HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 15 September 2014.

PRESENT: Councillor Dryden (Chair); Councillors Davison, Hubbard, Junier and M Thompson.

OFFICERS: J Dixon, E Kunonga and E Pout.

ALSO IN ATTENDANCE: D Colmer, Senior Practitioner: Suicide Prevention - Tees, Esk & Wear Valley NHS Foundation Trust.
J Chidanyika, Health Improvement Specialist – Public Health, Middlesbrough Council.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Biswas and Mrs H Pearson OBE.

**** DECLARATIONS OF MEMBERS' INTERESTS**

There were no Declarations of Interest made by Members at this point in the meeting.

**** MINUTES**

The Minutes of the Health Scrutiny Panel meeting held on 5 August 2014 were submitted and approved as a correct record.

A Member of the Panel requested further financial details to those provided by the South Tees Hospitals NHS Foundation Trust. The Scrutiny Support Officer agreed to follow up.

TEES SUICIDE PREVENTION IMPLEMENTATION PLAN

The Scrutiny Support Officer submitted an introductory report asking Members to receive the Tees Suicide Prevention Implementation Plan for information and comment. A copy of the Plan was attached at Appendix 1 to the submitted report.

At the Panel's meeting on 15 July 2014, Members received a presentation from the Director of Public Health and had discussed the levels of deprivation across Middlesbrough. Members were interested to explore whether there was a link between the pattern of deprivation across the town and suicide levels. Members were also interested in the work being undertaken to assess the needs of vulnerable groups in deprived wards, specifically with regard to suicide prevention.

Consequently, Joe Chidanyika, Health Improvement Specialist and Public Mental Health Lead with Middlesbrough Council, and Denise Colmer, Senior Practitioner: Suicide Prevention with TEWV NHS Foundation Trust, had been invited to the meeting to guide the Panel through the Plan.

Paragraph 6) of the submitted report outlined some key areas for discussion that the Panel might wish to consider.

D Colmer, Senior Practitioner: Suicide Prevention, TEWV NHS Foundation Trust, was welcomed to the meeting and delivered a presentation to Members in relation to deaths by suicide and undetermined injury in Middlesbrough.

The Panel was advised that the Trust had undertaken a suicide audit in the four areas of Teesside and Darlington, which was fed into the Tees Suicide Prevention Taskforce.

Between 1997 and 2013, 289 suicides had taken place in Middlesbrough which was the second highest number in the Tees area (behind Stockton with 293). Whilst suicides had fluctuated over a 17-year period, there was a decreasing trend.

In terms of age range and gender, it was reported that males accounted for 76% of suicides, which was in line with the National picture. The key trend was predominantly males aged 35-49 (43%) and 25-34 (23%). Over 50% of female suicides occurred in those aged 35-54.

It was queried whether data was captured in relation to attempted suicides. The Panel was informed that this information was not recorded but it was believed that around half of those who committed suicide would have made previous attempts.

It was reported that the most frequent month for suicides was January, followed by May and October. May and January were the most frequent months for males and June the most frequent month for females. Research indicated that a trend had developed for suicides occurring in Spring time. This coincided with changes in daylight and people appeared more motivated to act.

Marital and living status was another factor that impacted on deaths by suicide. 47% of suicides were carried out by single people, followed by 22% that were divorced/separated and 21% were married. From the data, it was noted that 56% (9 people) were widowed and aged 75 or over at the time of death, 62% (29 people) of those that were married at the time of death were aged 35-49 and 58% (51 people) of those that were single were aged 20-34. 45% (122 people) were living alone at the time of suicide with 79% of those being male.

Another relevant factor in deaths by suicide was employment and housing. 52% of those that had committed suicide were either unemployed or not in paid work and 13% were retired. In relation to housing, it was highlighted that data was often missed around property ownership, but figures showed that around 43% owned their own property with a further 30% in rented accommodation.

The Panel was advised that the most frequent method was hanging/strangulation at 45%, followed by self-poisoning at 32%. This presented a clear difference in gender with 52% of males using hanging/strangulation compared to 24% for females, whilst 57% of females used self-poisoning compared to 23% for males.

Jumping from a height was the third most frequent method in the area and it was noted that there were many high points in the area and that better signage in such places was required, for example, contact number for Samaritans, etc. There was some missing information in terms of how many people were actually talked down.

Diagnosis with health issues, particularly multiple diagnoses, was the most common theme of suicide with 23%, followed by relationship problems with 13% and mental health diagnoses with 10%. Depression and anxiety or relationship and family problems contributed to multiple factors and this was the picture both nationally and locally.

A Map of Middlesbrough was shown to the Panel which provided a breakdown of deaths by suicide by Ward. Middlehaven and Gresham Wards had the highest numbers of suicide and this mirrored the highest levels of deprivation in north/central Middlesbrough. In addition, Middlehaven bordered the river which provided greater access to means.

It was queried whether historical information was available in relation to suicide numbers and whether there had been any change. Members were informed that it was difficult to map the information prior to 1997 but there had been a target to reduce suicide by 20% and that the recorded reduction for that period was 18%, however, an increase had been noted since the recession.

Research showed that if access to suicide means was reduced, suicides committed by that method also reduced, for example, the introduction of North Sea gas and catalytic converters in cars had seen a significant reduction in those methods. Part of the strategy around access to bridges and other high points could be expensive such as building netting around bridges, however, it highlighted that a substitute affect tended not to occur. In some cases individuals would have planned to commit death by suicide and would go to a certain point to do so, however, if that was interrupted they would not use an alternative means.

J Chidanyika, Health Improvement Specialist and Public Mental Health Lead with Middlesbrough Council was also in attendance at the meeting to guide Members through the Tees Suicide Prevention Implementation Plan 2014-2016, which mirrored the national Suicide Prevention Strategy.

