



To
Health and Care Overview and Scrutiny Board
(5)

Date
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From
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Wellbeing
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Subject
Suicide Prevention

1 Purpose

To inform and update members on:

- 1.1 The progress of the Suicide Prevention Strategy signed into action at the Health and Wellbeing board meeting of November 2016. An update to this was presented in April 2018.
- 1.2 The Proposed year 2 implementation actions for the Coventry suicide prevention multi agency steering group
- 1.3 The progress and proposals for suicide prevention funding in the Coventry and Warwickshire STP footprint.

2 Recommendations

Health and Care Overview and Scrutiny Board is asked to:

- 2.1 Note the progress update for the Suicide Prevention Strategy and continue to support its ongoing delivery.
- 2.2 Note and support the proposals outlined as part of the funding for suicide prevention among middle aged men in Coventry and Warwickshire.
- 2.3 Identify recommendations for the appropriate Cabinet Member

3 Information/Background

In November 2016, the Health and Wellbeing Board signed into being a Suicide Prevention Strategy for 2016-2019 titled: Not one more//one is enough. (Appendix 1) The strategy was designed to harmonise with the aims and approaches of the West Midlands Combined Authority WMCA mental health commission and with the strategic aims of our neighbouring authority Warwickshire. Coventry adopted a ZERO SUICIDE goal based on the understanding- backed by local Coronial audit data- that suicide is preventable in the overwhelming number of cases. Coventry adopted a hybrid approach based on:

- Department of Health 2012 guidance and the Parliamentary Health Select committee findings.
- The Canadian Suicide Safer Community model of gatekeeper/ sentinels who can identify people at risk and intervene.
- A locally appropriate approach rooted in Marmot which seeks to prevent suicide by mitigating upstream factors.

4. Coventry Suicide Prevention Strategy Progress update and Year 2 Priorities

The Suicide prevention steering group reports to the Health and Well-being Board and is made up of agencies from:

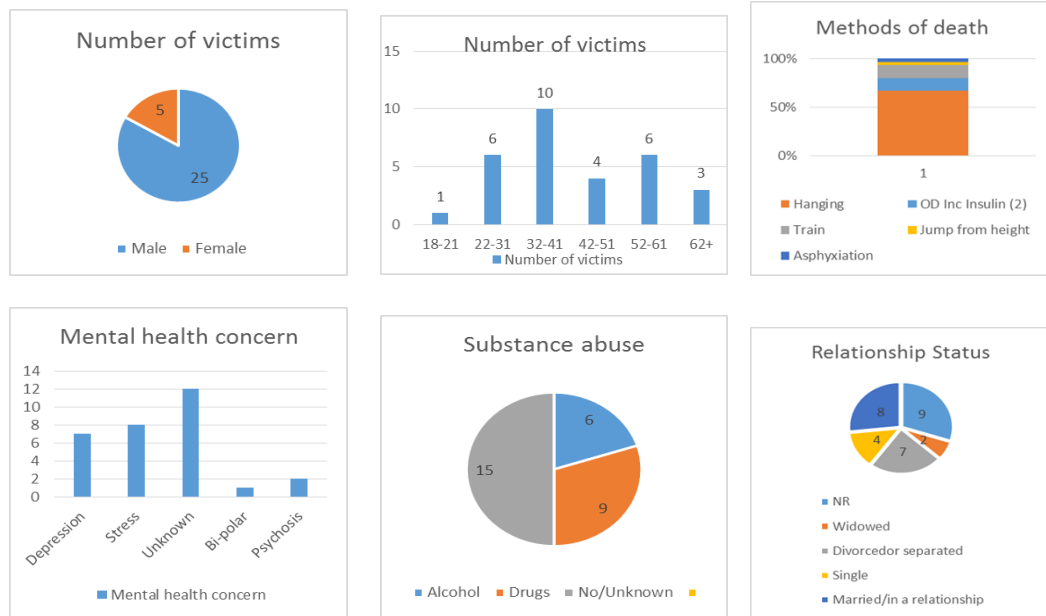
- CWPT
- NHS
- Crasac
- Commissioning
- Children's Social Care
- Adult Social Care
- Coventry and Rugby CCG
- Education
- Public Health
- West Midlands Ambulance Service
- Route 21
- Voluntary Action
- Samaritans
- Mind

The key highlights from the year one strategic priorities are as follows:

- Establishment of an active multi agency Steering group
- Hosting 2 workshops to share best practice, local data and local excellence with 80 attendees making 35 written commitments
- Supporting an emergency services and suicide prevention event at Wasps Home match for World Suicide prevention day with it takes Balls to Talk, local 999 crews and Warwickshire County Council.
- Facilitating the training of 50 champions and volunteers in level one suicide prevention.
- Planning Suicide awareness training for members
- Developing online training for all CCC staff.
- Working with Network Rail to reduce the risk around an identified hotspot.

