

From: Tim Woodhouse, Suicide Prevention Specialist, Public Health

To: Kent Community Safety Partnership (10.10.18)

Subject: Suicide Prevention update

Classification: Unrestricted

Introduction:

In November 2016, the then Secretary of State for Health Jeremy Hunt wrote to all local authorities highlighting their role in suicide prevention planning and highlighting a national target to reduce the numbers of suicide by 10% by 2020/21.

Kent and Medway has higher than national suicide rates, particularly amongst middle aged men.

KCC has secured £667,978 of external funding for suicide prevention work across Kent and Medway in 2018/19.

Recommendation(s):




The Kent Community Safety Partnership (KCSP) is asked to:

- a) Consider how the KCSP may be able to contribute to the delivery of the suicide prevention programme.

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 Despite being above the national rate, there was 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 during 2017 (as shown in Table 2 below).

Table 2

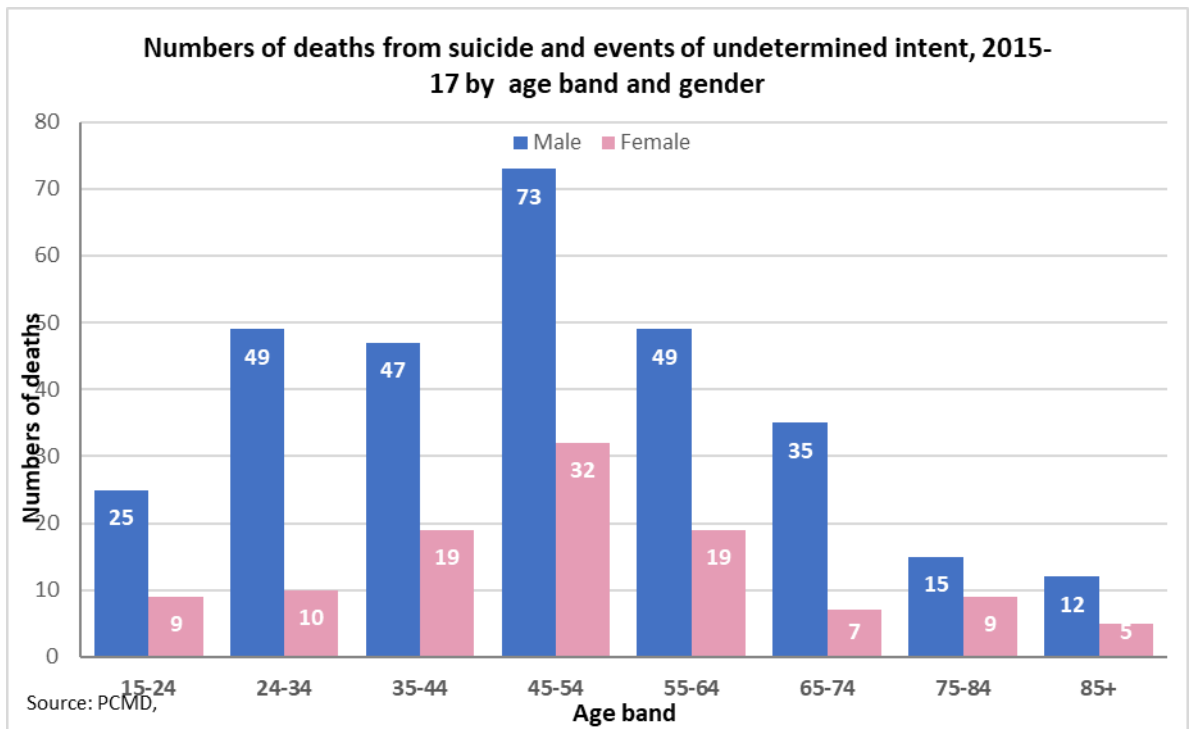
Numbers of deaths from suicide and events of undetermined intent, 2010-2017 registrations, aged 15+ Kent residents, by gender

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 Analysis (in Table 3 below) shows that middle aged men are at particular risk.