The Tees Suicide Prevention Implementation Plan represented the four boroughs in the Tees area and the document was currently out for consultation. Suicides were not inevitable but were

preventable in most cases. It was acknowledged the factors leading to suicide were very complex and suicide prevention required multi-agency action. The Tees Suicide Prevention Taskforce fed into the Plan along with other key partners and highlighted the resources need to implement the Plan. The taskforce had already made progress in the following areas:-

- Introduction of an early alert system to ensure the timely identification of trends.
- Middlesbrough Safer Care ensuring all substance misuse staff have ASIST training.
- Development of a Primary Care Suicide Prevention Awareness E-learning platform that would be available across the region.

The Panel was informed that, nationally, the current rate of deaths by suicide was 8.5 deaths per 100,000 of the population. This figure was slightly higher in the North East. The current figure for Middlesbrough was 10.8 per 100,000. It was estimated that the cost of suicide to the local economy in the North East was approximately £410.8 million for the 246 recorded cases (in 2012) of suicide and undetermined injury.

Preventing suicide in England: a cross Government outcomes strategy to save lives, was a national prevention strategy aiming to build on the successes of the earlier strategy published in 2002. The overall objectives of the National Strategy were to reduce suicide rates in the general population in England and to better support those bereaved or affected by suicide.

The Strategy identified six key areas for action to support the delivery of those objectives:-

- Reduce the risk of suicide in key high risk groups.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by suicide.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.

A discussion ensued in relation to the six areas for action and the following issues were raised:-

- It was queried whether figures were available in relation to those admitted to hospital for attempted suicide or self-harming. The Panel was advised that information was available but a detailed analysis had not yet been carried out in terms of self-harm data. There were also cases where an individual might have self-harmed but was not severe enough to present to the health services.

- It was questioned why substance misuse was not identified within Key Area for Action 1. Members were informed that substance misuse formed part of the key high risk groups.

- In response to concerns regarding the apparent disjointed work in Middlesbrough in relation to substance misuse, it was reported that the Middlesbrough Partnership would commence a pilot project in the near future around women's substance misuse.

- In response to a query as to whether suicide rates within the BME community were comparable, Members were advised that the Coroner did not record ethnicity, however, research indicated that this was a high risk group, together with refugees/asylum seekers.

- Key Area for Action 1, the current picture on Teesside, identified one of the high risk groups as people with mental health problems. The local audit had identified people who had contact with mental health services within three months of dying by suicide. It was queried how well GPs were currently picking this up. The Senior Practitioner stated that it appeared to depend on where the individual lived and that many GPs were not focussed on mental health. It was noted that mental health was currently not a compulsory element of a GP's training but this was to be changed.

- Reference was made to the region having the highest prescription rates of anti-depressants in the country and it was queried whether Clinical Commissioning Groups were commissioning an alternative such as a prescription for social means. Members were advised that the CCG was

working towards that in conjunction with the PCT and Public Health but there was still a long way to go. The MVDA had now been commissioned to lead on social prescribing.

- The Panel considered that reducing means was a key part of the strategy and it was suggested that physical suicide prevention measures, such as safety fencing/netting and signage, should be incorporated into new developments at the planning application stage. The Panel agreed that it would make a recommendation to the Planning Authority in relation to this.

- It was highlighted that the Council's highways department had advised of incidents that had occurred at the Zetland Multi Storey Car Park and it was planned to net the top floors of the car park and provide signage in relation to accessing support and help.

- In terms of supporting the media to deliver a sensitive approach to suicidal behaviour, it was noted that the media would be encouraged to promote the use of the Samaritans media guidelines for reporting suicides and self-harm. In addition, a Communication Strategy would be developed that would promote the use of details of sources of information and advice at the end of any relevant media story and identifying strategies to report unhelpful media stories. The Panel was advised of the 'Stay Alive' app which had been signed up to by Public Health England that provided details in relation to sources of help.

- In relation to research and data collection, it was noted that Teesside had one of the highest rates of self-harm admissions in England and opportunities for partner agencies to collect and share data regarding suicide and self-harm, linking to the public health suicide audit, would be explored.

- In conclusion, it was considered that ensuring emotional well-being was a key factor in suicide prevention and that everyone needed to be aware. It was hoped that the training that had been commissioned in Teesside would assist.

- Details were provided in relation to mental health first aid training and ASIST training (Applied Suicide Intervention Skills Training). The training gave a practical outline of the types of questions to ask and how to help develop a safe plan for the individual concerned. Details of the available free on-line training would be provided to the Scrutiny Support Officer for circulation to the Panel.

The Chair thanked the Officers for their attendance and the information provided.

AGREED as follows:-

1. That a recommendation be made to the Planning Authority in relation to the Tees Suicide Prevention Implementation Plan, asking that the Planning Authority requests what action developers will take in terms of suicide prevention, eg safety fencing.

2. That other Scrutiny Panels across the Tees area be asked to explore the same issues with a view to making a similar recommendation.

3. That a copy of the Tees Suicide Prevention Implementation Plan be circulated to all Members of the Council.

4. That the Overview and Scrutiny Board be made aware of the mental health first aid training, ASIST training and on-line training available and that this information be circulated to all Members of the Council.

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair requested that the Panel note the contents of the submitted report which provided an update on business conducted at the Overview and Scrutiny Board meeting held on 19 August 2014, namely:-

- Attendance of Executive Members – Mayor.
- Executive Decision Monitoring Schedule.

- Feedback from the Executive.
- Children and Learning Scrutiny Panel – School Improvement and Support.
- Scrutiny Panel Progress Reports.
- Task and Finish Groups.

AGREED that the information contained within the report be noted.