

Agenda

Meeting: Scarborough & Whitby Area Constituency Committee

Venue: Sneaton Castle Centre, Castle Road, Whitby, YO21 3QN

Date: Wednesday 26 September 2018 @ 10am

Business

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk/>

- 1. Minutes of the meeting held on 20 June 2018 (Pages 6 to 10)**
- 2. Declarations of Interest**
- 3. Public Questions or Statements**

Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text to Melanie Carr of Democratic Services (*contact details below*) no later than midday on Friday 21 September 2018. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease whilst you speak.

- 4. Green Paper & Fairer Funding for Local Government** – Report of the Corporate Director of Health & Adult Services
(Pages 11 to 16)

Purpose of report: To provide an overview of: adult social care funding in the county; the challenges posed in delivering adult social care services in the county; and details of what may be considered as part of the Government's anticipated Green Paper on adult social care funding.
- 5. Overview of Activity to Reduce Suicide in the Area** - Report of the Health Improvement Manager – Public Health
(Pages 17 to 42)

Purpose of report: To provide an overview of the current activity to reduce suicides in Scarborough and Whitby.
- 6. Attendance of Robert Goodwill MP for Scarborough & Whitby**

Purpose of attendance: To provide an opportunity for the local MP to highlight issues of concern in the constituency area.
- 7. Scarborough and Whitby Area Constituency Committee Work Programme** – Report of the Assistant Chief Executive (Legal and Democratic Services)
(Pages 43 to 44)

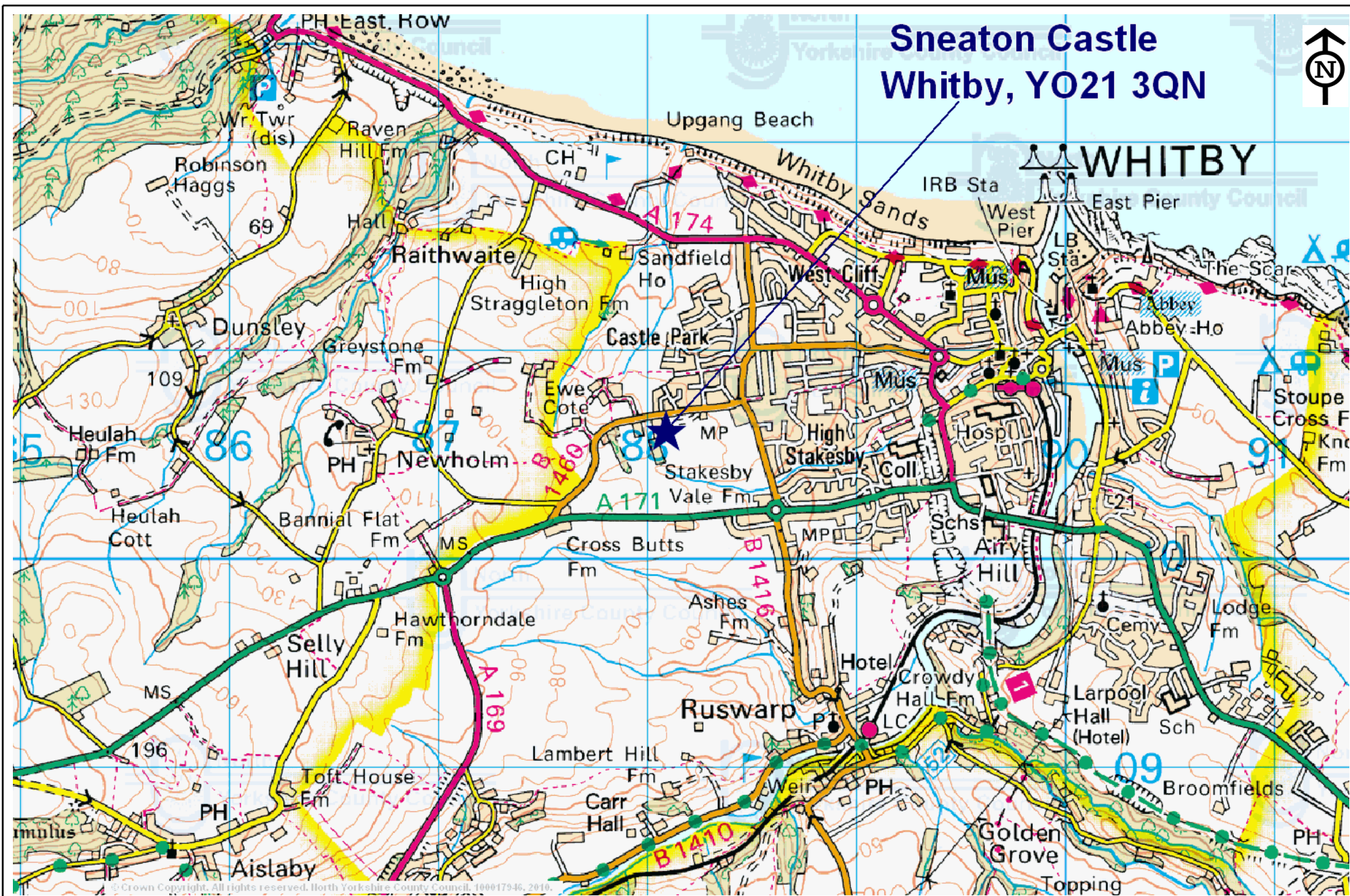
Purpose: To provide a Work Programme for the Area Constituency Committee to consider, develop and adopt.
- 8. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
County Hall
Northallerton
18 September 2018

SCARBOROUGH AND WHITBY AREA CONSTITUENCY COMMITTEE

Membership

County Councillors (13)			
	<i>Councillors Name</i>	<i>Political Group</i>	<i>Electoral Division</i>
1	BACKHOUSE, Andrew	Conservative	Newby
2	BASTIMAN, Derek	Conservative	Scalby & the Coast
3	BROADBENT, Eric	Labour	Northstead
4	CHANCE, David	Conservative	Whitby/Mayfield Cum Mulgrave
5	COLLING, Liz	Labour	Falsgrave & Stepney
6	JEFFELS, David	Conservative	Seamer & Derwent Valley
7	JEFFERSON, Janet	NY Independent	Castle
8	JENKINSON, Andrew	Conservative	Woodlands
9	PEARSON, Clive	Conservative	Esk Valley
10	PLANT, Joe	Conservative	Whitby/Streonshalh
11	RANDERSON, Tony	Labour	Eastfield & Osgodby
12	SWIERS, Roberta	Conservative	Hertford & Cayton
13	WALSH, Callam	Conservative	Weaponness & Ramshell
		Total Membership – (13)	Quorum – (3)



Sneaton Castle, Whitby, YO21 3QN - Road Map

(c) Crown Copyright. North Yorkshire County Council 100017946 2010

Map scale: Scale 1/24525
 Date: Date 25/3/2010
 Created by: JD
 Grid Ref: Centre = 488163 E 510498 N



Sneaton Castle, Whitby, YO21 3QN - Street Map

Map scale: Scale 1/6130
 Date: Date 25/3/2010
 Created by: JD
 Grid Ref: Centre = 488170 E 510681 N

North Yorkshire County Council

Scarborough and Whitby Area Constituency Committee

Minutes of the meeting held on Wednesday 20 June 2018 at 10.30 am at The Street, 12 Lower Clark Street, Scarborough.

Present:-

County Councillors Derek Bastiman, Eric Broadbent, David Chance, Liz Colling, Janet Jefferson, Andrew Jenkinson, Clive Pearson, Joe Plant, Tony Randerson, Roberta Swiers and Callam Walsh.

Also in Attendance: County Councillor Carl Les (Leader of the Council); County Council Officers: Kate Arscott, Daniel Harry and Alice Gill (Legal and Democratic Services)

Apologies for absence: County Councillor David Jeffels

1. Appointment of Chairman

Resolved -

That County Councillor Joe Plant be appointed Chairman of the Scarborough and Whitby Area Constituency Committee until the first meeting of the Committee following the Annual Meeting of the County Council in May 2019.

County Councillor Joe Plant in the Chair

Copies of all documents considered are in the Minute Book

2. Minutes of the meeting of the Yorkshire Coast and Moors County Area Committee held on 21 March 2018

Resolved -

That the Minutes of the previous Area Committee be noted.

3. Appointment of Vice-Chairman

Resolved -

That County Councillor Clive Pearson be appointed Vice-Chairman of the Scarborough and Whitby Area Constituency Committee until the first meeting following the Annual Meeting of the County Council in May 2019.

4. Declarations of Interest

There were no declarations of interest.

5. Public Questions or Statements

There were no questions or statements from members of the public.

6. Area Constituency Committee - A Suggested Way Forward

Considered -

The report of the Assistant Chief Executive (Legal and Democratic Services) outlining how the new committee could work and asking Members to review the report and decide what approaches best fit the Area Constituency Committee. A guide to the new Committees was appended to the report.

Daniel Harry, Democratic Services and Scrutiny Manager, introduced the report. He explained that the Area Constituency Committees provided a fresh start and a new way of working, different to the former Area Committees. The report provided details as to how their operation would vary and this meeting was an opportunity for Members to ask questions about that.