4. Suicide audit

An audit has been undertaken of all of the paper Coroners records where the cause of death was noted as suicide in Coventry from January - December 2017. It should be noted that discussions have commenced within the Suicide prevention group to look at how the group receives 'real time' information around suicide risks. There were a number of gaps in the data but the audit still allowed conclusions to be made. The data showed the following:



There were 30 deaths in Coventry between January - December 2017, where the verdict was recorded as suicide. This is an average of 8.7 per 100,000 slightly up from the 2014 rate of 8.3 but significantly lower than the National average across England which is 15.4 per 100,000.

The data shows that within the timeframe examined those who were identified as death by suicide were predominantly males, which is reflective of the national average. This represents an increase from the Coventry 2014 -2016 audit where 7 out of 10 suicides were female to a rate of 8.3 out of 10. This is however reflective of national data where the rate of female suicides is increasing.

The highest risk age bracket was 32-41 which is slightly lower than the national average where the highest risk group is 40-44. Ethnicity was one category where data was so poorly recorded that it made analysis impossible.

The predominant method of death was by hanging with 20 of the 30 individuals dying by hanging. There did not appear to be a clear high risk factor in terms of relationship status with identified individuals being spread relatively evenly over all of the categories. 36.8% of identified individuals had made a previous suicide attempt. This suggests that although this group are not singularly at risk of suicide a previous attempt does put them at higher risk. 46.7% of individuals had visited the GP in the last 6 months. Reasons for these visits included; for diabetic care, for stress, for DV injuries, for depression, for minor ailments, for Parkinson's care, for high blood pressure and stress and for problematic alcohol consumption. These visits may be cries for help and we need to work with GP's to ensure that they are able to spot the signs that someone may be suicidal.

60% of victims had a previous mental health concern. The data also shows that 30% of individuals had identified drug issues and 20% of individuals had identified alcohol issues. This would suggest that it is necessary to ensure that those working in substance misuse

services are equipped to recognise and respond to suicidal behaviour. It may also be useful to look at a community response within the on and off licence trade. Further examination showed that: 20% of victims had previously been bereaved by suicide, 16.7% of victims had recent contact with the police and 16.7% of victims had financial difficulties. The findings will now be shared with both Coventry Suicide Prevention Group and the STP Suicide Prevention group to seek assurance that the concerns will be met by current delivery plan actions or to assess where there are any gaps that require inclusion.

5. It Takes Balls to Talk (ITBTT) Update

Recent Events and Activities:

- Events have been held at local Rugby clubs and Brandon Golf club
- ITBTT attended Coventry and Warwick universities and has been integrated into the Coventry student wellbeing strategy. Presence on Campus was followed by an increase in self-referral to Student Support Services.
- Work has begun with Male Dominated Employers. Both the Police and Fire service have participated in suicide awareness training and sharing of the ITBTT Message which was positively received.
- Training in Suicide Awareness has been delivered to the Coventry Recovery College.

Upcoming events:

ITBTT have been offered the chance to speak with senior managers in Jaguar Land Rover and it is hoped that the ITBTT message will be able to be brought to staff directly in their workplace.

ITBTT will have a presence at fresher's weeks in Coventry and Warwick.

Sky Blues in the Community have gained funding and Proposed a community football project with ITBTT, combining Mental health support with community football and fitness training.

Following the success of the 999 event at the Ricoh last year, a further event is being planned for this year.

Future opportunities:

ITBTT has received £44,500 funding from the STP Suicide prevention monies. CWPT are in the process of preparing back-fill staffing, to allow Alex Cotton to be seconded to ITBTT from her substantive post for 2 days per week. Some funds will also be allocated to renewing materials where necessary.

Alex is recommending to the ITBTT Board that the funding is also used for project management support, to assist in the management of increased attendance at sporting events etc. and to develop process and operational guide documents.

The aim of developing process and operational guides is to increase the resilience and quality assurance of local ITBTT activity and to begin to develop a model for ITBTT to be rolled-out regionally and beyond in time.

Unite the Union have offered ITBTT an office in their new building. This gives a central presence and space for dedicated work. It also increases opportunities for developing contacts into places of male dominated employment.

The new address is:

It Takes Balls to Talk
Short St,
Coventry
CV1 2LS

Alex Cotton has been awarded an MBE for her services to Mental Health and the project was a finalist at the National NHS70 Parliamentary Awards on 4 July 2018.

These achievements have led to increased local press coverage and to radio interviews on C&W, Free, and Heart FM.

6 MIND update

S-Word

In October 2017 schools across Coventry and Warwickshire screened a short film named, S-Word. The film was created to raise awareness of suicide and break down the silence and stigma around mental health.

Coventry and Warwickshire Mind worked with a local secondary school teacher who wrote the script for S-Word to highlight the reality of suicide following the death of a relative who took their own life. S-Word features extracts taken from the real accounts of suicide survivors and the children and parents of those who have taken their life.

With the support of Coventry and Warwickshire Mind, S-Word was performed and filmed by a production company, ready for screening in secondary schools across Coventry and Warwickshire to mark World Mental Health Day on October 10th 2017.

