support are critical aspects of keeping people safe and preventing suicide.
- 4.3 *Children and Young People*
Following discussions between Public Health, the Kent Safeguarding Children's Board and the Child Death Overview Panel, a process has been established to conduct a Thematic Review of Suicides amongst Children and Young People in Kent.
- 4.3 *Dual diagnosis (Co-occurring conditions)*
Kent Public Health has a commitment to ensure that system leadership in mental health and substance misuse is aligned to tackle service gaps that lead to worse outcomes and higher rates of suicide in this vulnerable population. KCC Public health are also principle commissioners for Substance misuse in Kent. National and local audit has found a 80-90% co-morbidity between suicidality and substance misuse. Work to date has included a successful public health led Serious Incident Learning Event (with over 100 partner delegates) and a clinical pathway group to 'deep dive' into a number of serious incidents and near misses (of death). This has resulted in a series of action points for both providers and commissioners e.g improving the current unnecessary extended wait times for access to specialist mental health support after in-patient substance misuse detox. Improving outcomes for people with Co-occurring conditions is also a priority for Kent and Medway STP.
- 4.4 *Kent Well Being and Resilience Plan*
A key priority for the STP Mental Health Programme is a strong overall Mental Well Being Strategy for Kent and Medway. This is currently being scoped by the Consultant lead for Public Mental Health and will include strengthening KCC's response to loneliness and social isolation, aging well and living well. This will link to all KCC directorates' work including use of green spaces, support for vulnerable groups and creative and efficient commissioning of current budgets to improve mental well being outcomes. A current mapping of how mental health and wellbeing services interlink is

being developed by the mental well being team and due to be completed in Autumn 2018.

5. Recommendation(s)

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to note the recent progress and make comments and suggestions to strengthen future delivery.

6. Background documents: none

7. Contact details

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