He noted that, with four scheduled meetings per year, Area Constituency Committees did not have a substantial time to consider the minutiae of issues within the local area and it was expected that a scrutiny review approach would be adopted, giving consideration to one or two in-depth issues at each meeting, enabling a more strategic approach to be taken to significant matters within the constituency area.

The Democratic Services and Scrutiny Manager presented a number of key issues for members to consider:

- **Co-option**

The Democratic Services and Scrutiny Manager advised members that the previous system of co-opted members adopted by Area Committees tended to work better for thematic committees. He suggested that it would be a better use of people's time to seek relevant specialist input and expertise to meetings relevant to the issues being reviewed.

Members were concerned that those members previously co-opted to the Area Committee would feel that their input was no longer valued. They were reminded that Parish and Town Councillors would still be able to raise issues with the Committee through the normal public speaking arrangements, and Parish and Town Councils would continue to be notified of all meetings of Area Constituency Committees and of their entitlement to raise issues through the public speaking arrangements.

- **Regular Updates**

Members were asked whether they wished to continue to receive regular updates on local issues from the Fire and Police, or whether these could be better managed through an annual session on 'place', possibly including highways, public health and stronger communities as well as wider community safety issues. This would leave more time to focus on strategic issues and in depth reviews.

The Democratic Services and Scrutiny Manager proposed that regular summary reports from Police and Fire be provided for noting only, with Members able to raise any issues of urgent concern with the Chair for appropriate follow up.

Members welcomed the idea of an annual session on 'place' being programmed for the Area Constituency Committee, and requested that this incorporate a focus on future plans.

- **Highways**
The Democratic Services and Scrutiny Team Manager referred to highways issues often being localised. Whilst not underestimating their importance to local Members, there were other routes that could be utilised. The new Area Constituency Committees would undertake a more strategic consideration of highways matters, with local issues dealt with directly through the established referral routes.

Members agreed that the regular meetings with the Area 3 Highways team provided a suitable route to raise ongoing highways matters outside of the Committee arena.

- **Standard and timed agenda**
The Democratic Services and Scrutiny Team Manager asked Members to consider adopting a standard and timed Agenda on the basis that this would ensure a consistent approach to dealing with local issues and concerns whilst also enabling time to be reserved for focussed reviews or scrutiny of issues identified in the Work Programme.
- **Links with Overview and Scrutiny**
It was noted that the County Council's Overview and Scrutiny function would develop a closer working relationship with the Area Constituency Committees, enabling the in-depth topics considered by the Committees to feed into scrutiny reviews, providing a local input into those. It was also expected that Area Constituency Committees could identify local issues that may be worthy of consideration at overarching scrutiny level.

Scrutiny issues that were predominantly local to a specific area could also be considered more in-depth by the Area Constituency Committee than the overarching Scrutiny Committee, which would be then able to develop overall scrutiny more strategically on county-wide matters.

Support would be provided via Scrutiny Officers and Democratic Services Officers to ensure that appropriate dialogue was taking place to prevent duplication of scrutiny issues.

Resolved -

- (i) That the report and comments made be noted.
- (ii) That there be no co-options to the Area Constituency Committee
- (iii) That updates from Police and the Fire and Rescue Service be provided for information only. Where a Committee Member has highlighted an issue to the Democratic Services Officer or to the Chairman ahead of the meeting that needs to be addressed, the Chairman will decide how best to respond either outside of the meeting or at the meeting itself.
- (iv) That an annual session on 'place' be programmed for the Area Constituency Committee, incorporating a focus on future plans

- (v) That representatives of Highways do not routinely attend the Area Constituency Committee
- (vi) That the proposed standard and timed agenda approach be adopted

7. Scarborough and Whitby Area Constituency Committee Area Profile

Considered –

The report of the Assistant Chief Executive (Legal and Democratic Services) providing an overview of some of the key issues in the area covered by the Area Constituency Committee.

The report was introduced by the Democratic Services and Scrutiny Team Manager who advised that the area profile had been produced to assist Members to identify issues that may be worth further consideration by the Committee. He highlighted:

- Top line statistics and key topics.
- Map of area highlighting areas of interest.
- Local insight report containing key social and economic indicators.
- Education data for the past three years.

Headlines within the report included:-

- An ageing population with a greater proportion over 65 years of age and a smaller proportion under 15 years of age
- Higher levels of incapacity benefits being claimed
- Higher levels of people claiming out of work benefits
- Higher levels of people claiming Disability Living Allowance and Attendance Allowance
- Potentially higher levels of in-work benefits
- Higher levels of deprivation
- Higher levels of children in poverty
- Query about the quality of housing for children and the impact that has on health and wellbeing
- Higher levels of people claiming mental health benefits
- Higher levels of residency being a flat in a converted property
- Higher numbers of second homes ownership
- Higher levels of private sector rented property
- Significantly lower house prices
- Higher numbers of vacant dwellings and houses without central heating
- Higher levels of crime, particularly ASB
- Higher levels of coronary heart disease and stroke
- Higher levels of self-employment and lower levels of people in professional occupations
- Key occupations are hotels and catering, retail industry and agriculture all of which can have low wages, be seasonal and insecure and have limited career options
- Low broadband speeds
- Strong sense of community and community engagement
- Low levels of Big Lottery funding secured locally
- Lower levels of attainment at school at all levels and lower numbers of Ofsted rated 'good or outstanding schools'

Committee members expressed strong concerns that some of the data was out of date and therefore the profile did not provide a true picture of the area. Members noted that the Scarborough Borough Local Plan contained good up to date local data.

It was acknowledged however, that the profile report had been pulled together from existing readily available data with the sole purpose of providing a prompt to the Committee in considering and identifying key areas for its forthcoming work programme. It was agreed to add a note to this effect on the published report, in order to clarify its limited purpose to the wider public.

Issues particularly highlighted by members in discussion of the report included green space, weekly household income, educational attainment, life expectancy and the occurrence of limiting illness.

Resolved -

That the report be noted and that a note be added to the published report to clarify its limited purpose as a prompt to discussion on the Committee's forward work programme.

8. Scarborough and Whitby Area Constituency Committee Draft Work Programme

Considered -

The report of the Assistant Chief Executive (Legal and Democratic Services) asking Members to review the draft Work Programme, taking into account the outcome of discussions on previous agenda items and any other developments taking place across the area.

Members identified the following issues as potential forward work programme items:

- Buses in rural areas
- Rail infrastructure
- Life expectancy
- Funding opportunities
- Educational attainment
- Coastal Growth Plan
- Suicide prevention

Members noted that MPs were to be invited to the next round of Area Constituency Committee meetings, and agreed that a theme of health and adult social care should be adopted for this meeting. It was noted that the date of the meeting was subject to confirmation with the MP.

Resolved -

That the above items be incorporated into the Committee's work programme

The meeting concluded at 10.35am

KA

**North Yorkshire County Council
Scarborough and Whitby Area Constituency Committee
26 September 2018**

Adult Social Care Funding & the Green Paper

Purpose of the report

To provide the committee with an overview of: adult social care funding in the county; the challenges posed in delivering adult social care services in the county; and details of what may be considered as part of the Government's anticipated Green Paper on adult social care funding.

Introduction

Adult Social Care is the largest single service and budget area (excluding schools) in North Yorkshire County Council, with a net budget of £155m countywide. The social care budget for the constituency is £26m and the County employs c200 social care staff in the area and commissions services from care providers and voluntary sector organisations who employ many more people.

The service has 20,000 contacts per year countywide, many of which can be resolved at first point of contact through advice and basic support. In the first quarter of 2018/19, 1,300 people in the constituency have been supported longer term. Over half of people locally fund their own care (known as 'self-funders').

What are the key issues and what are we doing about them?

Funding

Adult Social Care accounts for over 40% of County Council spend in the constituency and this share has increased since 2010 due to relative protection of budgets. £15m savings have been made countywide in the service since 2015, with a further £8m to be delivered by 2021. Voluntary sector budgets have been protected overall, as has mental health spend, although funding has been re-allocated to address areas of greater need – historically this constituency had c50% of all voluntary sector funding.

Our transformation and savings agenda has included spending more on prevention which will have an overall positive impact both on people's lives and on the budget for long term support. Benchmarking shows that we would need to spend £11m more on long-term support to mirror the Shire authority average and this has helped us deliver the savings referred to above.

Within the Scarborough area the average hourly rate we pay providers for domiciliary care is 17% higher in super rural areas compared with the rate in urban areas.

We have undertaken work that shows that key ASC workers in the county spend 45 minutes on average as "downtime" – for each visit in rural areas. This compares with

20 minutes in urban areas. This “rural premium” costs us over £2.5m per annum for domiciliary costs and a similar amount for residential services. We also pay £2.8m in transporting users to day centres. Transport is not part of the means-tested assessment and users currently contribute a small amount to this – approx. £100k.

An average proportion of care home placements for older people in the constituency are made in excess of affordable budget levels – lower than in constituencies, such as Harrogate and Knaresborough, Selby and Skipton and Ripon.

