

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Cabinet

Date: 23 March 2020

Subject: Suicide Prevention Programme update

Classification: Unrestricted

Past Pathway: N/A

Future Pathway: N/A

Introduction:

This paper provides an update on the suicide prevention programme and includes;

- 1) the latest suicide statistics and commentary
- 2) a review of the 2015-2020 suicide prevention strategy and programme
- 3) a proposal regarding the 2020-2025 Suicide Prevention Strategy

Recommendation(s):

Cabinet Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme.

1. Introduction

- 1.1 Every death by suicide is a tragedy for the family and friends of the individual who died and the wider community. Since 2015 KCC's Public Health team has led the multi-agency suicide prevention strategy and programme across Kent and Medway.
- 1.2 This update provides Cabinet Members with;
 - 1) the latest suicide statistics and commentary
 - 2) a review of the 2015-2020 suicide prevention strategy and programme
 - 3) a proposal regarding the 2020-2025 Suicide Prevention Strategy

2. Latest suicide statistics

- 2.1 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 the national target to reduce the numbers of suicides by 10% by 2020/21.

Statistics released in September 2019 indicate that the Kent rate is still higher than the national average, however local rates have fallen in recent years and are now much closer to the national average.

Table 1: 3 year rolling suicide rates per 100,000

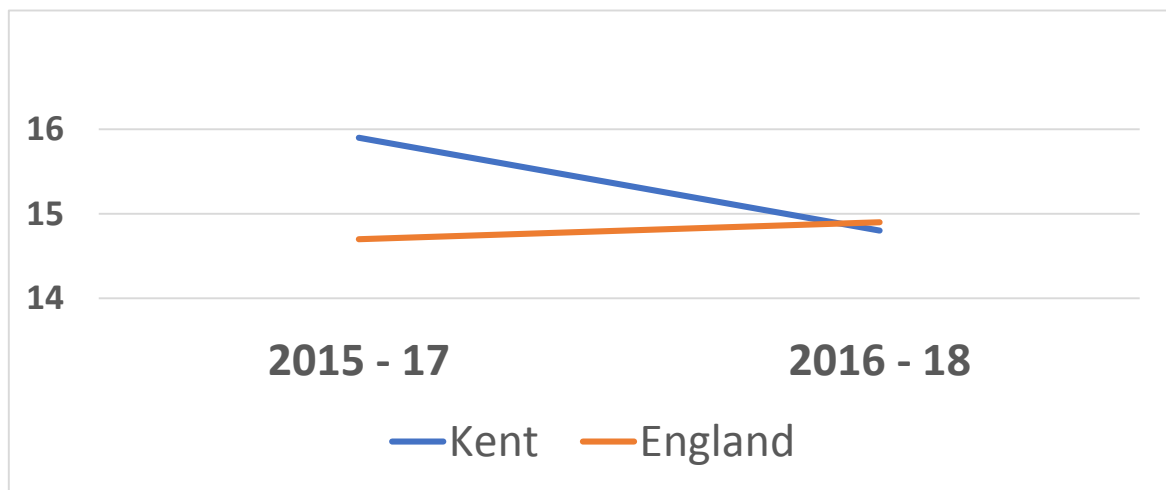
	13-15	14-16	15-17	2016-2018
ENGLAND	10.1	9.9	9.6	9.6
Kent	12.0	11.6	10.5	10.0

Source: ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

- 2.2 For the first time in several years, the male suicide rate in Kent is lower than the national average.

