



Suicide prevention

Five year strategy 2017-2022

Annual Report 2018

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1. Purpose of the report

This report is prepared one year after the launch of the [West Yorkshire and Harrogate Health and Care Partnership](#) (WY&H HCP) Suicide Prevention Strategy in November 2017.

The aim of the report is to:

- Report progress against the Strategy objectives
- Provide a financial overview on income and expenditure and expected investment for 2019
- Report on any challenges faced in the last 12 months
- Consider future aims and objectives for 2019

2. Background

In 2018 the World Health Organisation has identified that there are more than 800,000 suicides worldwide each year¹, and according to the [Office of National Statistics \(ONS\) in 2017](#) there were 5,821 suicides registered in the UK, providing an age-standardised rate of 10.1 deaths per 100,000 population.

Work to develop an integrated Suicide Prevention Strategy across West Yorkshire initially started in late 2015 and was confirmed in February 2016 as part of the West Yorkshire Urgent and Emergency Care Vanguard. This work continued in 2016 and 2017 and was pulled together into a 5-year strategy in late 2017.

The main aim of the [West Yorkshire and Harrogate Suicide Prevention Strategy](#), launched in 2017, is to build on work initiated since 2015 as part of the Urgent and Emergency Care Vanguard to develop working relationships with partner agencies to provide an evidence based yet practical framework for suicide prevention across the region. It is hoped that by embedding these working relationships and sharing resources and knowledge we can reduce the frequency of suicide and minimise the associated consequences of such deaths.

The Strategy is underpinned by the zero suicide philosophy, which is based on two important assumptions:

1. Risk is ***proportionate to the level of intervention*** and support received by the person at risk; so if the risk is identified and the care, treatment and engagement provided is high quality, timely appropriate and ***matched to the individual's needs***, then the risk is much lower.
2. Suicide is ***not a terminal prognosis, or inevitable*** for any individual and can be prevented. It is not a foregone conclusion for anybody and there is always hope that things will improve.

¹ World Health Organisation: Preventing Suicide, a community engagement toolkit 2018.

The strategy seeks to embed the 'READ' approach in to suicide prevention. This approach was created following a review of the suicide prevention research literature and is offered as a simple acronym to summarise the key elements of effective suicide prevention:

- R - Restricting access to means
- E - Evidence-based practice, training and supervision
- A - Access to the right interventions and services
- D - Despair, distress and depression management.

The combination of both the zero suicide philosophy and the READ approach is at the core of the ambition to achieve an overall reduction in the number of individual's taking their own lives of 10% in line with national targets². In addition, a target of a 75% reduction in suicides will be set in specific areas (mental health services, custody suites and geographical locations of concerns previously known as 'hotspots') subject to systematic and focussed quality improvement approaches.

It is acknowledged that the objectives and actions planned need to be flexible in accordance with emerging priorities over the five year duration of the strategy implementation.

3. Objectives 2017-19

We have the following objectives:

1. Launch the strategy

Enable clarity by the following means:

2. Agree a memorandum of understanding across WY&H HCP federation of hospital trusts (FONT).
3. Re-launch the multi-agency Suicide Prevention Advisory Network (SPAN) across the WY&H HCP agencies.
4. Explore opportunities to engage experts by experience and carers in delivering the strategy.
5. Conduct a learning needs analysis across partner agencies and share training and learning resources.
6. Explore the links and barriers to being able to share data between the NHS providers, CCG, local authorities, public health and other partners.

Embedding the changes:

1. Develop a 'real time' system for identifying apparent suicides across the WY&H HCP
2. Refine our mortality review system for apparent suicides in line with national guidance
3. Construct a high risk decision support tool for primary care and non-mental health support services
4. Commission an evidence based suicide prevention app
5. Scope and improve suicide bereavement services across the WY&H HCP
6. Work towards an evidenced based shared pathway for children, young people and adults at risk of self-harm and suicide based around critical time interventions

² NHS England 2016 Five Year forward view for mental health

4. Progress since strategy launch

Strategy launch

The strategy was launched at a dedicated event in Wakefield on 21 November 2018. Professor Louis Appleby from the University of Manchester and Danny Sculthorpe from the *State of Mind* charity were among the speakers and over 70 people attended from across the region.

Federation of NHS Trusts (FONT)

The first meeting was in November 2017 and the FONT has met a several times during 2018. The FONT consists of South West Yorkshire Partnership NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust.