Table 3



1.5 There are also variations across CCG areas within Kent (as shown in 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+

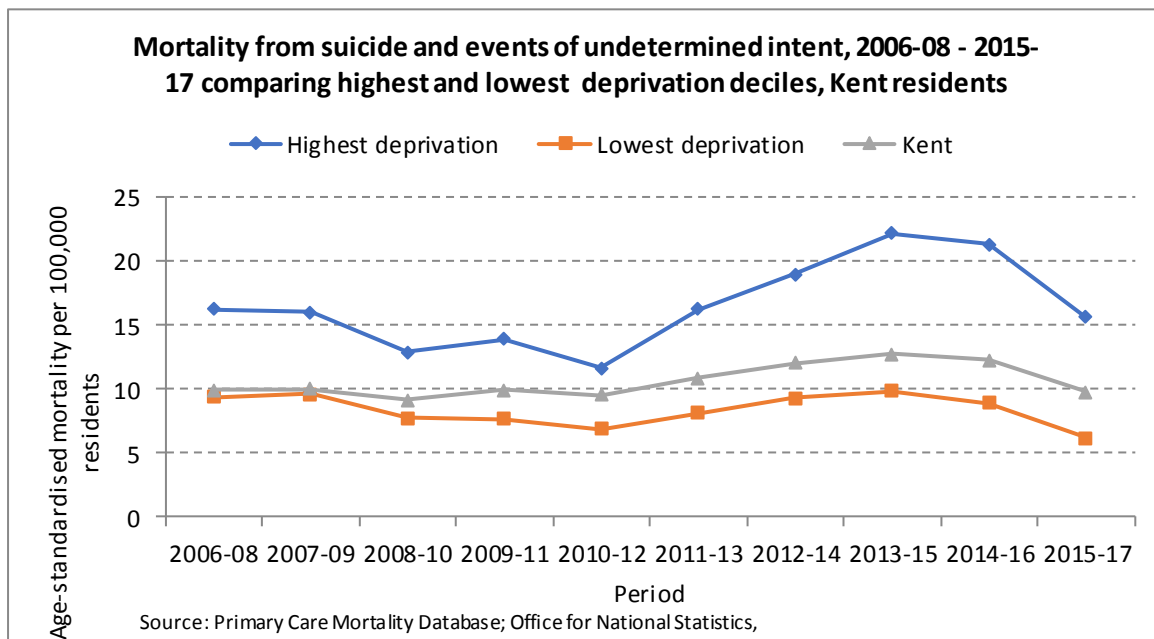
Clinical commissioning group	Male		Female		Both sexes	
	Numbers	ASR / 100,000 ¹	Numbers	ASR / 100,000 ¹	Numbers	ASR / 100,000 ¹
NHS Ashford CCG	28	19.7	4	2.7	32	10.9
NHS Canterbury & Coastal CCG	40	16.4	12	4.7	52	10.5
NHS Dartford, Gravesham & Swanley CCG	63	20.7	8	2.4	71	11.4
NHS South Kent Coast CCG	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 There is a correlation between deprivation and higher suicide risk as evidenced in Table 5 below.

Table 5



1.7 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

1.8 National evidence also highlights that both social isolation and substance misuse are both indicators of higher suicide risk.

1.9 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 KCC (on behalf of the Kent and Medway Sustainability and Transformation Partnership) 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 the Section 3).