Chart 1 3-Year rolling male suicide rate per 100,000



Source – Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132828/pat/6/par/E12000008/ati/102/are/E10000016/iid/41001/age/285/sex/1>

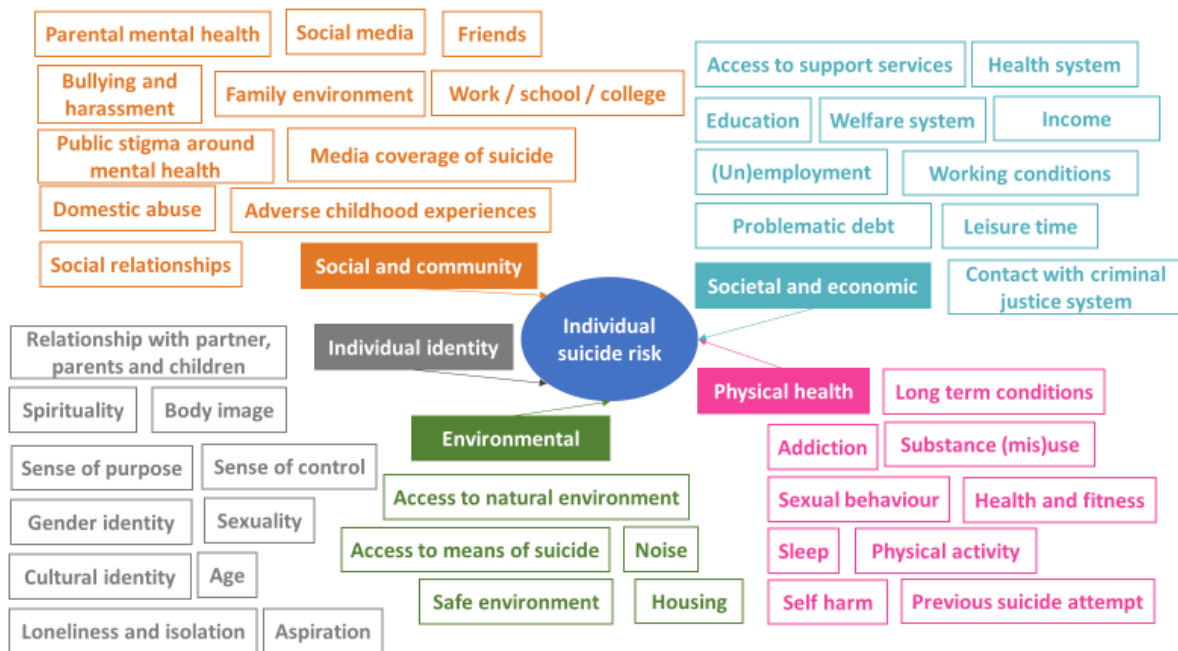
- 2.3 This 3-year rolling rate is what NHS England use to measure progress against the 10% national reduction target. This is the preferred measure because it is a more reliable statistic than comparing the relatively small numbers of suicides in any one particular year.
- 2.4 Every death by suicide is one too many, and while recent reductions in rates are to be welcomed, we are not complacent. KCC's Public Health team will continue to monitor all available data to ensure patterns and trends are identified and responded to with the ultimate aim of reducing the amount of people losing their lives to suicide in Kent as much as possible.
- 2.5 During 2018/19 research was conducted with the Coroners Service to try and establish what had been going on in the lives of people who died by suicide in the months and years before they died, with the ultimate aim of identifying opportunities for possible interventions.

2.6 A sample of 119 inquests were listened to, from a time period ranging from Jan 2017 to June 2018. Several common themes were identified;

- Middle aged men
- Substance misuse
- Debt
- Relationship breakdown
- Domestic abuse
- Previous self-harm
- Previous suicide attempt
- Bereavement
- Social isolation

2.7 This Kent specific research is consistent with national research findings which highlights the complex set of factors which can impact mental health and suicide risk

Figure 1 Complex factors influencing suicide risk in individuals (Adapted by KCC Public Health from PHE's 5-year Public Mental Health Framework 2020)



2.8 This research has led to a number of targeted projects and will continue to influence delivery during the next five-year strategy (2020-25).