Approximately 12% of the local social care budget depends on funding being passported from the NHS. Part of this funding (the Improved Better Care Fund) is due to cease in March 2020, with no Government plans as yet for its continuation. If this funding ends, then there will need to be significant cuts to social care services, and, in particular, to the additional support to hospitals for rapid patient discharge, as this is where the passported funding is targeted.

Public Health Grant has been used to invest in prevention, with over 500 people in the constituency referred to the Living Well service and, subsequently, at least two thirds of them not requiring long term care following early intervention. The County Council is investing £9m countywide in extra care schemes, including plans for new schemes in Scarborough and Whitby. The constituency has 3 of the County’s current 22 extra care schemes.

Overall, adult social care is increasingly reliant on a fragmented mix of funding sources: government grants (reducing), council tax, social care precept (which, in part, covers the national living wage costs), charges and funding passported from the NHS. People who use services often have to pay for some or all of their care costs, with limited ability to plan for the future. Providers we commission who accept the County Council’s rates usually have different charging arrangements for self-funders in order to ensure they have the income to remain sustainable. This risks a public perception that self-funders subsidise people funded by the State.

In response, the County Council has given relative protection to adult social care budgets. A demographic contingency fund of £3m has been provided each year up until 2020 to manage pressures. Significant contact has been made with MPs, Ministers and Government departments to make the case for remote rural areas and the additional challenges that communities face and the cost premiums experienced by service providers. Savings programmes continue to transform services and release cash for re-investment in frontline care.

The Care Market

The care market nationally is facing an existential challenge. Locally, the situation is better but still under significant pressure.

The County Council works with 71 residential and nursing homes and home care providers in the constituency. Fee rates for the latter vary between £17.69 and £20.13, which is above the national benchmark. Sourcing care packages at home is less of a problem than elsewhere in the County. 20 of the local care providers do not accept County Council fee rates.

Care Quality Commission ratings for the County are better than the national average. However, most of the ‘outstanding’ and ‘good’ rated care homes charge significantly more than the Council’s published fee rates.

The Council has signed up to a four year fees deal with residential and nursing home providers. Various approaches have been introduced to stimulate the home care market. Additional support has been introduced to help failing providers and to support recruitment. County Council services have been expanded in areas where there is market failure.

Mental Health

Mental Health services locally have, historically, lacked the investment that other areas in the Cumbria and North East NHS Integrated Care System (which covers the constituency) have seen. Mental Health Act admissions have increased significantly in the last year.

Mental Health funding has been protected and the social care element of the service has had additional investment in experienced staff. The Stronger Communities programme has funded mental health prevention.

Working with the NHS

There are 5 CCGs, 6 main NHS Trusts and 3 STPs serving the County. This constituency is served primarily by:

- HRW CCG
- Scarborough and Ryedale CCG
- South Tees Hospitals NHSFT
- York Teaching Hospital NHSFT
- Humber NHSFT
- Tees, Esk and Wear Valleys NHSFT (Mental Health).

Over the past year, social care Delayed Transfers of Care (people ready for discharge from hospital) have halved countywide. This constituency has amongst the highest delays in the County – approximately half of delayed bed days for those people who use York and Scarborough Hospitals but with low rates for people who use James Cook University Hospital.

Workforce

Virtual full employment means that the care sector, alongside hospitality and retail are often seeking to recruit the same people. Supermarkets will pay people on average £2/3 more than even the best care providers for jobs that have fewer responsibilities.

The County Council is undertaking a number of initiatives to attract new entrants into the workforce, including via its www.makecarematter.co.uk programme.

What needs to be done nationally?

The County Council welcomes the Government's commitment to publishing a Green Paper on adult social care in November, alongside the long term plan for the recently announced £20 billion investment in the NHS. We have argued for a two-pronged approach:

- A long term funding settlement for social care, to stabilise the care system and to provide certainty for service providers
- Reform of the current system so that individuals and families can plan for future care needs and costs.

As we understand it from Government sources, there is unlikely to be any commitment made about future social care funding before the next Spending Review and it may be 2023/24 before a longer term package of reforms and a sustainable funding settlement is in place.

The Local Government Association is undertaking a consultation on its own Green Paper, *The lives we want to lead* <https://www.local.gov.uk/lives-we-want-lead-lga-green-paper-adult-social-care>

This paper sets out options for how the system could be improved and radical measures that need to be considered given the scale of this funding crisis. Possible solutions to paying for adult social care in the long-term outlined in the consultation include:

- **Increasing income tax for taxpayers of all ages** – a 1p rise on the basic rate could raise £4.4 billion in 2024/25
- **Increasing national insurance** – a 1p rise could raise £10.4 billion in 2024/25
- **A Social Care Premium** - charging the over-40s and working pensioners an earmarked contribution (such as an addition to National Insurance or another mechanism). If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25.
- **Means testing universal benefits**, such as winter fuel allowance and free TV licences, could raise £1.9 billion in 2024/25
- **Allowing councils to increase council tax** – a 1 per cent rise will generate £2.6m in North Yorkshire (£285 million nationally).

In addition, the County Councils Network has also published its own Green Paper, *Sustainable Social Care: A Green Paper that Delivers a New Deal for Counties* <https://www.countycouncilsnetwork.org.uk/counties-set-out-their-social-care-policy-p...>

This paper argues that if the government's reform agenda is to be successful, then social care must remain a local service and ministers should 'not be swayed' by overly-simplistic arguments to combine all, or elements of social care into the NHS.

In North Yorkshire, we Adult Social Care budget increased by £10m (7%) and £12.1m (8%) in 2017-18 and 2018-19. This was after savings and efficiencies of £8m and a further £3m respectively. Without these savings, the budget would have increased by 13% in 2017-18 and a further 11% this year.

This increasing cost has an impact on the rest of the Council. In 2015-16 the proportion of the overall budget spent on ASC was 38%. That amount is now 43%.

With counties facing a funding gap of £1.6bn in social care by 2020/21 and new figures showing the average county authority now spends 45% of its entire budget on adult social care, the report makes several key recommendations to government:

- If government implements a cap on care at £50,000 per individual, this could cost county authorities collectively £691m a year – double that of a £72,000 cap which was previously put forward. This would add another pressure to North Yorkshire of around £7m.

- County leaders suggest these reforms, and the funding gap, could be filled by national taxation and means-testing of winter fuel allowance and attendance allowance to avoid ‘catastrophic consequences’ for local services. Separately, they say they agree with the exploration of further proposals to make the system sustainable, including the recently floated ‘social care levy’ proposals.
- Social care must remain a local service, and social care councils’ role in the reform and integration agenda should not be overlooked by government. Councils contain democratic accountability and strong links to other service areas, such as housing, and they have a proven track record in financial prudence and commissioning.
- With the number of over 85s households in county areas set to rise to ‘unprecedented’ levels by 155% over the next two decades, government must address shortages in both retirement properties and supported housing, by introducing reforms to the planning system and to the administration of grant funding such as Disabled Facilities Grant.
- Prevention should be a key focus of the green paper. To that end, government should invest a ‘significant’ proportion of the £20bn NHS windfall in primary, community, and mental health services.

However, the lower the cap is set, the higher the costs for county authorities – and with county authorities already facing an existing funding black hole of £949m in social care by 2020 and care home providers in these areas estimating a short-fall of £670m in the fees they receive from councils, the introduction of an un-costed cap would have ‘catastrophic’ consequences for local services; pushing services closer to the brink, fewer residents actually receiving care, and care homes potentially closing. In North Yorkshire we are looking at a funding pressure of approx. £4m per annum – assuming that IBCF continues and we are still able to cover normal inflationary costs.

These councils also say that a failure to fully fund any care cap, and provide genuinely new money to meet the existing funding gap of £1bn, will further threaten the financial sustainability of England’s largest councils. A CCN survey of county leaders recently showed that only 33% of leaders were confident in delivering a balanced budget by 2020/21; with the outcome green paper pivotal to dealing with the financial uncertainty facing their councils.

The report presents evidence that shows the consequences of an unfunded cap for rural councils could be particularly acute, with counties facing an ‘unprecedented’ rise in those aged over 85 and these areas containing more ‘self-funders’ who would now, for the first time, be eligible for the cap and potentially enter state-funded care.

Population projections show that the number of over 85 households in county areas are set to balloon by 155% by 2039, rising from 491,000 to 1,254 million. This growth in rural areas represents over half of the country’s entire projected growth in over 85s, with on average 53% of social care users in counties self-funding their care.

Next Steps

This paper sets out some of the actions we are already taking, including continuing to make savings where we can. One area we are looking at is passing on more of the cost of some services (such as transport) to clients, which is a particular issue in this county.

We will continue to look at new models with the NHS and others, but aware that this cannot simply be about cost-shunting from one organisation within the system to another.

It is clear however that while a fundamental review of the expectations of state v individual funding is needed, that review needs to take into account the challenges faced by councils and populations in rural areas and the significant extra costs that they both have to pay.

