

Local Members' Interest
N/A

## Safe and Strong Communities Select Committee – 7<sup>th</sup> March 2016

### Staffordshire Suicide Prevention Strategy

#### Recommendation/s

1. That the Select Committee is asked to scrutinise that Saving Lives: Staffordshire Suicide Prevention Strategy 2015/16 – 2020/21 was developed in partnership and made available to partners on Friday 4<sup>th</sup> December 2015 and that it is now endorsed by the Safe and Stronger Communities Select Committee (the strategy is attached as appendix A)

#### Report of Cllr Alan White, Cabinet Member for Health and Care

### Summary

#### What is the Select Committee being asked to do and why?

2. The Safe and Strong Communities Select Committee is being asked to scrutinise that Saving Lives: Staffordshire Suicide Prevention Strategy 2015/16 – 2020/21 was published on Friday 4<sup>th</sup> December 2015. This is a response to the publication of the National Strategy by the Department of Health “Preventing Suicides in England – A cross government outcomes strategy to save lives”.
3. Members are being asked to note that Staffordshire County Council is now working in partnership with Stoke on Trent City Council and have aligned to create one Suicide Prevention Group for Staffordshire and Stoke on Trent. This group met for the first time on Friday 11<sup>th</sup> December 2015.
4. Members are also being asked to note that a joint implementation plan is being developed and will be in place by April 2016.

### Report

#### Background

5. **Definition of Suicide:** Suicide is the action of killing oneself intentionally. The National Statistics define suicides as “deaths given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent”.

#### National Context

6. In England, one person dies every 2hrs as a result of suicide.

7. In the UK 6,233 suicides of people aged 15yrs and over were registered in 2013, 252 more than in 2012 (a 4% increase).
8. The UK suicide rate was 11.9 deaths per 100,000 population in 2013. The male suicide rate was more than three times higher than the female rate, with 19.0 male deaths per 100,000 compared to 5.1 female deaths.
9. The male suicide rate in 2013 was the highest since 2001. The lowest male rate since the beginning of the data series, at 16.6 per 100,000, was in 2007. Female rates have stayed relatively constant since 2007.
10. The highest UK suicide rate in 2013 by broad age group was among men aged 45 to 59, at 25.1 deaths per 100,000, the highest for that age group since 1981.
11. The highest suicide rate among the English regions was in North East England at 13.8 deaths per 100,000 population, while London had the lowest at 7.9 per 100,000.
12. The Department of Health's statistical update on suicide in February 2015 shows that nationally suicide rates in England dropped between 1998 and 2008 but has been rising slightly from 2008 until 2013. Suicide trends for England show that there has been a consistently significant reduction in inpatient suicides since 2003 but a marked increase in self-inflicted deaths in prisons in the 2013-14 period.
13. Periods of high unemployment and severe economic pressure have had adverse effects on the mental health of the population and have been associated with higher rates of suicide.
14. The Department of Health launched a new cross-government strategy "*Preventing Suicide in England - A cross government outcomes strategy to save lives*" on world Suicide Prevention Day (10<sup>th</sup> September 2012).
15. *Healthy Lives, Healthy People: Our Strategy for Public Health in England* (2010) gives a new, enhanced role to local government and local partnerships in delivering improved public health outcomes. Local responsibility for coordinating and implementing work on suicide prevention will be, from April 2013, an integral part of local authorities' new responsibilities for leading on local public health and health improvement.
16. *No Health Without Mental Health: A cross-government outcomes strategy for people of all ages* (2011) is key in supporting reductions in suicide amongst the general population as well as those under the care of mental health services. The first agreed objective of the strategy is to ensure that more people will have good mental health.
17. These policies in combination set the context for the responsibility of local authorities and partner organisations in preventing suicide and in identifying the evidence and best practice required for the Staffordshire Suicide Prevention Strategy.

## The Local Context

18. Suicide accounts for approximately 6,000 premature years of life lost (i.e. deaths before the age of 75) in Staffordshire and it causes more premature deaths than stroke or respiratory disease as a cause of premature mortality.

