

Report To:	Governing Body Meetings in Common
Report Title:	Public Health Update – Suicide Prevention and 2019 Director of Public Health Report
Report From:	Liann Brookes-Smith, Associate Director of Public Health
Date:	22 nd January 2020
Previously Considered by:	N/A

Action Required (*delete as appropriate*)

Decision:		Assurance:		Information:	✓	Confidential	
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Purpose of the Report:

1. To provide the CCG Governing Body with an update on system-wide suicide prevention activities.
2. To provide the CCG Governing Body with an overview of the 2019 Director of Public Health Report and recommendations regarding work, health and wellbeing.

Key Points:

Suicide Prevention

Coventry and Warwickshire has been a national outlier in terms of suicide mortality rates, particularly among middle aged men, however the latest published figures (for 2016-18) put local rates in line with the national average.

A range of suicide prevention activities have been funded during 2018/19-2019/20 following receipt of targeted 2 year NHS England funding. A reduced amount of funding for 2020/21 has been allocated to Coventry and Warwickshire pending approval of local proposals.

The CCG are thanked for their support in terms of the commissioner time provided to support this agenda and asked to continue to do so as collaborative efforts are essential to maintain progress against this key population health indicator.

Director of Public Health (DPH) Report

The health of Warwickshire residents continues to be on average better than the England average. Life Expectancy continues to be above the national average however Healthy Life Expectancy in men has declined since the last report.

Recent improvements in population health have been seen in relation to cancer mortality, under 18 conceptions and employment and educational outcomes. Rates of emergency admissions following self-harm have declined but remain above the national average. Additionally challenges remain in relation to smoking, alcohol consumption, overweight and obesity, population mental health and childhood injuries.

In terms of CCG-level population health, challenges exist in relation to increasing dementia diagnosis rates to expected levels (66%); uptake of 'Improving Access to Psychological Therapies' (IAPT) services; self-harm related hospital admissions (particularly within Warwickshire North); diabetes prevalence which is rising locally and nationally, and cancer screening uptake particularly within Coventry and Rugby.

The DPH report focuses on the relationship between work, health and wellbeing, highlighting the contribution which good work and healthy working conditions can make to individual and population health and the negative impacts which being out of work can have on health and wellbeing.

Four key attributes of work supports health and wellbeing: fair pay and job security; good working conditions; work-life balance; and training and progression opportunities.

Inequalities to access to employment exist with particular groups at higher risk of being out of work include. Inclusive education, training and employment opportunities are required to maximise access to employment.

Recommendation:

Suicide Prevention Recommendations:

The CCG Governing Body are asked to **NOTE** progress made in relation to suicide prevention and to continue to support the programme of work by maintaining focus on suicide prevention and mental health promotion as a local priority.

Director of Public Health Report 2019:

The CCG Governing Body are asked to **NOTE** the content and recommendations of the 2019 DPH Annual Report.

Implications

Objective(s) / Plans supported by this report:	Warwickshire Suicide Prevention Strategy 2016-2020					
Conflicts of Interest:	None					
Financial:	Non-Recurrent Expenditure:	NHS England provided £350k per year to support system-wide suicide prevention activities in 2018/19 and 2019/20. The Health and Care Partnership are likely to receive £180k to continue this work in 2020/21 (to be confirmed).				
	Recurrent Expenditure:	Safe Havens funded for 18months from July 2019 through NHS England funding. Evaluation in place and if successful business case to be provided to CCGs to consider recurrent funding.				
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes		No	N/A	✓
Performance:	Public Health Outcomes Framework, Suicide mortality rate indicator.					
Quality and Safety:	Activities included to improve patient safety including improving safety planning for people with suicidal thoughts or intent.					
Equality and	General Statement: The CCG is committed to fulfil its obligations under the					

Diversity:	Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.					
	Has an equality impact assessment been undertaken? <i>(Delete as appropriate)</i>	Yes (attached)		No	✓	N/A
Patient and Public Engagement:	Programme of work initially developed through stakeholder workshop involving people with lived experience. Further engagement undertaken as part of World Suicide Prevention Day (2018 and 2019). Programme of work also includes 2 co-production work strands which will inform future activities.					
Clinical Engagement:	Clinical representatives included in stakeholder events, programme overseen by CWPT Medical Director.					
Risk and Assurance:	Governing Body is asked to note risk associated with non-recurrent NHS England funding putting in question the ability to continue with current level of activity.					