The FONT is the strategy business meeting and the objectives include developing actions in response to strategic objectives, sharing good practice, pooling resources and developing business cases, supporting West Yorkshire Suicide Prevention Advisory Network and annual review of the strategy action plan. Much closer involvement of public health has been agreed for 2019 and options on how to achieve this are being considered.

Suicide Prevention Advisory Network (SPAN)

The SPAN met twice in 2017 and four times in 2018. The membership includes representation from the FONT, local authority public health teams, West Yorkshire Police, West Yorkshire Fire and Rescue Service, HM Prison and Probation Services, Care UK and Yorkshire Ambulance Service.

The aim of the SPAN is to support the delivery of the West Yorkshire suicide prevention strategy and plans from across West Yorkshire agencies, to include:

- Sharing good practice, plans & innovations
- Learning lessons from each other's experience
- Monitor progress of the WY suicide prevention strategy and plans
- Continued development of WY suicide prevention strategy and actions, aligning actions led by NHS providers with population approaches
- Review and advise on suicide incidents and statistics
- Develop a shared approach to agreed outcomes, both at a population level and for specific groups
- Receive and advise on updates and reports in relation to suicide prevention initiatives across the partner agencies
- Collaborate on bids for resources from commissioning bodies and similar agencies.

The SPAN invites presentations from expert speakers and during 2018 presentations received from the Rail Industry, British Transport Police and Papyrus (prevention of young suicide). Highways England attended in December 2018 to update on Scammonden Bridge.

The SPAN enables all partners to review progress against the action plan in place for the strategy and recommend action where necessary.

Engagement of experts by experience

In 2018, the start of a wider network of contacts with experts by experience begun. On world suicide prevention day, the *Messages of Hope* campaign was launched. Three individuals were kind enough to contribute to the messages of hope and shared some of their experience of mental illness, suicidality and surviving. These messages were aired on line as part of the media visibility for suicide prevention. The messages were visible on both the [WY&H HCP website](#) and on the [South West Yorkshire Partnership NHS Foundation Trust website](#). Work continues to engage experts in the strategic activity; in particular involvement in postvention developments and increasing presence at the meetings.

Training needs analysis

This was completed by the FONT and agreement made to initially invest in suicide prevention training and Train the Trainer in the form of ASIST (Applied Suicide Intervention Skills Training) and SafeTALK (Suicide Alertness for Everyone). Out of the initial investment from the WY&H HCP, four places were agreed for ASIST and three Places for SafeTALK.

The training took place in March and September 2018 and to date three SafeTALK training sessions have been successfully delivered across West Yorkshire. The sessions have been well attended with the feedback being very positive.

ASIST training delivery plan began in November 2018. The aim is to deliver a minimum of four sessions (2 days training) over the course of 2019. This will be in addition to further Safe TALK sessions as part of a programme of suicide prevention training available to all WY&H partners.

In addition to the already funded places, additional investment had been awarded by Local Workforce Action Board (LWAB) to pay for a further four Train the Trainer places in ASIST and five Train the Trainer places in SafeTALK. These places have been secured for the West Yorkshire Fire and Rescue Services staff and will provide an additional resource as part of the WYFRS Safer Communities Strategy (which has been underway since 2017) and for WY&H partners.

Barriers to sharing data

Over the course of 2018, it became apparent that objective 6 was very closely linked to objective 7 (Real Time Data System). Contact was made with the Centre of Excellence for Information Sharing. The Centre stated that the creation of Information Sharing Agreements is only one small part of the process in breaking down barriers to information sharing and improving the education and awareness of sharing information for the benefit of our populations.

An individual information sharing agreement sourced from the [Inter-agency Information Sharing Protocol](#) is in production to compliment the work that has taken place in 2018 within the SPAN and the FONT.

In the future, the aim will be to consider how the understanding on the barriers and enablers is reflected throughout partner organisations as we continue to deliver against the strategic objectives for suicide prevention.

Developing the Real Time Surveillance system

We have been exploring how we can capitalise on real time data on suspected suicides. This has involved a co-ordinated response from public health leads within our regional local authorities and West Yorkshire Police.

Since November 2017, West Yorkshire Police have begun to collect a range of data sets within the police services on all suspected suicides across West Yorkshire. In addition, North Yorkshire had already established a suspected suicide real time data surveillance system; sharing of this experience in development has provided a firm foundation for a working model that can complement this established system.

After several months of communication and consultation the model has been agreed, an individual sharing agreement has been approved by all partner agencies and the 12 months of data collected has been shared.