3. A review of the 2015-2020 suicide prevention strategy and programme

3.1 When the current strategy was adopted in 2015, Kent's suicide rate was 12.0 per 100,000 compared to a national average of 10.1. Kent's rate has fallen during the period of the five-year strategy and is now much closer to the national average (Table 1 above). Given the complexity of factors which influence suicide risk in an individual (shown in Figure 1 above) it is impossible to prove a causal link between the Suicide Prevention Strategy

and falling rates, however we do believe that our activity has contributed to an environment where more people are thinking about their mental health, more people understand how to access help if they need it and more people are reaching out for support when they are struggling. We are also working closely with the mental health and substance misuse system to improve quality and outcomes for that vulnerable group. This includes work on Adverse Childhood Experiences and Trauma Informed Care both in Kent Children and Adults services.

3.2 The 2015-20 Strategy had six priorities (in Table 2 below) and each priority had a range of actions that were delivered by Public Health or partners.

Table 2: 2015-2020 Suicide Prevention Priorities

2015-2020 Kent and Medway Suicide Prevention Priorities	
1	Reduce the risk of suicide and self-harm in high risk groups
2	Tailor approaches to improve mental health and wellbeing in Kent and Medway
3	Reduce access to the means of suicide
4	Provide better information and support to those bereaved by suicide
5	Support the media in delivering sensitive approaches to suicide
6	Support research, data collection and monitoring

3.3 Highlights of delivery over the last five years have included;

- Launching the award winning Release the Pressure social marketing campaign in 2016
 - Over 100,000 calls to the 24-hour support line at the heart of the campaign
 - Over 115,000 visits to the campaign web pages
 - Over 1000 webchats
- 1102 people completing Mental Health First Aid 3hr training
- Over 4000 people completing Suicide Prevention 3hr training
- 617 people completing Suicide Prevention e-learning
- 50 community level suicide prevention projects supported through the Saving Lives Innovation Fund
- Supporting the development of new Survivors of Bereavement by Suicide groups
- A network of Men's Sheds across the county
- Research into
 - Suicide amongst prisoners
 - Suicide amongst older people
 - Debt and suicide
 - Domestic abuse and suicide

- Annual suicide data audits
- In-depth Coroner audit
- Help-seeking behaviour amongst men

3.4 Much of the activity above was made possible by funding provided by NHS England in 2018/19 and 19/20. This funding is continuing at a reduced rate (a 48% reduction) in 2020/21 but then is being removed from 2021/22 onwards.

3.5 However, while the funding has been important and helpful, significant progress has also been made as a result of system leadership projects. These projects have included;

- Improving quality and safety for individuals with co-occurring conditions (e.g. a multi-disciplinary team approach pilot in West Kent)
- Increasing community level engagement with, and ownership of, mental health issues (e.g. the 2019 Thanet Mental Health Summit)
- Increasing system wide understanding of how to respond to self-harm and suicidality in children and young people (eg by working with the Kent Safeguarding Children Multi-Agency Partnership on a Thematic Review and by publishing new guidance materials)
- The adoption of a multi-agency Suicide Cluster Identification and Response Protocol
- Postvention support to schools, universities, prisons and workplaces after incidents
- Working with a wide range of local authority, health and private sector organisations to develop their individual suicide prevention programmes
- Adverse Childhood Experiences and Trauma Informed Care embedded into a range of adults and children's services.

3.6 Monitoring and evaluation has been a crucial feature of all our activity. This has allowed us to understand where interventions are having an impact and where we may need to make changes. While proving a direct causal impact with falling rates at a population level is difficult, our evaluations (both quantitative and qualitative) give us further confidence that our programme of work is having an impact and we are making a significant difference to the lives that we touch.

3.7 It is important to highlight that suicide is not an issue that Public Health can respond to on its own. Much of the strength of the delivery over the last five years is as a result of internal and external partners. The Steering Group that Public Health Chairs and facilitates has over 130 different organisations and individuals represented. These include health partners (such as CCGs, KMPT and NELFT), charities (such as MIND and Samaritans), agencies (such as Kent Police, Network Rail and Highways England) and importantly individuals who have been bereaved by suicide or who have attempted suicide. There is also a suicide prevention strategic group within the mental health provider trust which links to the overarching KCC led strategy. In time

it is hoped that learning from deaths and serious incidents relating to suicide and attempted suicide will be shared across the system more consistently.