1.0 Suicide Prevention

1.1 Background During 2018/19 and 2019/20 the Coventry and Warwickshire Health and Care Partnership received NHS England funding of £350k per year to strengthen suicide prevention activities across the system. This funding was to support a national (NHS England) and global (World Health Organisation) ambition to reduce deaths by suicide by 10% by 2020, compared to 2016/17 levels. The funding was to be primarily used to reduce risk among middle aged men, given 75% of deaths by suicide occur in men and around half of those in the 40-59 age group.

A range of initiatives were funded (see section 3) and a quality improvement approach is in place to maximise their impact.

NHS England has recently announced the opportunity to access year 3 funding, of approximately half the original sum, for which a proposal will be submitted on January 14th. An outline of the year 3 proposal is presented in Section 3. If funding is awarded this will extend some of the initiatives funded to date and expand the focus towards other higher risk groups.

1.2 Local Suicide Mortality Rates

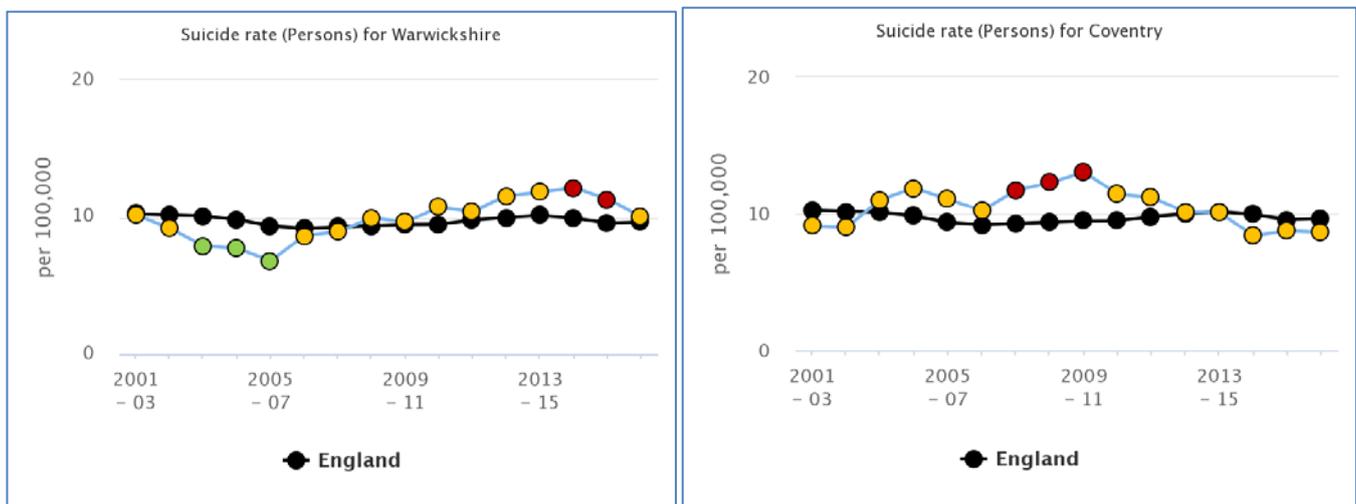
The local system received Wave 1 NHS England funding due to higher rates of suicide among middle aged men noted in 2014-16. Since then there have been improvements in local rates, particularly in Warwickshire. Whilst not all of this can be attributed to the funded activity it is testament to the impacts that collaborative working can have on this challenging but important population health indicator. Since 2016 both Coventry and Warwickshire have had multi-agency action plans in place to reduce deaths by suicide, led by Public Health, and working towards a 'Zero Suicide Ambition'.