Recommendation

1. That the committee identifies some specific lines of enquiry to follow up at its next meeting.

Report Author:
Richard Webb
Corporate Director of Health and Adult Services
North Yorkshire County Council
24 August 2018

North Yorkshire County Council Scarborough & Whitby Area Constituency Committee 26 September 2018 @ 10:30am

Overview of the Activity Ongoing to Reduce Suicide

1.0 Purpose of the Report

- 1.1 To provide Scarborough and Whitby Area Constituency Committee with an overview of the current activity to reduce suicides in Scarborough and Whitby

2.0 Background/Context

- 2.1 In response to national guidance and recognised best practice, a North Yorkshire Multi-agency Suicide Prevention Strategic Group (SPSG) was created in 2014. This group developed a strategic suicide prevention plan and identified that an audit of suicides within the County should be prioritised
- 2.2 In 2015 a North Yorkshire suicide audit was conducted and covered the period 2010-2014. A report was published in 2016. The audit reports the number of deaths due to suicide and aims to provide a more accurate picture of local trends. The audit report provides an insight into the common stresses, risk factors and catalysts which led those to take their own life. The report also identifies gaps in services, in terms of their availability and accessibility

3.0 Suicide and Self-harm Prevention Strategic Plan

- 3.1 Further annual audits conducted for periods 2015 and 2016 led to a refresh of the North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023 (Appendix 1).
- 3.2 The Plan sets out a vision to 'work together to reduce the numbers of people lost to suicide whilst providing support to those affected by self-harm and suicide in North Yorkshire with seven key priorities:

- | | |
|------------|--|
| Priority 1 | Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups |
| Priority 2 | Recognising and reducing common contributory factors and life stressors |
| Priority 3 | Reduce access to the means of suicide |
| Priority 4 | Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death |
| Priority 5 | Further develop research, data collection and monitoring |
| Priority 6 | Develop opportunities for training and awareness raising |
| Priority 7 | Reducing rates of self-harm as a key indicator of suicide risk |

4.0 Suicide Audit 2015 data from coronial files (Appendix 2)

4.1 The rate of suicides in North Yorkshire (10.1 per 100,000) is lower than that observed regionally (10.4 per 100,000) but slightly higher than the national average (9.9 per 100,000).

4.2 North Yorkshire is ranked 9th out of the 16 CIPFA neighbours and the rate among males is much higher than among females in North Yorkshire. In North Yorkshire the suicide rate fell to 9.7 per 100,000 in 2012-14, but this has since increased to 10.1 per 100,000 population in 2014-16. Within North Yorkshire, **Craven** and **Scarborough districts** have the highest rate of suicide (11.5 per 100,000) compared to Richmondshire district which has the lowest rate (9.0 per 100,000) but this is not statistically significantly different.

5.0 Mental Health

Based on coroner's records, the proportion of individuals taking their own life who had a mental health issue (diagnosed and undiagnosed) was 42% across North Yorkshire.

6.0 Drugs and Alcohol

Whilst not an explicit cause of death, alcohol was identified in 35.4% with the majority of alcohol found in males (70.6%) in comparison to females (29.4%). Alcohol was most commonly found in those aged 40 to 49 (35.3%)

6.1 35.4% of individuals took drugs at the time of death. Of this 35.4%, 70.6% of individuals took non-prescribed drugs and this proportion is significantly higher when compared to the 2010-14 audit (12.7%).

6.2 The 2010-14 audit highlighted the majority of individuals who took non-prescribed drugs involved males, and this pattern can be seen in the 2015 audit with 33.3% of females taking non-prescribed drugs at the time of death in comparison to 66.7% of males. Those aged 40-49 (33.3%) were more likely to have taken non-prescribed drugs at the time of death.

6.3 The most common drug found to be present was Benzodiazepine followed by equal proportions of cocaine. The presence of non-prescribed drugs was most commonly found in incidents of hanging or strangulation (58.3%) and self-poisoning (16.7%).

7.0 Current suicide data

7.1 North Yorkshire data

Total suspected suicide deaths across North Yorkshire (The scope of this relates to the death of an individual where, on the balance of probability at initial investigation, it is believed by the police that the death is as the result of suicide)

Gender	2017/18	2018 to date
Female	22	5
Male	67	30
All	89	35

Age most at risk	2017/18	2018 to date
40-49 years	21	10

7.2 Scarborough data

	2017/18	2018 to date
Resident of Scarborough District at time of death	20	7
Died in Scarborough	26	6

8.0 What are we doing to prevent suicides?

8.1 The North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023 sets out the key priorities for North Yorkshire however in the Scarborough area we have:

- Public Health (PH) investment into Stronger Communities and Living Well to identify and support vulnerable people in the community.
- PH invested £70,600 in community Applied Suicide Intervention Training (ASIST) and Mental Health First Aid training (MHFA)
- Signage put up along the coast and on Spa Bridge in Scarborough
- Working with TEWV to review a number of deaths in the Scarborough area to:
 - To close the gap against the national suicide rate
 - To have a percentage reduction of the number of suicides in secondary care mental health services
 - To provide a person-centred & carer focused approach
 - To provide a responsive, safe & effective in the way we deliver care
 - To have a compassionate, competent workforce
 - To understand the local context & make best use of research & evidence to evaluate the impact of our work
 - Establish a zero suicide approach across the trust
- Suicide awareness messages included in safeguarding training for holiday parks following a number of deaths in 2017 in holiday parks.
- Review and refresh of the children's and young people's self-harm pathway to be launched in winter 2018 for schools, workforce, parents and children and young people.
- Four years NHS England funding awarded for the North East and Durham Sustainability and Transformation Partnerships (STPs) to focus on suicide. This will include Hambleton, Richmondshire and Whitby CCG area. In year 1 funding will be allocated against the following key areas:
 - Local data analysis and audit
 - Workforce development (training)
 - Grass roots community funding allocation process
 - Team Talk suicide prevention through football
 - A/E self-harm pathways review
 - Primary care data base development to identify those most at risk of suicide
- Further funding will be allocated to all other STP areas in future waves.

9.0 Recommendations

9.1 That the committee:

- i. Notes the information in the paper
- ii. Supports the work of the Suicide Prevention Strategic Group
- iii. Raises awareness of this agenda

Claire Robinson
Health Improvement Manager – Public Health
30 August 2018

Background Documents:

North Yorkshire Suicide Audit 2010-2014

Appendices:

Appendix 1 - Draft - North Yorkshire Suicide and Self-harm Prevention Strategic Plan
2018-2023

Appendix 2 - North Yorkshire Suicide Audit Briefing Report 2015

**North Yorkshire Suicide and Self-harm Prevention Strategic Plan
2018-2023**

Contents

Vision

Introduction

Preventing Suicides in England

- Priority 1** Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups
- Priority 2** Recognising and reducing common contributory factors and life stressors
- Priority 3** Reduce access to the means of suicide
- Priority 4** Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death
- Priority 5** Further develop research, data collection and monitoring
- Priority 6** Develop opportunities for training and awareness raising
- Priority 7** Reducing rates of self-harm as a key indicator of suicide risk

Vision:

Working together to reduce the numbers of people lost to suicide whilst providing support to those affected by self-harm and suicide in North Yorkshire.

Introduction

In response to the government's Preventing suicide in England a cross-government outcomes strategy to save lives (2012) and the subsequent Preventing suicide in England: three year on annual report (2017) a Suicide Prevention Strategic Group (SPSG) in North Yorkshire has been established to oversee the implementation and development of this North Yorkshire Suicide and Self-harm Prevention Strategic Plan 2018-2023.

Deaths by suicide have been reducing in recent years. In the UK, there were 223 fewer suicides registered in 2016 than in 2015; this is a 3.6% fall. Of the 5,965 suicides registered in 2016, a total of 4,508 were male and 1,457 were female. (ONS 2016).

	Persons		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
North Yorkshire	190	12.51	145	19.6	45	5.8
Yorkshire and Humber	1464	11.11	1135	17.6	329	4.9
England	14227	10.61	10765	16.4	3512	5.1

Rate per 100,000 (2015-2018)

Out of 14,429 people who died by suicide in 2014-16 in England 14,277 (75.7%) of those people were men, with suicide remaining one of the biggest killers for men under the age of 50. This trend is seen locally in North Yorkshire with a higher proportion of suicide deaths also being males under 50 years of age.

In 2012 Public Health England (PHE) estimated the average overall cost of someone taking their own life to be £1.7 million. This takes into account of lost output of the individual and their relatives in the months and years following the death, the police investigations, inquest and funeral.

Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. (Preventing Suicide in England)

Preventing Suicides in England

A cross-government outcomes strategy to save lives

The overall objectives of the National Strategy are:

- A reduction in the suicide rate in the general population in England; and
- Better support for those bereaved or affected by suicide.

The National Strategy committed to tackling suicide in six key areas for action, with the scope of the strategy now expanded to include addressing self-harm as a new key area:

1. Reducing the risk of suicide in high risk groups;
2. Tailoring approaches to improve mental health in specific groups;
3. Reducing access to means of suicide;
4. Providing better information and support to those bereaved or affected by suicide;
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Supporting research, data collection and monitoring; and
7. Reducing rates of self-harm as a key indicator of suicide risk

Priority 1 Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups

Nationally identified high risk groups are

- Young and middle-aged men;
- People in the care of mental health services, including inpatients;
- People in contact with the criminal justice system;
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers; and
- People with a history of self-harm.