There will be a monthly release to each local authority via a secure sharing system of all suspected suicides; this information will help to shape the directions in each local authority for suicide prevention. It is envisaged that this will allow early intervention to learn lessons and support those bereaved by suicide. Real time surveillance should also aid prevention of cluster and contagion as we can respond swiftly in areas of concern and to inform understanding of high risk groups.

It is further hoped that the information will feed in to a review for the investment of Postvention (suicide bereavement support services). Further information on the Real Time Data Surveillance system model³ can be requested direct.

Mortality Review Policy

Each of the NHS Trusts developed mortality review group procedures in line with national guidance and following collaboration with Northern Alliance of NHS Trusts led by Mazars. Further meetings of the alliance planned from January 2019 to ensure policies are updated as necessary and learning is shared.

High risk decision support tool

This has been incorporated into plan for 2019/20 and will be aimed at use within primary care and non-mental health services subject to resources and funding.

Development of a suicide prevention app

This has been incorporated in plan for 2019/20. South West Yorkshire Partnership NHS Trust (Children and Families Mental Health Services) had been chosen to work with ORCHA, the *Organisation for the Review of Care and Health Applications*. This work is designed to bring a new web service to help service users get the most from health and wellbeing mobile apps.

Currently there are over 300,000 healthcare apps on the market and providers only need to provide limited information on what app does in terms of functionality, data security and clinical effectiveness. This means many apps may not be suitable or even safe.

³ Real Time Data Surveillance system development information source; Dr Michael Doyle South West Yorkshire Partnership NHS Foundation Trust.

ORCHA independently review apps and this allows users to make more informed decisions about which app is right for them. It also allows clinicians to make recommendations to service users using this information.

Postvention specialist support for those bereaved by suicide

A number of actions have already been taken in this area, including:

- A task and finish group initiated in July 2018
- Six places funded on the PABBS training (Postvention Assisting those Bereaved by Suicide)
- Consultation with Public health and scoping exercise already conducted on the development of a specialist service
- Bids for the development of such a service were completed and although unsuccessful, they will be recycled as part of funding for 2019-20
- Development of 'What remains' postvention support service via SWYPT Creative Minds in Hebden Bridge

Financial investment is still required to ensure a service is developed based on best practice strategic objectives. Review is taking place at local level on what is presently available to those bereaved by suicide and will inform the bidding process. Funding will be available to successful bidders from April 2019.

Evidenced based shared pathway

This has been incorporated in plan for 2019/20 and is likely to be a significant piece of work requiring dedicated resources and funding.

5. Summary of Public Health Suicide Prevention Plans

Each of the public health partners has developed a suicide prevention plan. Some of the key elements are highlighted below.

Bradford

- Specific focus on self-harm, ensuring NICE compliance and targeted awareness/work with children and young people
- Targeting resources (CARE cards) to Street Angel's team re drugs/alcohol risk
- Translating CARE cards into community languages
- Specifically promoting the '5 ways to wellbeing' and 'Staying Alive' apps
- Commitment to awareness raising messages in city centre (CALM etc.), on toilet doors
- Assessing risk in high rise housing developments

Calderdale

- Aspiration to develop women's peer support along lines of Andy's Mans Club
- Healthy Minds chronic pain peer group set up
- Safe Space piloted for those in crisis, run by Healthy Minds
- Identified risk of long term skunk cannabis use – targeted info for children and adults
- Plan to seek feedback from those dissuaded from taking own life and staff who may have talked them down

Kirklees

- Emphasis on self-harm and ensuring NICE guidelines on this are followed and plan to develop a self-harm pathway for Kirklees
- Specific work targeting those within the criminal justice system, targeted project rather than generic sentencing scheme
- Adopt a block suggested as a pilot project working with West Yorkshire Fire and Rescue Service
- Targeted training for housing staff
- Emphasis on children and young people, specific support for LGBT youth; ex-armed forces personnel and farmers

Leeds

- Linked with both Children/Young People's workstreams but also older peoples with focus on across the life span
- National strategy alignment and pro-active engagement at this level
- In terms of ownership, key named people are identified as local champions
- In terms of high risk groups, making links with the construction industry
- In terms of access to means, 'adopt a block'/high rise housing initiatives
- 'Pink booklet' used re self-harm, link to NICE compliance

Wakefield

- A suicide prevention pathway and multi-agency group for children is being developed to look at specific risks and intervention opportunities for this group.
- Focus on self-harm, resilience training in schools and managing exam stress and related risks