1.2.1 Suicide rate (Persons) 2016-18

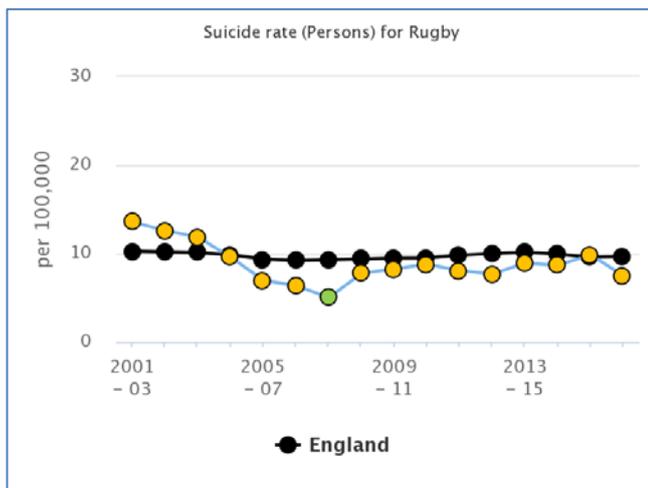
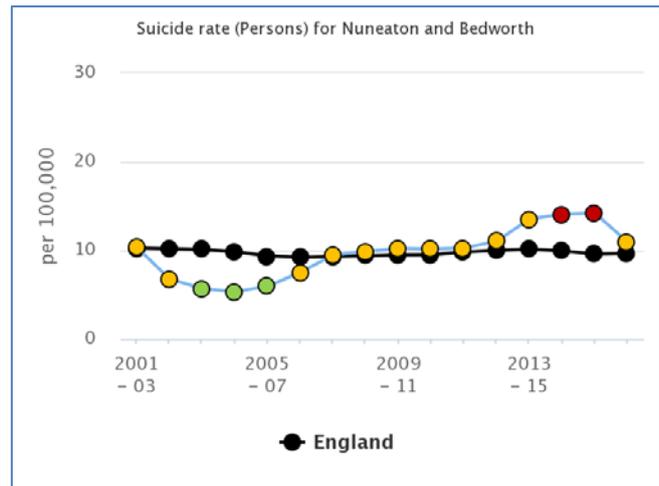
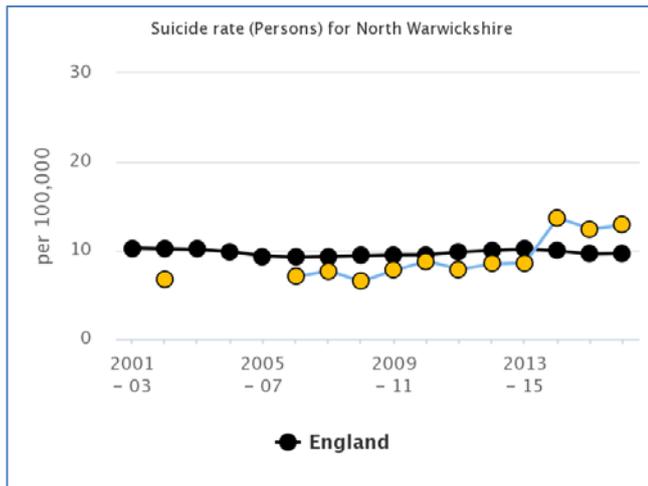
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	14,047	9.6	9.5	9.8
West Midlands region	-	1,460	9.7	9.2	10.2
Solihull	-	68	12.2	9.5	15.5
Stoke-on-Trent	-	74	11.4	8.9	14.3
Worcestershire	-	172	11.1	9.4	12.8
Herefordshire	-	55	10.9	8.2	14.3
Sandwell	-	88	10.6	8.4	13.0
Staffordshire	-	240	10.3	9.0	11.6
Warwickshire	-	152	10.1	8.5	11.7
Dudley	-	80	9.7	7.7	12.1
Telford and Wrekin	-	44	9.7	7.0	13.0
Wolverhampton	-	60	9.0	6.9	11.7
Shropshire	-	72	8.7	6.7	10.9
Coventry	-	78	8.6	6.8	10.9
Walsall	-	59	8.2	6.2	10.6
Birmingham	-	218	8.1	7.0	9.3

The latest suicide rates (for 2016-18) by persons suggest that although the Warwickshire rate (10.1 per 100,000) is higher than the England rate (9.6 per 100,000), it is not significantly different and is 'mid-table' from a regional perspective. The Coventry rate was also similar to the national rate in 2016-18, at 8.6 per 100,000 population.