CW Mind worked with 10 schools from the 9th – 13th October and reached over 1000 young people, 100 parents and carers (who were encouraged to view the film before their child had the opportunity) and 50 teaching staff. The organisation provided pre/post interventions, signposting and support and also recorded outcomes to support learning and positive/negative impact. Out of 247 young people surveyed, we learnt that; 87% felt that they knew who to ask in school for help following the viewing of S-Word and 88% felt that they knew how to help a friend in distress and where to go for help.

Across Coventry and Warwickshire, suicide kills more people than road traffic accidents and because of this, CW Mind have prioritised suicide prevention as a priority topic in our business strategic plan from 2016-2021. Over the coming months, we will be linking in with Samaritans to gain support around best practise, re-connect with local suicide prevention boards, create a teaching pack for educational staff to deliver the pre/post intervention and work to roll out the model across all schools.

Training

MIND has delivered the following training in the last 12 months:

Training	Venues
Mental health awareness	Brewers Ltd, Nandos, Coventry Building Society, Coventry Cathedral, British Horse society, RICS, London taxis, Family advice centre, First Utility, Women's refuge Centre, Coventry City Council Homelessness team, Whitefriars Housing
Understanding Stress- Building resilience	Age UK – Series of workshops 2017/2018 Victim Support
Child Sexual exploitation	Coventry City College
The Autistic Spectrum	Leicester Schools
Understanding depression and anxiety	SWAP Foster Care
Well-being at work	University hospital Coventry

7. Suicide Prevention Funding update

Coventry and Warwickshire STP's proposal for Suicide Prevention funding has been successful for the amount of £351K per annum for two years 2018/9-2020 (year 2 subject to a final ratification by NHSE). The proposal will focus on and address the following aggregated priorities across the footprint:

Priority 1- Reducing the risk of suicide in key high risk groups

- i. Communication campaigns- to expand *It takes Balls to talk*, a targeted suicide prevention campaign for men. www.ittakesballstotalk.com. This is a successful programme and campaign to raise awareness and reduce stigma aimed at men through sporting venues through targeted suicide prevention training for individuals working in sporting venues. The next phase of this programme is to scale up for wider and bolder impact reaching additional community assets such as barbers and workplace. The overall aim for the campaign will be to:
 - a. To raise awareness and understanding of suicide, and suicide prevention.
 - b. To encourage help-seeking via improved service information and signposting.
 - c. To target communications appropriately to individuals and groups at risk.
- ii. Vulnerable Groups
 - a. To raise awareness among vulnerable groups such as students, veterans, those experiencing bereavement, financial hardship or relationship breakdown, and those with long term conditions and chronic pain.
 - b. Engage with community assets such as barbers, betting shops and pubs to raise awareness and promote local services and support.
- iii. Workforce Development

- a. To extend and if appropriate deliver new evidence based mental health awareness and suicide prevention training aimed at non-mental health professionals including social care, primary care, A and E, Job centre and Citizens Advice Bureau staff. Identify and develop a network of champions and train the trainers within healthcare settings eg GP's, acute hospital staff and in specialist MH services to promote awareness, develop a compassionate culture within services and to drive an ambition of zero suicides.
 - b. Map out existing services and support into a format that is easily useable by clinicians to ensure a clear and consistent sign-posting by professionals.
 - c. Implement risk assessment and management tools in primary care and secondary care to improve identification of risk and quality of onward sign-posting and support, including improved identification and treatment of depression.
 - d. To build a coherent social prescribing offer that professionals and service users are able to access easily and appropriately.
- iv. Crisis response
- a. To review and finalise a business case for safe havens/late night café pilot. There are localised geographies within the Coventry and Warwickshire STP footprint with higher suicide rates than the national average with the STP area (eg Nuneaton and Bedworth and Warwick District). These areas would be considered for location of a safe haven/crisis café pilot.
 - b. To work in partnership with the third sector to develop the social prescribing offer for men living in Coventry and Warwickshire who are socially isolated or experiencing difficult life events.

Priority 4- Reducing the Impact of Suicide

- Consider the needs of emergency responders and mental health workforce.
- Scoping health and well-being needs of this workforce as a group vulnerable to suicide.
- Develop a more consistent offer across Coventry and Warwickshire for those bereaved by suicide.

Priority 5- Improving data and evidence

- Explore opportunities for real-time monitoring systems across Coventry and Warwickshire, linking with the West Midlands Combined Authority. This will improve the ability to monitor the impact of our suicide prevention plans and provide timely insights into risks of contagion/ emerging suicide clusters.

Priority 6- Working together

- Co-production with individuals impacted by suicide to develop campaign resources aimed at the target group.
- Strengthen system leadership provided by CWPT and Public Health leads across the STP.

- Strengthen links with Thrive West Midlands and the Combined Authority to ensure a joined up approach to suicide prevention across the STP.