The North Yorkshire Picture

Between 2015 and 2018 in North Yorkshire the highest number of suicides are among men aged 40-59 (40%) and this reflects the national picture. The average age of all those who have taken their life by suicide is age 50. The average age is slightly lower for males (49) and females is slightly higher (53).

The number of suicides vary by district with Scarborough district witnessing the highest number of suicides between 2015 and 2018 (45) in comparison to Richmondshire district with the least. This highlights the impact deprivation can have as Scarborough is one of the most deprived areas in North Yorkshire.

However, over the three year period there has been an increase in the number of suicides in Harrogate district with the most common cause of death hanging or strangulation.

What are we going to do?

1. Ensure the recommendation for the Prevention Concordat are considered as part of the suicide prevention work
2. Encourage workplace policies that support mental health
3. Support national and local campaigns to promote good mental health
4. Understand local need through the surveillance process
5. Promote information and advice about local support services
6. Support the review of recent deaths in mental health services

Priority 2 Recognising and reducing common contributory factors and life stressors

The North Yorkshire audit reports identified significant life stressors the most common contributory factor for individuals was mental health issues.

The North Yorkshire picture

Between 2015 and 2018 diagnosed mental health issues were the most common contributory factor for individuals who choose to take their own lives (28.4%). It is not always clear if mental health issues were of themselves triggers to other stressors, or if significant life stressors precipitated further episodes of depression and anxiety among individuals with lower resilience and perhaps a propensity for lower mental wellbeing.

The top 5 contributory factors for individuals who died by suicide are:

- Diagnosed mental health (28.4%)
- Undiagnosed mental health (12.6%)
- Ill health- long term (7.9%)
- Financial problems (7.4%)
- Ill health- acute (6.3%)

What are we going to do?

1. Ensure the Alcohol Strategy for North Yorkshire reflects the recommendations
2. Ensure the drug and alcohol support services for both children and adults are aware of the risk factors identified within the suicide audit
3. Ensure reviews of mental health services includes findings from the suicide audit
4. Consider the roll of Stronger Communities and Living Well can support people at risk of social isolation and frailty

Priority 3 Reduce access to the means of suicide

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. Suicide methods most amenable to intervention are:

- hanging and strangulation in psychiatric inpatient and criminal justice settings;
- self-poisoning;
- those in high-risk locations; and
- those on the rail and underground networks

The North Yorkshire picture

In North Yorkshire between 2015 and 2018 the most common method of suicide was hanging or strangulation (44.2%) and this method was most popular with men with 84.5% of males taking their life by hanging or strangulation in comparison to 15.5% of females. This method of suicide is much more common among those aged 40-49 with 23.8% of taking their life this way.

The second most common method of suicide was self-poisoning (9.5%) and this method accounted for a higher proportion of suicides among females (55.6%) than males (44.4%). Hanging or strangulation and self-poisoning were also the most common means by which individuals died by suicide followed by overdose. A higher proportion of males (56.3%) than females (43.8%) took their own life between 2015 and 2018 by overdose.

What are we going to do?

1. Identify local hotspots
2. Produce signage with Project Kraken along the coast line.
3. Support British transport police and Network Rail to reduce suicides on the rails
4. Work with local caravan parks to provide safeguarding and suicide awareness training

Priority 4 Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death

- Consider experiences and views, where possible of people bereaved or otherwise affected by suicide in activity planning and awareness raising.
- Improve advice and support available to those concerned about suicidal ideation of family members, friends or colleagues including children and young people.
- Consider the importance and recommendations of Future in Mind.

North Yorkshire picture

Across North Yorkshire, bereavement featured as a contributing factor in 3.7 % of suicide cases. Most of these cases had lost family members i.e. partner or parents, siblings or other relative.

What are we going to do?

1. Produce effective and timely emotional and practical support for families bereaved by suicide is essential to help the grieving process and support recovery.
2. Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide or self-harming behaviours.

Priority 5 Further develop research, data collection and monitoring

- Ensure national guidelines assimilated into North Yorkshire policies.
- Improve access to suicide data.
- Encourage on-going relationship with coroner, police to support improved data collection.

The North Yorkshire Picture

North Yorkshire currently has systems in place to collect data for both suspected and confirmed suicides, however self-harm data is still not understood and more work is required to address this issue.

What are we going to do?

1. Share local emerging research with the Suicide Surveillance Strategic Group
2. Conduct annual suicide audits
3. Develop the current data sharing between the coroners and police to ensure for the early identification of suicide contagion or clusters
4. Develop an early alert system for suicides

Priority 6 Develop opportunities for training and awareness raising

The North Yorkshire Picture

North Yorkshire County Council funded training for staff in organisations across the county to develop the skills to support people who are experiencing mental health issues.

Eleven organisations across North Yorkshire have been awarded grants totalling £70,600 from the County Council's public health fund for their staff to be trained as Mental Health First Aid (MHFA) practitioners or Applied Suicide Intervention Training (ASIST) instructors. Successful organisations range from service user-led community groups, national mental health charities, sport organisations, substance misuse organisations and the ambulance service.

Add internal training information

What are we going to do?

1. Develop targeted campaigns to those most at risk
2. Develop a range of training options for internal and external partners
3. Work with the Sustainability and Transformation Partnerships (STP) to prioritise training

Priority 7 Reducing rates of self-harm as a key indicator of suicide risk

The National Strategy committed to tackling suicide in six key areas for action, with the scope of the strategy now expanded to include addressing self-harm as a new key area

The North Yorkshire picture

A significant minority of individuals had a history of self-harm (20.5%) between 2015 and 2018 in North Yorkshire. Self-harm was more common in males (66.7%) than females (33.3%). Cases of self-harm was more common in those aged 40-49 (25.6%) and those aged 30-39 (20.5%).

There is also evidence at a national level that highlights the crude rate of hospital admissions as a result of self-harm for those aged 20-24 has increased across North Yorkshire between 2011/12 and 2016/17 and the rate is now statistically significantly higher than the England average.

What are we going to do?

1. Evaluate the effectiveness of the current children and young people's self-harm pathway and supporting information
2. Develop an interactive online pathway which includes school, workforce and parental support and information
3. Co design information with families of those affected by suicide or self-harming behaviours
4. Launch interactive pathway in September 2018
5. To understand the prevalence of self-harm across North Yorkshire
6. Work with local Sustainability and Transformation Partnerships to identify self-harm as a key priority

Governance arrangements

Report Authors

Claire Robinson
Emel Perry
Clare Beard

Health Improvement Manager
Public Health Intelligence Analyst
Public health Consultant

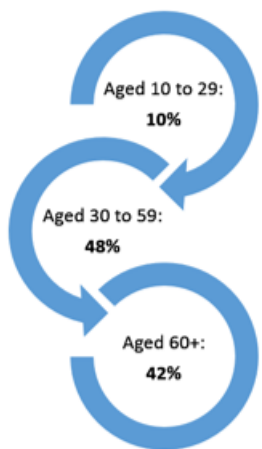
Acknowledgements

Coroners for North Yorkshire
North Yorkshire Police
North Yorkshire County Record Office

Table of Contents

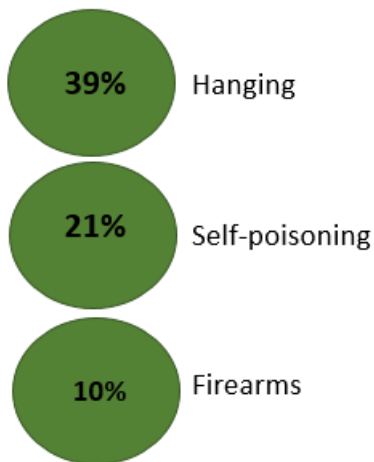
Report Authors
Acknowledgements
List of Tables
Summary of findings
Introduction
Aims
Audit scope
Data analysis
Recommendations

Summary of findings



The average age of the deceased was **56**. **38%** of individuals who died by suicide were aged under 49 and **21%** of individuals were aged between 50 and 59.

Most common methods of suicide

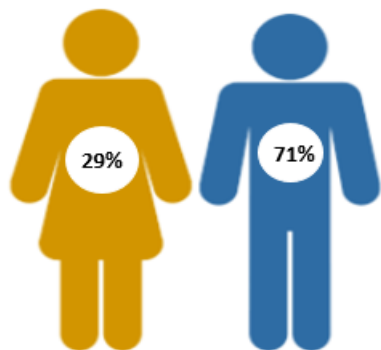


Previous mental health issues were identified as a contributory factor in just under half (**42%**) of incidents with **33%** of individuals' suffering from anxiety or depression.

35% of individuals took drugs at the time of death. Of this, **71%** of individuals took non-prescribed drugs at the time of death in comparison to **18%** who took prescribed drugs.



Alcohol was identified in **35%** of deaths; in men **71%** versus **29%** in women. Those aged 40 to 49 (**35%**) were more likely to take alcohol at the time of death.



54% of individuals were in employment

8% of individuals were unemployed

6% of individuals were housewife /househusband

31% of individuals were retired



Over half (**63%**) of incidents occurred at the individuals' home address in comparison to **4%** of incidents which occurred in a park or woodland.