Trend data from 2001-03 shows the Warwickshire suicide mortality rates has tended to be similar to the national average. The increase in recent years appears to be reversing with the latest data point coming back in line with the national average. The Coventry rate has shown an overall decline since a peak during 2007-10 to 2009-11, with recent rates similar to the national average.



Suicide mortality rates at the Borough Council level highlight the higher rates seen in Nuneaton and Bedworth and North Warwickshire in recent years, contributing to the higher rates for Warwickshire as a whole. The latest data points (2016-18) show a slight decline in Rugby and Nuneaton and Bedworth rates, the same cannot be said for North Warwickshire, with rates remaining slightly above the national average for the last three data periods.



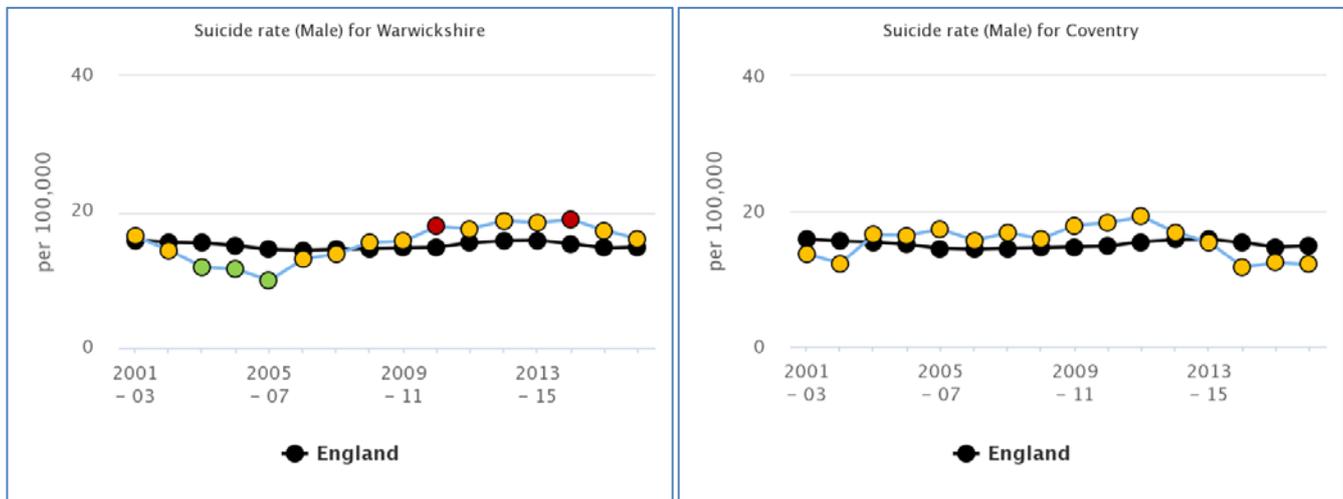
1.2.2 Suicide rate (Males) 2016-18

A similar picture is seen for deaths by suicide among males, Coventry and Warwickshire rates are both similar to the national average, with Warwickshire mid-table at 16 per 100,000 population and Coventry with the lowest rates regionally (although the rate does not reach 'statistical significance' when compared to England due to small numbers of deaths locally, putting the 2016-18 rate within the expected level of variation from the national average).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	10,592	14.9	14.6	15.1
West Midlands region	-	1,109	15.0	14.1	15.9
Solihull	-	53	19.7	14.8	25.8
Herefordshire	-	47	18.6	13.7	24.9
Stoke-on-Trent	-	59	18.1	13.8	23.5
Worcestershire	-	128	17.1	14.1	20.1
Sandwell	-	67	16.3	12.5	20.8
Dudley	-	64	16.2	12.4	20.6
Warwickshire	-	118	16.0	13.1	18.9
Staffordshire	-	176	15.3	13.0	17.5
Wolverhampton	-	46	14.2	10.4	19.0
Shropshire	-	56	13.9	10.4	18.1
Walsall	-	48	13.6	10.0	18.0
Telford and Wrekin	-	30	13.4	9.0	19.1
Birmingham	-	161	12.7	10.6	14.7
Coventry	-	56	12.1	9.0	15.9

The latest suicide rates (for 2016-18) for males suggest that although the Warwickshire rate (16.0 per 100,000) is higher than the England rate (14.9 per 100,000), it is not significantly different and is 'mid-table' from a regional perspective.