**Table 1: Premature mortality in Staffordshire – years of life lost aged under 75 years, 2011-2013**

Cause	Males	Females	Persons
Coronary heart disease	7,411	1,881	9,293
Accidents	4,720	2,157	6,877
Lung cancer	3,509	2,844	6,353
Suicide and undetermined injury	4,505	1,449	5,953
Breast cancer	N/A	3,851	3,851
Colorectal cancer	1,938	1,278	3,216
Stroke	1,349	1,475	2,824
Chronic obstructive pulmonary disease	1,327	1,095	2,422
Prostate cancer	946	N/A	946
<b>All causes</b>	<b>54,150</b>	<b>38,114</b>	<b>92,264</b>

Source: HSCIC Indicator Portal ([www.indicators.ic.nhs.uk](http://www.indicators.ic.nhs.uk) or [www.indicators.ic.nhs.uk](http://www.indicators.ic.nhs.uk)), The NHS Information Centre for health and social care. Crown copyright

19. Nationally, rates from suicide and undetermined injury have fallen by 10% between 1995-1997 and 2011-2013. This fall in rates has not entirely been reflected in Staffordshire between these two points where rates show an increase of 9%. The fluctuations in Staffordshire reflect the relatively small number of events which are subject to natural random fluctuations.
20. Between 1998-2000 and 2005-2007 there was a year on year decrease in suicide and undetermined injury rates with significant fall in the period 2004 to 2007, compared to the England average. Overall since 2005-2007 there has been a year on year increase, although the rate has remained statistically similar to the England average.
21. The number of suicides in Staffordshire showed an increase in 2008 and 2009 when numbers nearly doubled from 2006 and 2007. With the exception of 2010, the number of suicides in Staffordshire each year has been around 80 (Table 2).

**Table 2: Number of suicides and injuries undetermined in Staffordshire**

Year	Number
2006	50
2007	52
2008	79
2009	88
2010	59
2011	81
2012	71
2013	81
<b>2014 (provisional)</b>	<b>81</b>

Source: HSCIC Indicator Portal ([www.indicators.ic.nhs.uk](http://www.indicators.ic.nhs.uk) or [nww.indicators.ic.nhs.uk](http://nww.indicators.ic.nhs.uk)), The NHS Information Centre for health and social care. Crown copyright and Primary Care Mortality Database, Office for National Statistics

22. Gender is a key factor in Staffordshire's suicide data, with men far more at risk of suicide than women. Suicides are more common in males (74%). The majority of suicides in males were in the 35-44 years (19% of all suicides) and 45-54 for women (8% of all suicides). Nearly half of all deaths amongst males occurred in men aged 35-54 (49%); in females nearly 70% of all deaths occurred in women aged 45 and over.

**Table 3: Mortality from suicides and injury undetermined by age, Staffordshire residents during the period 2009-2013**

Age group	Males		Females		Total	
	Number	% of all suicides	Number	% of all suicides	Number	% of all suicides
15-24	27	7%	9	2%	36	9%
25-34	28	7%	9	2%	37	10%
35-44	71	19%	12	3%	83	22%
45-54	67	18%	31	8%	98	26%
55-64	47	12%	11	3%	58	15%
65+	42	11%	26	7%	68	18%
<b>15+</b>	<b>282</b>	<b>74%</b>	<b>98</b>	<b>26%</b>	<b>380</b>	<b>100%</b>

Source: Primary Care Mortality Database, Office for National Statistics

### Outcomes and Accountability

23. At national level there are a number of outcome frameworks that support monitoring, assessment and accountability. The NHS Outcomes Framework sits alongside the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework. The three frameworks have been aligned to encourage collaboration and integration. Shared and complimentary indicators between the

three will support the health and social care system to tackle the challenges it faces in a holistic way, and provide a focus for quality improvement across the system.