35% of individuals had a history of self-harm and **47%** had experienced a self-harm episode within the 12 months leading up to death

Introduction

Reducing suicides is a key priority of the North Yorkshire Suicide Prevention Strategic Group the Health and Wellbeing Board and Scrutiny of Health, which can only be achieved by understanding which groups of individuals are particularly at risk of suicidal thoughts and behaviours. This report pulls together data about deaths from North Yorkshire collected exclusively from coroners' files and evidence relied upon during inquests in North Yorkshire for the period 2015 and reflects changes in groups or risk factors which have emerged in 2015.

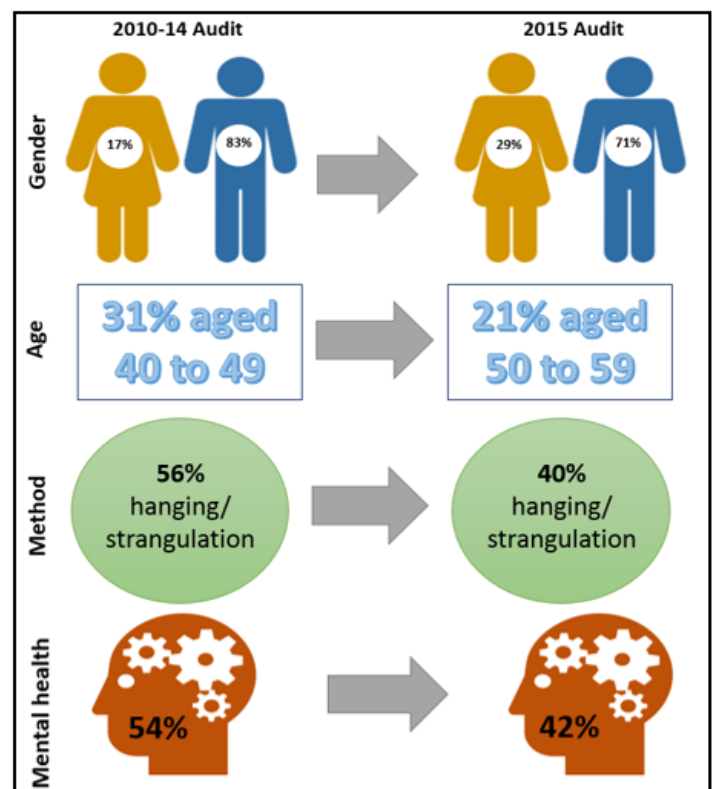
The North Yorkshire 2015 audit of suicides is based on a small number of deaths (48) over a one year period, therefore it is not possible to make direct comparisons with the 2010-14 audit as the 2010-14 audit covers a wider timeframe and therefore a larger number of deaths (227) and caution should be taken when interpreting the report due to the small numbers.

There has been an increase (12%) in the proportion of female suicides to male suicides in the 2015 audit, however this is not statistically significantly different. This trend is in line with the national pattern as recent figures show female suicides are at their highest in a decade in England¹. The increase in female suicides across North Yorkshire will be monitored by the suicide surveillance sub-group going forward.

The 2015 audit identified those aged between 50-59 were more likely to take their own life in comparison to the 2010-14 audit which identified that those aged 40-49 were the most at risk group.

Hanging or strangulation remain the most common means of suicide in both the 2010-14 and 2015 audit, with a higher proportion of males than females taking their life by hanging or strangulation.

Based on coroner's records, the proportion of individuals taking their own life who had a mental health issue (diagnosed and undiagnosed) decreased in the 2015 audit when compared to the 2010-14 audit; however this is not statistically significant.



¹ https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf

Aims

The 2015 annual audit aimed to:

- compare local data and suicide trends with those identified nationally and regionally
- reflect changes in groups or risk factors which have emerged in 2015
- identify opportunities to influence the work of the North Yorkshire Suicide Prevention Strategic Group

Updated national and local strategies

Samaritans Suicide Statistics report in 2017 stated that in 2015 6,188 coroner's conclusion of suicides were registered in the UK. The highest suicide rate in the UK was for men aged 40-44 In England and the UK, female suicide rates are at the highest in a decade an indication of the picture of suicide risk changing.

NICE GUID-PHG95 Preventing suicide in community and custodial settings: Draft guidance consultation due for publication in September 2018. This guideline covers ways to reduce deaths by suicide and help people bereaved or affected by suicides. This includes families and emergency responders, who may as a result be at risk of harming themselves. It looks at measures that can be used in places where suicide is more likely, and at ways to identify and help people at risk. It also covers how local services can best work together and what plans and training they need to put in place.

Audit Scope

For this annual suicide audit information was collected exclusively from coroners' files and evidence relied upon during inquests in North Yorkshire for the period 2015.

The audit included:

- Residents of North Yorkshire who died within the County where there was a coroner's conclusion of suicide
- All age deaths with a conclusion of suicide
- People who resided outside of North Yorkshire who died by suicide in the County.
- Residents in North Yorkshire who took their lives outside England in cases where the body was repatriated to the County

The audit did not include:

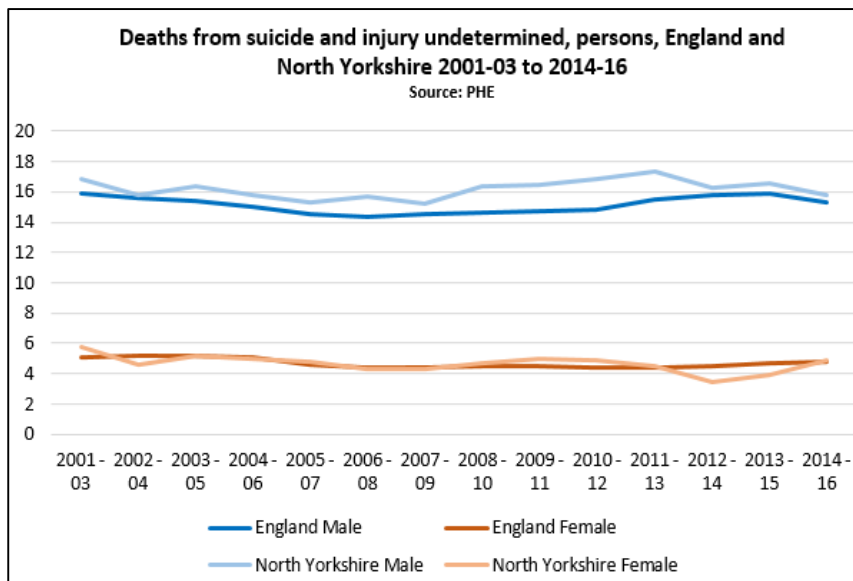
- Deaths subject to an 'open' or 'narrative' inquest outcome
- Deaths of people who resided in North Yorkshire and who died elsewhere in England (as those investigations fell under the jurisdiction of the coroners for those other areas)
- Deaths determined as suicide which occurred within the city of York

Data Analysis

National and regional comparisons using ONS data

Published suicide figures are calculated as rates per 100,000 of population and are adjusted to take into account differences in the age breakdown of different areas. The latest published rates are for the three year period 2014-16.

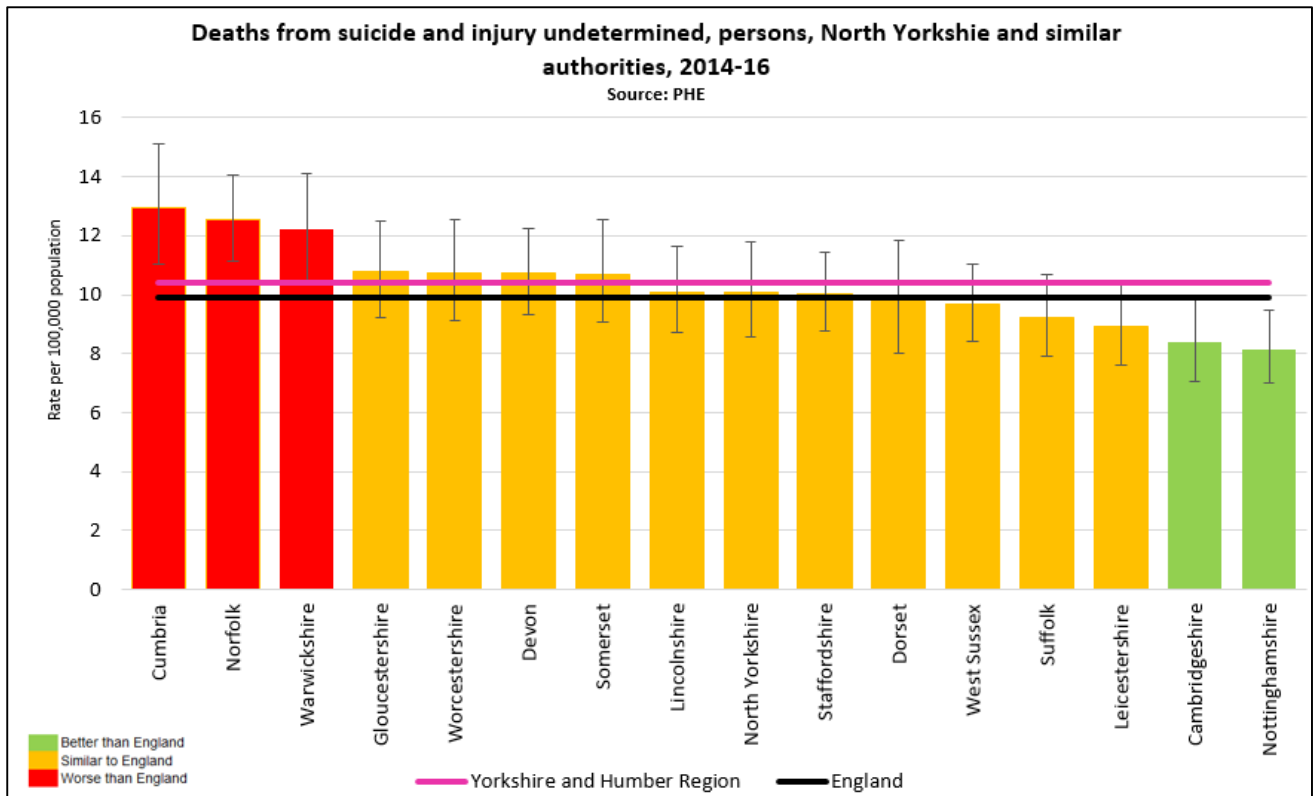
The rate of suicides in North Yorkshire (10.1 per 100,000) is lower than that observed regionally (10.4 per 100,000) but slightly higher than the national average (9.9 per 100,000).