Trend data for 2014-16 shows the Warwickshire suicide rate for males has hovered above the national average since 2008-10. However, the most recent data points suggest this pattern may be reversing. The suicide rate for males in Coventry has consistently been similar to the national average, and has been slightly below the national rate since 2014-16.

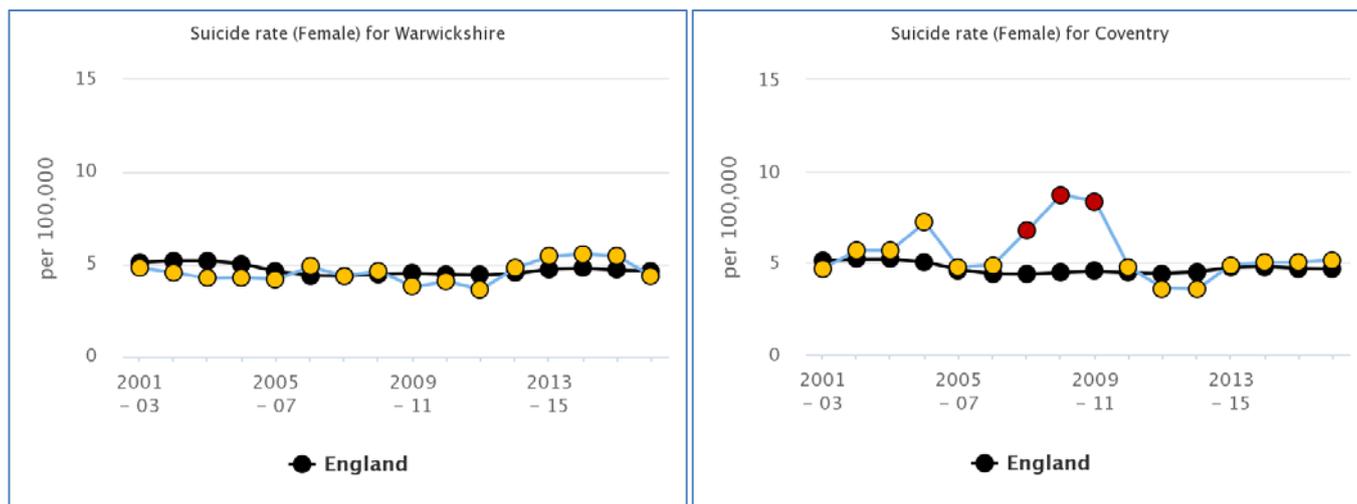


1.2.3 Suicide rate (Females) 2016-18

Rates of death by suicide among women are similar to the national average for all areas within the West Midlands. This is largely due to the smaller number of deaths among females, making it challenging to determine statistically significant differences compared to national rates. However Coventry appears to have higher suicide mortality rates than Warwickshire (5.2 per 100,000 women and 4.4 respectively).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	3,455	4.7	4.5	4.8
West Midlands region	-	351	4.6	4.1	5.0
Telford and Wrekin	-	14	6.0	3.3	10.1
Worcestershire	-	44	5.5	4.0	7.4
Staffordshire	-	64	5.5	4.2	7.0
Coventry	-	22	5.2	3.2	7.9
Sandwell	-	21	5.1	3.2	7.9
Solihull	-	15	5.1	2.8	8.4
Stoke-on-Trent	-	15	4.8	2.7	7.9
Warwickshire	-	34	4.4	3.0	6.1
Wolverhampton	-	14	4.1	2.2	6.9
Birmingham	-	57	3.9	2.9	5.1
Dudley	-	16	3.6	2.1	5.9
Shropshire	-	16	3.6	2.1	5.9
Walsall	-	11	3.0	1.5	5.4
Herefordshire	-	8	*	-	-

Trend data from 2001-03, shows that the suicide rate for females in Warwickshire has consistently been similar to the England rate. Coventry rates have been similar to the national average since a peak between 2007-09 and 2009-11.



2.0 Summary of Suicide Prevention Activity in 2018/19-2019/20:

The table below provides an overview of activity funded during 2018/19 and 2019/20. The initiatives below are still underway with local evaluation and monitoring in place. In addition an independent evaluation of the national programme and locally funded initiatives is being carried out by *Niche Health and Social Care Consulting*.