24. Indicators in the **NHS Outcomes Framework** are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. The NHS Outcomes Framework includes two indicators of relevance to suicide prevention which is included in Domain 1: preventing people from dying prematurely. The overarching indicators are Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare in (i) adults, and (ii) children and young people. The relevant improvement area in this domain is reducing premature death in people with serious mental illness (excess under 75 mortality rate in adults with serious mental illness). This indicator is shared with Public Health Outcomes Framework - PHOF 4.9.
25. The **Public Health Outcomes Framework 2013-2016** includes an indicator regarding suicide under the healthcare public health and preventing premature mortality domain: Suicide rate, defined as “age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population”.
26. The **Adult Social Care Outcome Framework** works in conjunction with the above frameworks, demonstrating the need to safeguard adults whose circumstances make them vulnerable and protecting them from avoidable harm. This is measured by ‘the proportion of people who use services who feel safe’ and will include safety from self-harm.
27. These outcome measures will be important to the reporting of progress on the implementation of the Staffordshire Suicide Prevention Strategy and will assist us in guiding future efforts and actions to ensure that the overall objectives of our plan are met.

### **Overall Outcome Aim**

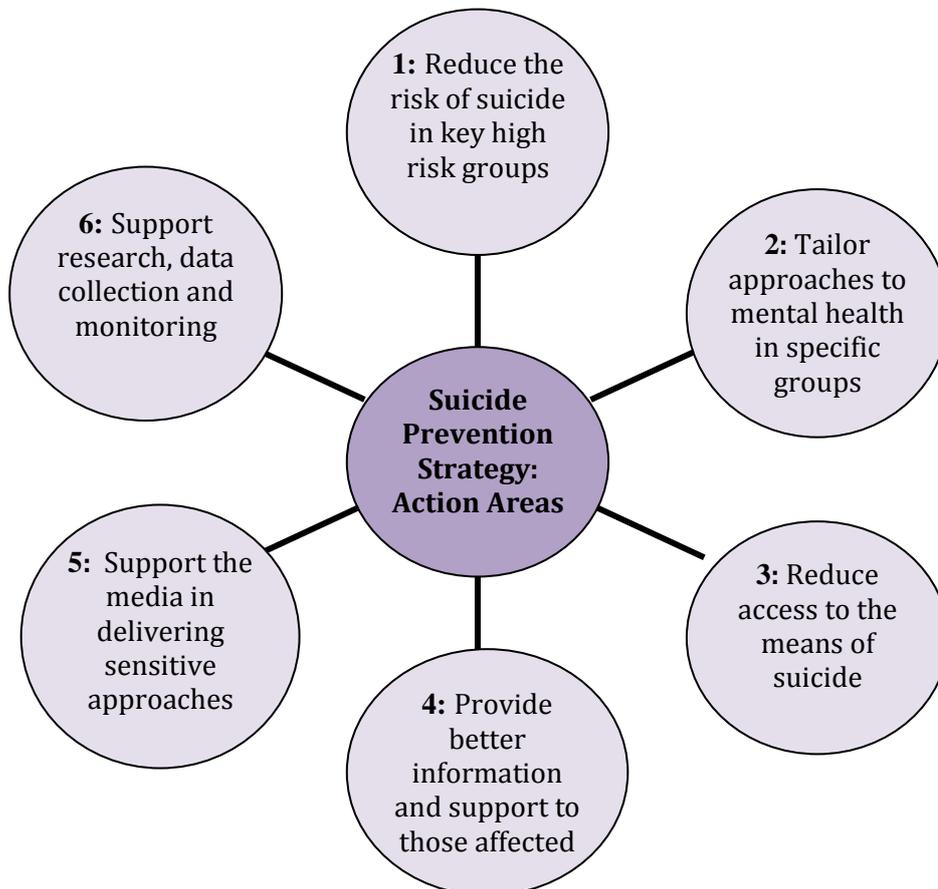
28. The vision/outcome is to reduce the number of suicides and injuries undetermined in Staffordshire to the numbers reported back in 2006/2007 by 2020/21. This means reducing that number from the provisional 2014 figure of 81 to the reported figure of 50 in 2006. This will be a challenge but this strategy and the joint working with Stoke is about saving lives and reducing the years of life lost.