North Yorkshire is ranked 9th out of the 16 CIPFA neighbours² and the rate among males is much higher than among females in North Yorkshire. In North Yorkshire the suicide rate fell to 9.7 per 100,000 in 2012-14, but this has since increased to 10.1 per 100,000 population in 2014-16. Within North Yorkshire, Craven and

Scarborough districts have the highest rate of suicide (11.5 per 100,000) compared to Richmondshire district which has the lowest rate (9.0 per 100,000) but this is not statistically significantly different.

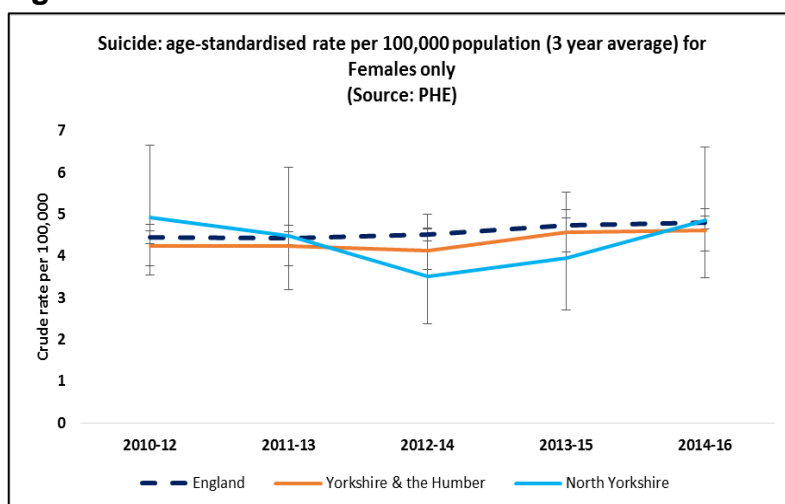
² Each local authority has an ordered list of other similar local authorities, from most similar to least similar, based on population, output area density, output area based scarcity, tax base per population, unemployment, retail premises density, housing benefit caseload, people born outside UK and Ireland, households with less than four rooms, households in social rented accommodation, persons in lower NS-SEC (social) groups, standardised mortality ratio, authorities with coast protection expenditure, non-domestic rateable value per population, properties in different tax bands and an area cost adjustment (other services block).



The North Yorkshire 2015 audit data suggests a number of potential areas within the County where people who die by suicide are more likely to live.

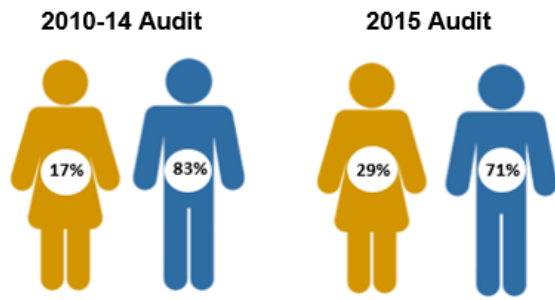
Ryedale has the highest rate of suicide (13.1 per 100,000 population) in comparison to Richmondshire with the lowest rate (1.9 per 100,000 population).

Age and Gender



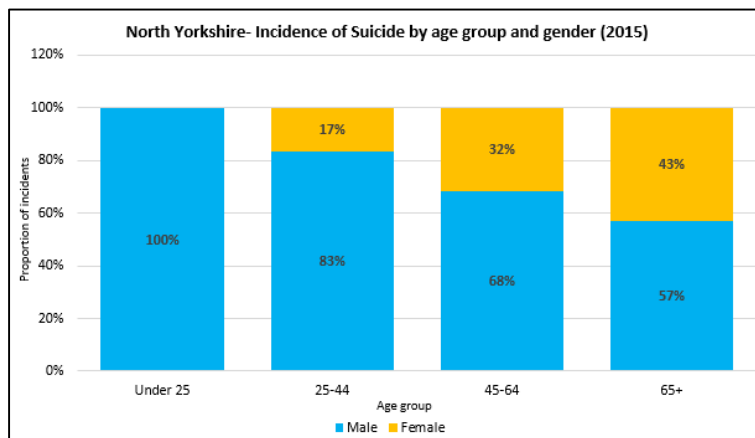
National data indicates for North Yorkshire the overall rate of suicide has not significantly changed when compared to 2010-12 and the crude rate of suicide is 10.1 per 100,000 population which is slightly higher than the England average (9.9 per 100,000 population).

The chart to the left highlights no change between 2010-12 and 2014-16 in the proportion of female suicides in North Yorkshire. For North Yorkshire, the age-standardised rate per 100,000 population for females is 4.9 (2014-16) similar to the regional and national averages.



The 2015 audit highlights that suicides remain more common amongst males than females. However the proportion of suicides that were females increased in the 2015 audit in line with national trends. As mentioned previously this is not statistically significant but will continue to be monitored by the suicide surveillance sub-group.

Of the 48 suicides recorded as part of the audit (2015), 71% involved males with the highest number of incidents recorded in men aged 50 to 59. This trend differs when compared to the 2010-14 audit as the most at risk group was males aged 40-49. It is interesting to note the change in age group for at risk group between the two audits as there is an increase in older people are taking their own life.



However, in contrast to men, the number of incidents among women is highest in the 60 to 69 age group, followed by the 50 to 59 age group. This trend differs when compared to the 2010-14 audit where the number of incidents among women was highest in those aged 40-49. Again this is not statistically significant but it is interesting to

note that more elderly females are more likely to take their own life which follows a similar pattern to males.

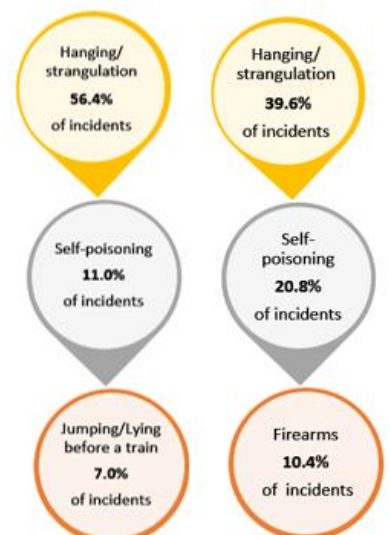
Details of suicide event

Method of suicide

The 2015 audit shows that the most common means of suicide was hanging or strangulation (39.6%) which is similar to the finding of the 2010-14 audit. This method was more common with men with 89.5% of males taking their life by hanging or strangulation in comparison to 10.5% of females.

The second most common method of suicide was self-poisoning (20.8%) and this method accounted for a higher proportion of suicides among females than males. Of those 40% of individuals used anti-depressants as a form of self-poisoning and over half of the individuals were diagnosed with depression at the time of death. Although there has been an increase in the percentage of individuals using self-poisoning as a means of suicide this is not statistically significant when compared to the 2010-14 audit.

The three most common means by which individuals died from suicide 2010-14 2015



The 2015 audit shows that the use of firearms is the third most common method of suicide (10.4%). A higher proportion of males than females took their own life in 2015 using a firearm. When compared to the 2010-14 audit the use of firearms was the fifth most common method with 5.7% of individuals using a firearm with the majority of incidents involving males. Although the 2015 audit highlights an increase in the use of firearms this is not statistically significant.

Location of incident

62.5% of incidents occurred at the individuals' home address

In 2015 more than half of incidents (62.5%) occurred at the individuals' home address, similar to the 2010-14 audit (63%). The 2015 audit highlighted that men (63.3%) were more likely to take their own life at home in comparison to women (36.7%). The most common age group to take their life at homes were aged between 50 and 59 (23.7%). In contrast to this the 2010-14 audit highlighted that 76.5% of individuals in the 70-79 age group were more likely to take their life at home.