Activity	Summary
Co-production activities	<p>Mens Shed – Crafty Blokes and the Art of Wellbeing project to develop puppet theatre piece telling the story and experiences of people with lived experience (outputs expected March 2020).</p> <p>Coventry University – recruitment of people with lived experience to develop ‘Survivor Stories’ and co-create messages of hope and support targeted at men (in recruitment stage).</p> <p>Public and professional engagement events held on World Mental Health Day and World Suicide Prevention Day in 2018 and 2019.</p>
Safe Havens	<p>Evening community-based support for people experiencing mental health crises, 7-day a week provision split over 2 sites (Leamington and Nuneaton). Drop-in, telephone and email access available from 6-11pm. Provision commenced July 2019.</p>
Marketing and Campaigns	<p>It Takes Balls to Talk – up-scaling activity to increase number of volunteer “Listening Mates” and extend reach into Warwickshire and into non-sporting male-dominant environments including workplaces and blue lights services.</p> <p>Communication and marketing approaches – social media and traditional campaigns, including targeted messaging for Farmers networks and Taxi drivers, alongside whole-population messages. Development of digital platform and promotional campaign to improve access to advice and support for those in crisis or concerned about someone in crisis (in progress).</p>

<p>Holding you in Mind</p>	<p>Social support for people with complex needs currently on waiting lists for specialist mental health services. Planned as a small scale test and learn project. Delays in launching service due to data sharing challenges.</p>
<p>Real Time Surveillance and Suicide bereavement service development</p>	<p>Research to inform the development of a local postvention (suicide bereavement) service. Local research carried out by Kaliedoscope (completed March 2019) highlighted the need for both practical and emotional support in the weeks following being bereaved by a death by suicide.</p> <p>Collaborative project with Warwickshire and West Midlands Police Forces to establish timely reporting of suspected suicides and learning panels. Once established data will be used to initiate 'postvention' contact with those bereaved by suicide. There is an expectation that NHS England will be providing funding for a postvention service once areas have established surveillance systems.</p>
<p>Warwickshire – Health and Wellbeing funding for each place</p>	<p>Funding (£10,000) awarded to each of the 3 Warwickshire Health and Wellbeing Partnerships to support activity to promote wellbeing among men.</p> <p>South Warwickshire – funding contributed to the Healthy South Warwickshire Grants Programme with funding going to various voluntary and community sector organisations.</p> <p>Rugby – Funding used to commission Mental Health First Aid Training for local workplaces.</p> <p>Warwickshire North – North Warwickshire used the funding to commission Mental Health First Aid Training; Nuneaton and Bedworth used funding to support the development of a "Community Corner" offering drop-in support for local residents and delivered by Independent Advocacy.</p>
<p>Suicide prevention training for Primary Care, community assets and wider workforce</p>	<p>SCHEMA Suicide awareness and prevention training for community assets and wider workforce: 10 courses delivery to 124 participants from a range of organisations including Social Care, Mental Health charities, Young People's services, Carers Support services, Advocacy services, Public Health teams, Private I.T. and retail sector, Homeless Support, Education Sector, Housing and Floating Support, Autism support services, Work programme representatives, Substance Misuse Services, Later-Life Support services, Domestic Violence Support services, Ambulance services, Disability Support Services.</p> <p>Suicide awareness and response training for primary care: 2 training days provided for primary care practitioners in Coventry, Rugby and Warwickshire North (plus additional training day in</p>

	<p>South Warwickshire). Trainees provided with the skills and confidence to identify and discuss suicidal intent and safety planning tools. Highly evaluated.</p> <p>Train the Trainer: Course planned to train local trainers for future delivery</p>
Mindstance course for people with dual diagnosis	<p>Dual diagnosis course developed and delivered jointly by Mind and Change Grow Live. Initial course run in Coventry, second phase being delivered in Rugby following amendments to course. Longer-term will be incorporated into the Recovery and Wellbeing Academy offer.</p>
Embedding safety planning tools and approaches	<p>Coventry and Warwickshire licenced version of the “Stay Alive” App launched in September 2019. Includes safety planning tool which can be used by individuals, carers and professionals.</p> <p>CWPT trailing a move away from risk assessment towards a focus on safety planning within AMHAT assessments (in progress).</p>

The majority of the work outlined above is progressing well. However there are challenges in relation to Safe Haven provision and limited take up of the service to date. During July to November 2019 there were 190 contacts with the service by 77 individuals. Commissioners are working with the provider to increase access and in November issued a Remedial Action Plan to the provider. Despite the low uptake positive feedback about the service has been received regarding the quality of provision and support provided to both patients and carers.