2. 2017 / 18 suicide prevention review

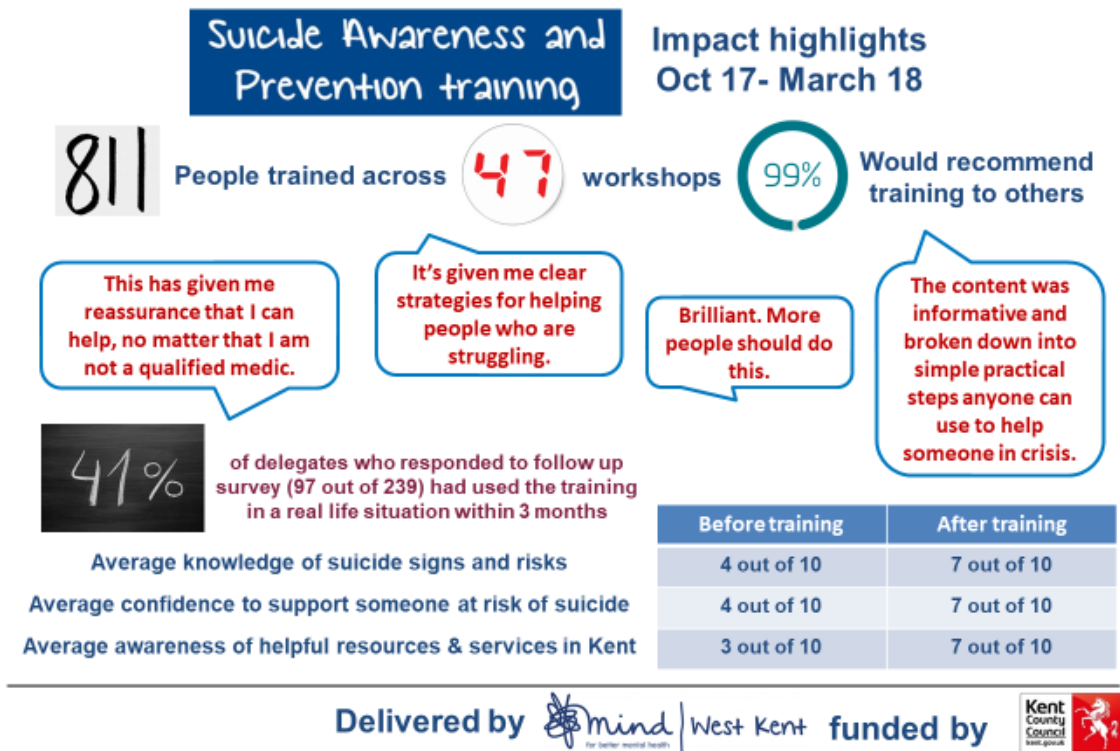
2.1 KCC Public Health led a number of suicide prevention initiatives during 2017/18. These included;

- 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.



- 811 people were trained in Suicide Awareness and Prevention (commissioned by KCC Public Health and delivered by West Kent Mind)



- Working to identify and respond to high risk groups such as children and young people, students, prison populations, victims of domestic abuse 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 eight 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 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 as outlined by the table below.

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.	Extend and further target Release the Pressure.
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.	A range of training will be provided (including 3 hour, 2 day, online) at a range of venues across the county. Bespoke training for primary care teams will be delivered to GPs and practice staff in their own practices and through Protected Learning Time sessions. At least 1000 people will receive training during 2018/19.
Workplace interventions	Workplaces offer an opportunity to identify people at risk and highlight the support mechanisms that are available.	Industries such as construction, transport and agriculture will be targeted given their increased risk of suicide.
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	This innovation fund will provide small grants to local groups to implement new (or extend existing) projects. It will be open to charities, schools, community groups, parish and district councils, and other organisations.

	practice for other areas to follow.	
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.
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.
Children and Young People	Tragically deaths by suicide do occur amongst children and young people. While many of the areas above will help in reducing the risk of suicides amongst young people (eg communications, training, research), the content will be very different when designed with CYP in mind.	Suicide Prevention Training aimed at people working with CYP will be developed. The Kent Safeguarding Children's Board is currently leading a thematic review of suicides amongst CYP. Public Health will work with them on recommendations following the conclusion of that review

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 NHE England.

3.5 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 short term benefits. (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.

4.0 Partnership work to prevent suicides and reduce self harm

4.1 Although very welcome, £667,978 will not eliminate the issue of suicide within Kent and Medway. As a one year funded programme we believe we will be able to make a strong impact in a number of areas, however perhaps even more than the money, is the ability to produce partnerships and relationships which will have a sustained impact for many years to come.

4.2 Public Health already has strong relationships with a range of external partners (including Kent Police, KFRS, Network Rail, Samaritans, MIND, KMPT etc) however we would like to take this opportunity to discuss with the Kent Community Safety Partnership and explore whether there is more that can be done collectively.

5. Recommendation(s)

Recommendation(s):

The Kent Community Safety Partnership (KCSP) is asked to:

- a) Consider how the KCSP may be able to contribute to the delivery of the suicide prevention programme.

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