### **The Staffordshire Approach**

29. The factors and circumstances that cause a person to contemplate taking their own life are complex and varied. It is understood that trends in suicide are influenced by wider economic conditions, and in this respect the Staffordshire Strategic Partnership priority outcome 1 – that Staffordshire will have a thriving economy – will have an important part to play.
30. A partnership approach must deliver a better shared understanding of the risk factors that will support partners in recognising and being alert to the warning signs and opportunities for early intervention, help and support. There are many

agencies, professionals and voluntary and community organisations, diverse settings from schools to community venues and health services that have an active role to play if we are to successfully prevent recourse to suicide.

31. The Staffordshire Suicide Prevention Strategy therefore seeks to articulate the local actions recommended to partners – structured around the 6 action areas of the national strategy.



32. Successful implementation of the actions outlined in this strategy will require engagement from a wide range of partners. These include:-

- a. Service users, Carers, Survivors of suicide
- b. Communities and their leaders
- c. Third Sector organisations,
- d. Health Services: GPs, Primary Care staff, Pharmacies,
- e. Criminal Justice: Probation, Police, Courts
- f. Education: schools, colleges, university
- g. Fire Service
- h. Local Authority: Housing, Leisure, Welfare

33. Reference to the partners in the document includes all these groups.

34. An implementation plan will be developed to support the action areas and although we will be working to develop this implementation with Stoke on Trent it

will not be possible to action all the points detailed below and work will have to be prioritised. We will refresh the implementation plan on a yearly basis to reflect what the priorities are based on need and being informed by what the local data is telling us.

### **Next Steps in Staffordshire and Stoke on Trent**

35. To work in partnership with Stoke to develop a joint implementation plan from December 2015 to March 2016.
36. The joint implementation plan will be in place by April 2016 and will be overseen by the Staffordshire and Stoke on Trent Suicide Prevention Group. Both Stoke and Staffordshire will report back to their existing governance routes.
37. Develop a Mental Health Dashboard alongside the Staffordshire and Stoke on Trent Mental Health Commissioner to include measures for Suicide and Undetermined Injuries in order that we have relevant data and measures in place to track progress and trends over the next few years.

### **Link to Strategic Plan.**

38. Saving Lives: Staffordshire Suicide Prevention Strategy supports the County Councils **vision for a connected Staffordshire** by ensuring that the appropriate prevention, assessment and supports are in place to support people's health and wellbeing and independence. These mechanisms will be inter-agency and reflect the wider commissioning and influencing ethos of the authority.
39. In addition Saving Lives: Staffordshire's Suicide Prevention Strategy - is designed to complement the development of the local mental health and wellbeing strategy "Commissioning for Mental Health is Everybody's Business" and through this aligned approach we want to tackle the harm caused to our communities.

### **Community Impact**

40. Suicide has a devastating effect on those affected by the loss, including the families, friends, communities and professionals impacted.

### **Contact Officer**

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### **Appendices:**

**Appendix A** - Saving Lives: Staffordshire Suicide Prevention Strategy 2015/16 – 2020/21

**Appendix B** – Suicides and Injuries Undetermined in Staffordshire 2015 Update

**Appendix C** – Staffordshire Mental Health Outcomes Framework December 2015

## **Background papers**

Department of Health (2012) "Preventing Suicide in England - A cross government outcomes strategy to save lives"

<http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf>

Department of Health (2010) Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121941](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941)

HM Government (2011) No Health Without Mental Health: A cross-government outcomes strategy for people of all ages (2011)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123766](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766)

Office for National Statistics. Suicides in the United Kingdom, 2013 Registrations

<http://www.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2013-registrations/index.html>

Staffordshire County Council (2014) – Mental Health is Everybody's Business

Staffordshire Health and Wellbeing Board – Living Well in Staffordshire: Our Five Year Plan 2013 - 2018