3.0 Plans for 2020/21 funding:

A proposal for Year 3 funding is being submitted to NHS England to cover the following areas:

- Officer post to support development of Real Time Surveillance and Postvention process
- Health and Wellbeing grants for community-led approaches in Coventry and Warwickshire to support cohorts at higher risk of suicide
- Continue suicide prevention training offer to the non-specialist workforce and develop local training capacity
- Safer Wards work to reduce risk of suicide among in-patients receiving specialist mental health services.

NHS England is required to approve local plans before funding allocations can be released.

4.0 Summary

The NHS England funding enabled an up-scaling of suicide prevention activity across Coventry and Warwickshire which appears to be having a positive impact on suicide mortality rates, although longer-term data is required to clarify impact.

The CCG Governing Body are asked to note progress made and to continue to support the programme of work by continuing to focus on suicide prevention and mental health promotion as a local priority. The CCG are thanked for the commissioner time provided to support this agenda and to continue to do so as collaborative efforts are essential to maintain progress.

5.0 Director of Public Health Report 2019: Working for Wellbeing in Warwickshire

The 2019 Director of Public Health Report “Working for Wellbeing in Warwickshire” provides an overview of population health in Warwickshire, as it does each year. This year the report also shines a light on the relationship between health and wellbeing and employment status and quality of work among the working-age population.

The full report is available to download at www.warwickshire.gov.uk/publichealthannualreport

5.1 Health and Wellbeing in Warwickshire

Life expectancy at birth in Warwickshire is significantly better for females compared to the national average (83.7 years and 83.1 respectively) and similar for males (79.8 and 79.6 respectively). However Healthy Life Expectancy (HLE) for men living in Warwickshire declined from 66.2 years in 2014-16 to 64.0 years in 2015-17, putting it in line with the national average (63.4 years). HLE for women living in Warwickshire remains higher than the national average (66.2 and 63.8 respectively).

Areas which have seen improvements include:

- Premature mortality rates from cancer: fallen to 127.6 per 100,000 population in 2015-17 (from 131 per 100,000 in 2014-16)
- Under 18 conception rate: fallen to 17.5 in 2017 (from 18.7 in 2016)
- Emergency hospital admissions as a result of self-harm in 10-24 year olds: Declined to 477.1 per 100,000 10-24 year olds (from 500.8 per 100,000), however this remains higher than the national rate of 421.2 per 100,000.
- Percentage of people aged 16-64 in employment: increased to 80.2% in 2018 (from 79.5 in 2017)
- Percentage of pupils achieving grade 9 to 5 in Maths and English: increased to 48.7 in 2017/18 (from 48.1% in 2016/17).

Ongoing challenges exist, in particular:

- 14.1% of adults were estimated to be smokers in 2018
- 62.4% of adults were estimated to be overweight or obese in 2017/19
- High rates of alcohol-specific admissions in under 18s: 49.6 per 100,000 under 18s in Warwickshire, compared to 32.9 nationally (2015/16-2017/18)
- 10.1% of women were smoking in pregnancy in 2017/18; the national target is to reduce to 6% or less by 2022
- High rates of children aged 0-14 being admitted to hospital for unintentional/deliberate injuries; 118.3 per 10,000 in 2017/18, compared to 96.4 nationally.
- Suicide mortality rates, at 11.3 per 100,000 in 2015-17 (*NB: data published since the DPH report puts the local rate at 10.1 per 100,000 in 2016-18, similar to the national average*)

In terms of CCG-level population health challenges exist in relation to increasing dementia diagnosis rates to expected levels (66%); uptake of ‘Improving Access to Psychological Therapies’ (IAPT) services; self-harm related hospital admissions (particularly within Warwickshire North); diabetes prevalence which is rising locally and nationally, and cancer screening uptake particularly within Coventry and Rugby.



