



To: Coventry Health and Wellbeing Board

Date: 13 January 2020

From: Jane Fowles, Consultant Public Health and Steven Hill, Chair of the Coventry Suicide Prevention Steering Group

Title: Coventry Suicide Prevention Strategy (2020 - 21 Forward Plan)

1 Purpose

To provide the Board with an update on the delivery of the suicide prevention plan 2016 – 19 and to set out the forward plan for approval.

2 Recommendations

- 2.1 That the Board approves the forward plan for 2020 - 2021
- 2.2 That the Board agree to receive annual reports and rolling plans.
- 2.3 That the Board notes the reduced standard of proof for recording a death by suicide from July 2018 and the potential implication for increased recording in the national data series.

3 Information/Background

- 3.1 In November 2016, the Health and Wellbeing Board signed up to a Suicide Prevention Strategy for 2016-2019 entitled: Not one more//one is enough (Appendix 2). 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.
- 3.2 Whilst the strategy, vision and strategic priorities remain current, the original action plan to November 2019 has been refreshed by the steering group and developed into a forward plan for 2020 - 21.
- 3.3 Given the national and local Coventry and Warwickshire Health and Care Partnership focus on this agenda it is recommended that the planning process remains live and that national and regional policy development is incorporated as appropriate throughout 2020. Key activity will include;
 - LGA regional (and local) sector led improvement programmes
 - NHSE evaluation of wave one funded sites and HCP programme review
 - NHSE funding roll out for postvention support

- Delivery and funding of the Long-Term Plan; primary care, acute and crisis transformation, underpinned by the clinical strategy for Mental Health and Emotional Wellbeing



4. Progress update















4.1 **Data** - The population of Coventry and Warwickshire is approx. 0.9 million. Research undertaken on suicide data between 2006 – 16 by the national inquiry into suicide and safety in mental health highlights that based on the average general population rate, we would expect at least 90 general population suicides per year, of whom 22 would be mental health patients. The local figure (based on date of death rather than date of registration) is around 83, of whom 22 would be known to mental health services. During 2006-16 there were 930 deaths by suicide, 77% of these were men. This proportion compares to national rates of male suicide. Total suicide rates were higher than the national average in South Warwickshire.

4.1.2 Annual coroner audits have been undertaken to identify where learning can be gained, we know that risk factors locally include being male, having made a previous attempt, a record of stress or depression and, or having alcohol issues.

4.1.3 In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” – balance of probabilities – where previously a “criminal standard” was applied – beyond all reasonable doubt. It is likely that lowering the standard of proof will also result in an increased number of deaths recorded as suicide and a potential discontinuity in the national data series. This should be borne in mind when we receive the office for national statistics suicide update next year.

4.1.4 Suicide Rate – Trend data (total persons). The most recently published rates below reflect the national measure which is a count of the deaths registered as a suicide in these periods. These deaths may not have occurred in the years profiled due to the length of time it takes to complete a coroner’s inquest. It can take months or even years for a suicide to be registered.

Annualised trends: – Similar to benchmark  Higher than benchmark 

| Period | | Coventry | | | | West Midlands region | | England |
|-----------|---|----------|-------|----------|----------|----------------------|------|---------|
| | | Count | Value | Lower CI | Upper CI | | | |
| 2001 - 03 |  | 69 | 9.1 | 7.0 | 11.5 | 10.5 | 10.3 | |
| 2002 - 04 |  | 69 | 9.0 | 7.0 | 11.4 | 9.9 | 10.2 | |
| 2003 - 05 |  | 84 | 11.0 | 8.8 | 13.7 | 9.7 | 10.1 | |
| 2004 - 06 |  | 91 | 11.9 | 9.5 | 14.6 | 9.2 | 9.8 | |
| 2005 - 07 |  | 84 | 11.0 | 8.8 | 13.7 | 8.5 | 9.4 | |
| 2006 - 08 |  | 78 | 10.2 | 8.0 | 12.8 | 8.7 | 9.2 | |
| 2007 - 09 |  | 93 | 11.7 | 9.4 | 14.4 | 8.9 | 9.3 | |
| 2008 - 10 |  | 98 | 12.3 | 9.9 | 15.0 | 9.5 | 9.4 | |
| 2009 - 11 |  | 103 | 13.0 | 10.6 | 15.9 | 9.2 | 9.5 | |
| 2010 - 12 |  | 89 | 11.4 | 9.1 | 14.1 | 9.2 | 9.5 | |
| 2011 - 13 |  | 90 | 11.2 | 8.9 | 13.8 | 9.3 | 9.8 | |
| 2012 - 14 |  | 83 | 10.1 | 8.0 | 12.6 | 10.2 | 10.0 | |
| 2013 - 15 |  | 83 | 10.1 | 8.0 | 12.6 | 10.3 | 10.1 | |
| 2014 - 16 |  | 68 | 8.4 | 6.5 | 10.7 | 10.0 | 9.9 | |

| Period | Coventry | | | | West Midlands region | England | |
|-----------|----------|-------|----------|----------|----------------------|---------|-----|
| | Count | Value | Lower CI | Upper CI | | | |
| 2015 - 17 | ● | 76 | 8.8 | 6.8 | 11.0 | 9.5 | 9.6 |
| 2016 - 18 | ● | 78 | 8.6 | 6.8 | 10.9 | 9.7 | 9.6 |