- 3.8 Internally a wide number of KCC divisions and teams have supported this work. These are a few examples;

Adult Social Care

- Co-commissioning Live Well and Mental Health Matters
- Mental Health Social Workers
- AHMPs working with KMPT and Kent Police to improve Sect 136 usage

Growth, Environment and Transport

- Community Safety now including deaths by suicide in Domestic Homicide Reviews
- Highways team working with Highways England on design of new motorway bridges
- Coroners supporting the in-depth review of suicide inquests
- Countryside Partnerships and Country Parks supporting volunteering programmes for people with mental health issues

Children Young People and Education

- Post-vention support in schools
- HeadStart emotional resilience programme for young people
- Working with Kent Safeguarding Children Multi Agency Partnership on a Thematic Review and guidance documents

Strategic and Corporate Services

- HR/OD further strengthening KCC's internal commitment to mental health and wellbeing. For instance, signing the Time to Change pledge, and setting up the new Mental Health Network for staff
- Strategic Commissioning raising the profile of mental health with commissioned providers, including encouraging take up of suicide prevention training
- Substance misuse commissioners embedding Trauma Informed Care and mental well-being in commissioning intentions and working across the whole system for mental health regarding co-occurring conditions.

- 3.9 All directorates have encouraged and supported staff to complete a range of mental health and suicide prevention training, and many divisions have had mental wellbeing as a focus at staff away days.

- 3.10 As well as making an impact locally, Kent's Suicide Prevention programme has also been recognised nationally.

- The Release the Pressure campaign imagery has now been adopted by several other local authorities and has appeared on London tube trains and even parts of New Zealand
- The team are regularly asked to present at national conferences

- The Programme Manager, Tim Woodhouse, has been invited on to the Steering Group of the National Suicide Prevention Alliance as their only local authority representative
- The Programme won two national awards in 2019 including in the prestigious Health Sector Journal “Health and Local Government Partnership” category

4. A proposal regarding the 2020-2025 Suicide Prevention Strategy

- 4.1 The current Kent and Medway Suicide Prevention Strategy runs to 2020 and therefore Public Health are currently preparing the draft 2020-2025 Strategy for consultation later in the spring.
- 4.2 The consultation for the new strategy will include a full review of the previous five years, as well as consider changes to national priorities.
- 4.3 Recent updates to national guidance suggest an increased focus on self-harm would be beneficial, as would stronger support for families bereaved by suicide.
- 4.4 Local evidence suggests that links with substance misuse, domestic abuse and suicides amongst teenagers will require additional scrutiny.
- 4.5 Despite these changes in the detail (and others that emerge during consultation), the overarching priorities are likely to remain the same.

Table 3: Proposed 2020-2025 Suicide Prevention Priorities

Proposed 2020-2025 Kent and Medway Suicide Prevention Priorities	
1	Reduce the risk of suicide and self-harm in high risk groups
2	Tailor approaches to improve mental health and wellbeing in Kent and Medway
3	Reduce access to the means of suicide
4	Provide better information and support to those bereaved by suicide
5	Support the media in delivering sensitive approaches to suicide
6	Support research, data collection and monitoring

- 4.6 Governance arrangements for the new strategy will include regular reporting to KCC and Medway Council Cabinet Committees, as well as to the Kent and Medway Health and Wellbeing Board.
- 4.7 Public Health are working with KCC’s Engagement and Consultation Team to design an appropriate consultation schedule. This is likely to start in April and conclude in June 2020.

5. Recommendation(s)

Recommendation(s):

Cabinet Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme.

6. Contact details

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