
Report to: Health and Wellbeing Board

Date of Meeting: 14 June 2017

Subject: Sefton Suicide Audit
Report of: Director of Public Health

Wards Affected: All Wards

Is this a Key Decision? No

Is it included in the Forward Plan? No

Exempt/Confidential No

Purpose/Summary

The purpose of this report is to share key findings from for the Sefton Suicide Audit 2015.

Recommendation

Members of the Board are recommended to:

- 1) Consider the report and endorse the Suicide Reduction Plan for 2017/18.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		X	
2	Jobs and Prosperity		X	
3	Environmental Sustainability		X	
4	Health and Well-Being	X		
5	Children and Young People	X		
6	Creating Safe Communities	X		
7	Creating Inclusive Communities	X		
8	Improving the Quality of Council Services and Strengthening Local Democracy	X		

Alternative Options Considered and Rejected: Not applicable

What will it cost and how will it be financed?

(A) Revenue Costs - There are no financial implications arising from this report.

(B) Capital Costs - See above.

Implications: The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial - There are no financial implications.		
Legal - There are no legal implications.		
Human Resources – There are no human resources issues		
Equality		
1.	No Equality Implication	<input checked="" type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

There will be no impact service delivery.

What consultations have taken place on the proposals and when?

As outlined within the report consultation has been carried out via the Reduction Partnership regarding the best approaches and the potential for collaborative working, this has seen the size of the group grow to cover more areas of the Sefton community.

The Head of Corporate Finance and ICT has been consulted and has no comment on the report as there are no direct financial implications resulting from the report. (FD 4653)

The Head of Regulation and Compliance has been consulted and has no comments on the report. (LD 3937/17)

Implementation Date for the Decision

Immediately following the Committee/Council/meeting.

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Background Papers:

None

1. Introduction

Suicide is a major public health issue for Sefton and a leading cause of years of life lost. In 2015, there were 25 deaths due to suicide or undetermined injury in Sefton. The standardised rate for deaths from suicide and undetermined injuries has doubled from a low of 6.4 per 100,000 in 2007-09 to 12.6 per 100,000 for 2013-15.

This report updates intelligence on suicide in Sefton. Data published nationally by the Office for National Statistics (ONS) and data collected from Southport Coroner's Office has been analysed. The audit covers suicides and likely suicides where an inquest was held between December 2014 and April 2016. It has been completed in accordance with guidance developed by the Cheshire and Merseyside Suicide Reduction Network.

The findings of this report are being used by the Sefton Suicide Prevention Group to plan local suicide prevention work. Data from the audit has also been made available to the Cheshire and Merseyside Suicide Reduction Network for inclusion in the Joint Cheshire Merseyside Suicide Audit Report. This work will inform a Cheshire and Merseyside wide response to increasing suicide rates.

2. Key Findings

- The case files of 23 suspected suicides were retrieved for investigation.
- Over three quarters of cases were amongst men.
- The most common age group amongst cases was between 45 and 64 years of age (39%), followed by the 25 to 44 year old age group (30%).
- Where ethnicity was recorded, the vast majority of suicides were people who identified as White British.
- The most common marital status was single (43%) followed by divorced or separated (39%). Sixty-five percent of individuals were living alone at the time of their death.
- Where employment status was known, the majority of individuals were employed or retired (71%).
- Hanging or strangulation was the most common suicide method amongst men whereas self-poisoning was most common amongst women.
- The majority of suicides were carried out at the person's home.
- All the deaths reviewed received a coroner's verdict of suicide and in almost half a suicide note was present.
- There was a history of alcohol misuse in almost half the cases and alcohol was reported to have been consumed around the time of the suicide in a quarter of cases.
- Relationship breakdown was a common antecedent to the suicide.
- Over half of people included in the audit had at least one physical health problem.

- Mental health problems (most commonly depression) were mentioned in three quarters of case reports and five individuals had received a mental health diagnosis. A third of individuals had previously attempted suicide.
- In the month prior to suicide two fifths of people in the audit had been in contact with their GP and one fifth in contact with mental health services.

3. Limitations

The following limitations need to be considered when contemplating the findings of this report.

Firstly, Coroners only hold inquests for deaths that occur in their particular area. Therefore, coroner reports of Sefton residents who completed suicide outside of Sefton are not available from the Southport Coroner's Office and are not included in the scope of this audit. Conversely there will be deaths of non-Sefton residents included in the audit as they completed suicide within the Sefton area.

Another caveat is that the data available from coroner reports varies from case to case. The Coroner ascertains the circumstances around a death but may not include all this information in the final report. This is most apparent in deaths where a suicide note was found and no post-mortem was carried out. Some files contained comprehensive details regarding an individuals' medical history whereas information was sparse for others. There was also limited information relating previous contact with health care professionals or whether a Significant Event Audit (SEA) has been conducted at primary care for several cases.