53.3% of incidents of hanging or strangulation took place at the individuals' home address and 26.6% of self-poisoning also took place at the individuals' home address. Over half of individuals who used these methods were aged over 50 (58.3%) which may to a certain extent reflect their mobility both in terms of method and location. A similar trend can be seen in the 2010-14 audit with 76.9% of deaths involving hanging or strangulation taking place at the individuals' home address.

Use of alcohol and drugs at time of death

Whilst not an explicit cause of death, alcohol was identified in 35.4% with the majority of alcohol found in males (70.6%) in comparison to females (29.4%). Alcohol was most commonly found in those aged 40 to 49 (35.3%).

Alcohol was identified in 35.4% of individuals

Alcohol was most commonly present in incidents of hanging or strangulation (52.9%) and self-poisoning (41.2%) similar to the 2010-14 audit where alcohol was most commonly present in incidents of hanging or strangulation (38.3%) and self-poisoning (56%).

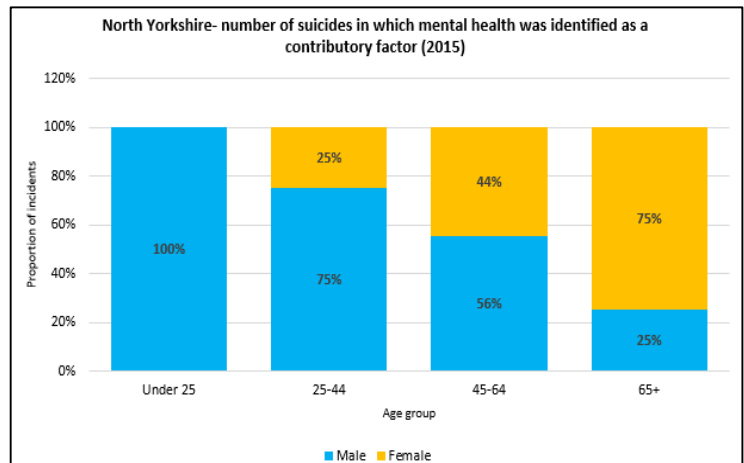
Drugs were identified in 35.4% of individuals

35.4% of individuals took drugs at the time of death. Of this 35.4%, 70.6% of individuals took non-prescribed drugs and this proportion is significantly higher when compared to the 2010-14 audit (12.7%). The 2010-14 audit highlighted the majority of individuals who took non-prescribed drugs involved males, and this pattern can be seen in the 2015 audit with 33.3% of females taking non-prescribed drugs at the time of death in comparison to 66.7% of males. Those aged 40-49 (33.3%) were more likely to have taken non-prescribed drugs at the time of death. The most

common drug found to be present was Benzodiazepine followed by equal proportions of cocaine. The presence of non-prescribed drugs was most commonly found in incidents of hanging or strangulation (58.3%) and self-poisoning (16.7%).

Prevalence and impact of Mental Health

Mental health issues were identified as a contributory factor in just under half of incidents with a high proportion of individuals' suffering from anxiety or depression. Half of individuals where mental health was identified as a contributory factor received a consultation with their GP in the last 12 months regarding issues of mental health and a quarter of individuals had contact with mental health services 1 week to 1 month prior to their death.



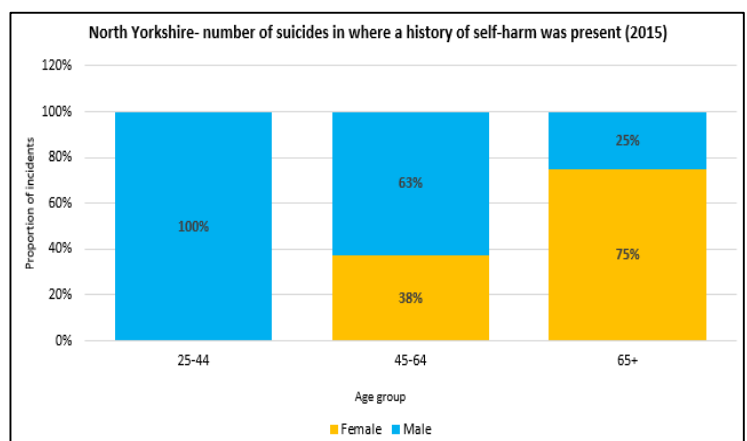
A small minority of individuals with a mental health issue used self-poisoning as a means of suicide and with an overdose of anti-depressants being the most common method of self-poisoning. The highest proportions of individuals with mental health issues were found in the 60-69 age group with males suffering more from mental health issues than females.

80% of individuals with a history of mental illness received treatment for mental health issues in the preceding 12 months with 55% of individuals taking prescribed medication.

History of self-harm and previous suicide attempts



In 2015, a significant minority of individuals had a history of self-harm (35.4%), similar to 2010-14. Self-harm was more common in males than female and cases of self-harm was more common in those aged 40-49 and those aged 60-69.

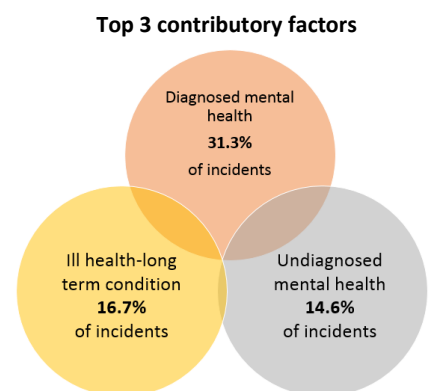


Of the individuals with a history of self-harm, 47.1% had experienced a self-harm episode within the 12 months leading up to death, in comparison to 52.9% where the most recent self-harm attempt was more than 12 months prior to death.

Individuals with a previous suicide attempt on at least one occasion accounted for 47.1%. Of those individuals, the proportion was slightly higher in males (62.5%) than females (37.5%). This is in contrast to the 2010-14 audit where there was a slightly higher proportion of females to males who had attempted suicide on at least one previous occasion. However, there are similarities between the two audits as in both 2010-14 and 2015 there were higher proportions of individuals aged 30-39 who had a history of previous attempts. In contrast to this the 2010-14 audit also highlighted high proportions of those aged 40-49 who had a history of previous suicide attempts in comparison to the 2015 audit which highlighted those aged 60-69 were more likely to have a history of previous attempts.

Other contributory factors

Diagnosed mental health issues were the most common contributory factors for individuals who choose to take their own life. 50% of individuals who were diagnosed with mental health conditions were in the care of their GP and 25% of individuals had contact with mental health services one month prior to their death. It is not always clear if mental health issues were of themselves triggers to other stressors, or if significant life stressors precipitated further episodes of depression and anxiety among individuals with lower resilience and perhaps a propensity for lower mental wellbeing.



Recommendations

This report should be read in conjunction with national and local strategy guidance and the North Yorkshire Suicide Prevention Strategic group action plan.

<http://nypartnerships.org.uk/suicide>

A further suicide audit for the period 2016 will be produced in 2018. The scope of the 2016 audit will extend to include the death of an individual where, on the balance of probability at initial investigation, it is believed by the police that the death is as a result of suicide and will include open and narrative verdicts.

**Scarborough and Whitby Area Constituency Committee
Work Programme 2018/19**

9.30am on 20 June 2018	
Subject	Description
Area Constituency Committees a suggested way forward	To update Members on role of the Area Constituency Committee and outline suggestions for: a standard agenda; co-option of members; management of regular updates; and links with NYCC Overview and Scrutiny
Scarborough and Whitby Area Constituency Committee Area Profile	To provide an overview of some of the key issues in the area covered by the Area Constituency Committee
Work Programme	Draft Work Programme for 2018/19
10.30am on 26 September 2018	
Subject	Description
Adult Social Care Funding	Green Paper & Fairer Funding for Local Government – Richard Webb
Suicide Prevalence & Prevention	Overview of Activity to reduce suicide in the area – Claire Robinson
Key Issues for local MP	Opportunity for the RT Hon Robert Goodwill MP to highlight local issues of concern
Work Programme	Review of areas for Scrutiny
10.30am on 12 December 2018	
Subject	Description
Transport Infrastructure	Railway – Scarborough to York & Scarborough to Hull Roads – A64 & A59 – Highways England to attend Rural Bus Services & Community Transport
Progress Update on Phase 3 Broadband	
Work Programme	Review of areas for Scrutiny
10.30am on 20 March 2019	
Subject	Description
Community Safety	Overview of community safety issues, including updates from: Police; Fire and Rescue; Community Safety; Highways – road safety; Stronger Communities; and Public Health – identification of any further lines of enquiry
Stronger Communities	Community Showcase
Work programme	Review of areas for Scrutiny

Areas of work identified but not yet scheduled:

1. Educational outcomes in the area, and progression from level two to level three
2. Life expectancy and disease free life expectancy, and variations across the area
3. Police 101 Service – Customer feedback on responsiveness and effectiveness
4. Access to alternative sources of funding for community projects (not public or private sector)
5. Buses in rural areas
6. Rail infrastructure
7. Funding opportunities
8. Coastal Growth Plan

Author:

Melanie Carr

Principal Democratic Services & Scrutiny Officer

Tel: 01609 533849

E: melanie.carr1@nycc.gov.uk