Source: Public Health England (based on ONS source data)

4.2 Health and Care Partnership (HCP) NHSE funded suicide prevention programme

4.2.1 In 2018 the partnership received NHSE funding of £352,000 per year for two years as one of 8 wave one sites identified due to prevalence rates (Warwickshire's rates have been consistently above the national average). The programme has included several proof of concepts projects and programmes, these have been incorporated into our delivery plan this year and cover;

- Multi-Agency Training
- It Takes Balls To Talk and Public Campaigns (Year of Wellbeing)
- Support for individuals with concurrent mental health and substance misuse issues
- Secondary and Primary Care pathways and training; risk management and safety planning
- Digital developments – public facing apps, stakeholder and staff resources
- Bereavement support research
- Real Time Data & monitoring; multi-agency surveillance
- Safe Havens (crisis support)

4.2.2 The HCP are part of a nationally commissioned evaluation of the NHSE funding which is in the early stages of reporting. Interim findings from the 8 sites show that:

- There is a clear need emerging for more relationship-based services, and services which tackle loneliness and isolation.
- New skills may be needed to work most effectively with local businesses and small community organisations, for example local sports clubs, as this has been a new experience and requirement for many.
- Communications materials should be future proofed, where possible, so they can be used in future campaigns (for example not using dates on printed material that could be used again).
- There is a need for clarity, when implementing training, as to why sites are targeting the people they are targeting and being clear about what they expect from them afterwards.
- For projects using non mental health workers to support people at risk of suicide – services should ensure good staff training, staff supervision and ongoing support is in place.
- Good and ongoing marketing and publicity will be needed to ensure people are aware of new/pilot services.
- Suicide prevention services should consider the relevant age range for referrals.
- Projects should consider being more proactive when deciding who to work with, for example by looking at how they could respond to specific local issues such as businesses who are making large scale redundancies.

4.2.3 The HCP are currently considering the findings of the pilots, exit strategies and the national evaluation. The ambition is that the learning and interventions developed are included in local plans going forwards. The programme contributes to the health and

wellbeing strategy priorities around mental health, loneliness and social isolation and working differently with communities which will be developed through the forward plan.

4.3 Coventry suicide prevention plan update 2019

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

- Action plan refresh and alignment with Warwickshire and HCP joint priorities
- PHE approval of Coventry HWBB Prevention Concordat for Better Mental Health
- Joint coroners audit process developed and undertaken with Warwickshire
- Real Time Surveillance system planning initiated
- Coordinated comms campaign including the launch of the stay alive app across the HCP area. CCC workforce wellbeing comms programme launched by Martin Reeves
- Multi-agency training on suicide prevention commissioned and delivered with training forum being established.
- Co production projects; men's sheds and Coventry University research: survivor stories
- Mindspace group work pilot (CGL/Mind codelivery) trialled in Coventry
- Partnership learning event/programme feedback for world suicide prevention day
- HCP partners have presented the programme at a number of national events and will be running a workshop at the national Suicide Prevention Alliance Conf in January 2020

5. Forward Plan 2020 -21

Please see attached Appendix which provides an overview of the local plan under our 7 strategic goals;

- Reach High risk Groups: Target our approach to focus on inpatient safety and vulnerable groups
- Improve Mental Health: Build our community assets, workplace health offer and VCSE support networks
- Manage Access to Means: Identify and address our environmental, social and clinical risks
- Reduce Impact: Develop our bereavement and workforce support offer
- Improve Data: Embed our partnership plans for systematic reporting and analysis
- Adopt a Safe Media Approach: Communicate our support offer and manage local and national messaging
- Work Together: Invest in learning, development and partnership activities

Report Author(s): Juliet Grainger

Name and Job Title: Juliet Grainger, Public Health Programme Manager

Directorate: People

Telephone and E-mail Contact: Juliet.Grainger@coventry.gov.uk Tel: 024 7697 6822

Enquiries should be directed to the above person.

Appendices

Appendix 1: Strategic Statement and Legacy Plan 2020 -2021

Appendix 2: Coventry Suicide Prevention Strategy 2016 - 2019