This audit reviews cases of suspected suicide based on the date of inquest whereas the previous Sefton Suicide Audit (2014) collated cases according to date of death. Due to this methodological difference the findings of the two audits have not been compared in this report. Going forward the Sefton Suicide Audit will continue to use the inclusion criteria outlined in this report including selection of cases based on inquest date.

4. Sefton Suicide Reduction Group

Health & Wellbeing Boards are tasked with overseeing suicide reduction, with public health acting as the lead and co-ordinator for the borough. Reducing the local suicide rate is an indicator within the Public Health Outcomes Framework.

Key partners in delivery of this action plan (see Appendix A) are: Sefton Council departments: Public Health, Safeguarding, Social Care, Neighbourhoods, Learning & Development, and Schools. Southport & Formby CCG, South Sefton CCG, Mersey Care NHS Trust, Merseyside Police, Probation Service, Sefton CVS, SOBS, CALM, and Samaritans.

The Sefton Suicide Reduction Partnership has been established and its membership has increased to cover specific identified communities within Sefton including veterans, travellers and migrant communities. Collaborative working has already begun with plans for joint training and information sharing. This includes direct training for Police staff based in Sefton neighbourhoods regarding how to deal with any situation of attempted suicide, this will be extended to include response and custody staff by the autumn.

Greater knowledge and promotion of local support services will be vital in helping residents into support and help much sooner. This is supported by the roll out of Making Every Contact Count training within the Council and the community, the aim being to

train 1000 people by the end of this year. The 2016 Suicide Audit will take place in August and the finding reported to the Board in due course.

1) Sefton Suicide Reduction Action Plan

A) Sefton Suicide Reduction Action Plan

	Approach	Area for action	Target/ focus of activity	Actions	Who	When
1	Prevention	Wellbeing Promotion	<ul style="list-style-type: none"> Commission multi-agency interventions to promote mental wellbeing across the life course Training in wellbeing promotion Promotion of local available services 	<ul style="list-style-type: none"> a) Implement wellbeing interventions in MH Strategy b) Roll out of the Youth Connect 5 programme c) Co-ordinated promotion of local services both commissioned and community based d) Improve links to Sefton Sports Council and its members 	All	Throughout 2017
2	Prevention and Intervention	Reduce the risk of suicide in high-risk groups	<ul style="list-style-type: none"> Young and middle-aged men People in the care of mental health services People with a history of self-harm People in contact with the criminal justice system 	<p>Objective 2 & 3 share cross-cutting actions:</p> <ul style="list-style-type: none"> a) Suicide awareness & skills training for health professionals, key workers and members of the community b) Multi-agency prevention activity – engagement days, service promotion, etc c) Community activity, innovative means of engaging with the target groups d) Mental wellbeing activity, supporting individual and community e) Effective treatment, implementing the Perfect Depression Care Model 	All	Throughout 2017
3	Prevention and Intervention	Tailor approaches to improve mental health in specific groups	<ul style="list-style-type: none"> Children and young people; looked after children, care leavers and those in the Youth Justice System Survivors of abuse or violence, Veterans People living with long-term physical health conditions, untreated depression. People who misuse drugs and alcohol. Those vulnerable due to social and economic conditions Lesbian, gay, bisexual and transgender people. BME groups and asylum seekers 			
4	Prevention	Build on the existing research evidence and data sources on suicide and suicide prevention	<ul style="list-style-type: none"> Ensure that local data on suicide is collected from key information sources. Expand and improve the systematic collection of and access to data on suicides. Monitor progress against the objectives of the national suicide prevention strategy 	<ul style="list-style-type: none"> a) Ensure continuity of suicide audit and shared reporting with the Suicide Reduction Network to provide a Joint Audit Report for Cheshire Merseyside. b) Implement 'real time' surveillance in Sefton in 2017. 	Public Health / Public Health Intelligence	Throughout 2017
5	Intervention	Reduce access to the means of suicide	<ul style="list-style-type: none"> Hanging & strangulation Self-poisoning Hot-spots Rail networks 	<ul style="list-style-type: none"> a) Risk assessments and preventative actions in clinical and custody settings b) Promote safe prescribing c) Implement rail prevention plan d) Monitor new methods 	All	Throughout 2017
6	Support	Provide better information and support to those bereaved or affected by suicide	<ul style="list-style-type: none"> Provide effective and timely support for families bereaved or affected by suicide Have an effective local response to the aftermath of suicide Provide information & support to those concerned about others 	<ul style="list-style-type: none"> a) Information is shared on local bereavement support services b) Confirm local support response available to bereaved families – explore potential to expand? 	All	Throughout 2017
7	Support	Support the media in delivering sensitive approaches to suicide and suicidal behaviour	<ul style="list-style-type: none"> Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media 	<ul style="list-style-type: none"> a) Promote the Samaritans Media Guidelines b) Work with local media to provide information and sources of support when reporting on suicides c) Promote World Suicide Prevention Day on September 10th 	All	Throughout 2017