5.2 Work, Health and Wellbeing

Good quality, secure work is good for health and wellbeing, whilst unemployment or insecure work is generally bad for health. This connection between work and health is highlighted by Public Health England and within the recently published NHS Long Term Plan. Locally, the Coventry and Warwickshire Health and Care Partnership (HCP) recognised the importance of good working conditions and signed up to the Thrive at Work programme to improve workplace wellbeing for local public sector employees.

1 in 3 people of working age have a long-term health condition, a third of whom have not discussed it with their employer. 1 in 7 working age adults have more than one long-term condition. Long-term conditions are more prevalent in older workers and those from more deprived areas. Almost 1 in 6 people of working age have a diagnosable mental health condition and 1 in 10 have a musculoskeletal condition.

There are significant differences in the employment rate of the general population and those with particular needs. For example, in Warwickshire 80% of the general population is employed compared to:

- 63% of people with a disability
- 64% of people in contact with secondary mental health services
- 70% of people with a learning disability.

An estimated 1.4 million work days are lost due to sickness each year in Warwickshire, mainly due to minor illnesses, musculoskeletal conditions and stress, depression or anxiety. This is estimated to account for over £1 billion annually in lost productivity.

5.3 Healthy working conditions

The Health Foundation have identified four key attributes of work that supports health and wellbeing.

- Pay fairly and offer lasting security: job insecurity and/or a lack of job control are harmful to physical and mental health, including increased risk of cardiovascular disease.
- Ensure good working conditions: both the physical and psychosocial work environment impact health and wellbeing
- Enable a good work-life balance: Flexible working can support health and wellbeing and reduce barriers to working for those with health conditions and/or caring responsibilities
- Provide training and opportunities to progress: training and development opportunities improve job satisfaction and create happier and more productive workforces.

5.4 Unemployment

Inequalities to access to employment exist. Groups at higher risk of being out of work include:

- Young people (16-24 years)
- People from Black, Asian and Minority Ethnic (BAME) groups
- People from lower socioeconomic groups
- People living with physical and learning disabilities
- People living with long-term conditions
- People in contact with specialist mental health services
- People with caring responsibilities.

There is strong evidence that being out of work is bad for health, with worse impacts from longer periods of unemployment. Health impacts of unemployment include increased risk of: unhealthy behaviours (eg: smoking and substance misuse); cardiovascular disease; long-term illness; poor mental health; social isolation and relationship breakdown.

Preventing people from becoming unemployed and support those seeking work requires: accessible education and training opportunities; flexible working opportunities; assistive technologies for people with disabilities or long-term conditions; Individual Placement and Support Programmes for people with mental health problems; and workplaces which have inclusive employment policies and practices.

The report highlights a range of services and support available to local residents who may be in work and requiring support and for supporting those not currently in work. In addition the reports provides links to useful resources for employers wanting to improve workplace health and wellbeing.

5.5 Recommendations

Key recommendations emerging from the 2019 DPH report are presented below, along with an additional recommendation presented specifically for local employers.

- The workplace provides an opportunity for the promotion of health and wellbeing. **Warwickshire County Council (WCC) and partners should work with businesses of all sizes** to enable them to support employee health and wellbeing. **Businesses should recognise wellbeing as a key element of core business** as healthy employees are more productive, are less likely to take sickness absence and are more likely to remain in work.
- The public sector is a key employer across Warwickshire employing in the region of 12% of the working age population. **The public sector should promote messages about wellbeing and self-care** to this group as it provides the opportunity to: improve their own health and wellbeing; influencing their social circle and family as well as improving their interaction with customers and patients.
- Workplace wellbeing is a key focus for the Place Forum and Year of Wellbeing 2019. The Forum should **promote “Thrive at Work” which provides a framework** enabling all employers to support the health and wellbeing of their staff
- WCC, businesses and partners should work with the Department of Work and Pensions, and other partners, to **provide programmes of support to improve the health and wellbeing of those out of work**, to enable them to gain employment should they choose to do so.

Additional recommendation for employers:

- Develop or work towards a **workplace wellbeing strategy**, which employees can contribute to. The wellbeing strategy should include policies, from recruitment and retention of employees, through to managing the physical and mental health and wellbeing of employees.

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