6. Other developments

Removing access to means

Discussion has been held regarding key areas for consideration - legal issues, clinical risks and capacity, staff safety and confidence and evidence/research and policy- notably the policy in place at Mersey care. After much discussion about the breadth of this subject, the group agreed the following scope for the guidance:

- The guidance is about immediate risk and urgent and emergency intervention in the community, based on clinical risk assessment and formulation
- The guidance is underpinned by our duty to protect right to life
- The guidance is intended to support clinical staff to make decisions in a crisis situation, regarding what they are legally able to do in response to their clinical assessment - this may include removing the person from the means if not the means from the person
- The guidance is not about future risk, or managing accidental risk of death due to other high risk behaviours
- The guidance is intended to enhance other safety and quality developments underway such as risk assessment and formulation, suicide training, safety planning etc.

Review of Scammonden Bridge

This bridge is one of many locations of concerns for suicide known to Highways England. Close working continues with SPAN and Highways England to see what preventative measures can be put in place at Scammonden Bridge. It is hoped that the learning will be transferable to other locations of concern and wider quality improvement initiatives. An update was provided to Kirklees Overview and Scrutiny Committee and reported in the local media. A Highways England representative attended SPAN in December 2018 and work is ongoing.

Media communication continues to remain high on the agenda to improve reporting, population safety and is integrated in to all local suicide prevention action plans.

Presentation at the International Association of Forensic Mental Health Services (IAFMHS)

A paper outlining the background, development and delivery of the WY&H HCP suicide prevention strategy and implications for forensic services was presented at the IAFMHS annual conference held in Antwerp in June 2018. The paper was very well received and generated a lot of interest with updated paper on suicide prevention accepted for 2019 conference.

7. Finance

Wave 1 suicide prevention funding was made available to qualifying Integrated Care Systems (ICS) in England from April 2018. This was provided by the Department for Health and Social Care, Public Health England (PHE), and NHS England. Funding was given to ICS communities that were ‘worst affected’ by suicide to enable them to develop suicide prevention and reduction schemes.

The Wave 1 funding was allocated to eight ICS’:

1. Kent and Medway
2. Lancashire and South Cumbria
3. Norfolk and Waveney
4. South Yorkshire and Bassetlaw
5. Bristol, North Somerset and South Gloucestershire
6. Cornwall and Isles of Scilly
7. Coventry and Warwickshire
8. Durham, Darlington, Teesside, Hambleton, Richmondshire & Whitby

Despite lobbying and negotiation, WY&H HCP did not receive any wave 1 funding as they are not seen as a priority based on suicide rates. However, £20k development funding was awarded. In addition, some funding was provided via the WY&H HCP Board in 2018/19 to maintain momentum of the work and to ensure development and delivery of the strategy continued. The WY&H HCP was also awarded £22,334 by the Local Workforce Action Board (LWAB: see table 1).

Table 1 – Finance received

Date received:	Source:	Amount:
17/09/2018	LWAB Investment Funding	£22,334
22/08/2018	Suicide Prevention Development Funding 18/19	£20,000
30/11/2018	WY&H HCP funding 18/19	£43,000
	Total:	£85,334

Funding received has paid for the salary of the Suicide Prevention Project Manager, Train the Trainer training, related training/support and attendance at conferences in 2018 and 2019. West Yorkshire Fire and Rescue Service received the £22,334 from LWAB to train more trainers in SafeTALK and ASIST and due to commence in 2019.

Unsuccessful bids for funding were submitted for training, digital innovation, development of postvention service and accelerated work programme.

A working relationship is now established with the recently appointed NHS England Lead for Suicide Prevention in the North, BF. Future funding arrangement discussed and it looks likely that the decision on Wave 2 2019/20 funding will be based on 3-year rolling averages for 2013-15. There isn’t a great difference between rates across England so successful ICS’ are likely to have only marginally higher rates of suicide (0.2 per 100,000).

Separate sources of funding are available for military veteran’s services; suicide bereavement postvention services and ‘trailblazing’, and bids are being placed in all three areas.

8. Rates of suicide since 2015

By 2020/21, the Five Year Forward View for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% nationally. In addition, the WY&H HCP has an ambitious target of a 75% reduction in the number of suicides in specifically targeted areas (e.g. mental health services, custody suites, and geographical locations of concern by the end of 2022).

Figure 1 shows the rolling 3-year rate of suicide per 100,000 population in Yorkshire and Humber 2015-2017. The rate is 10.4, same as 2014-2016 but lower than rate of 10.7 for 2013-15.

Figure 1 - England and Wales 3-year rolling average suicide rate, 2015-17

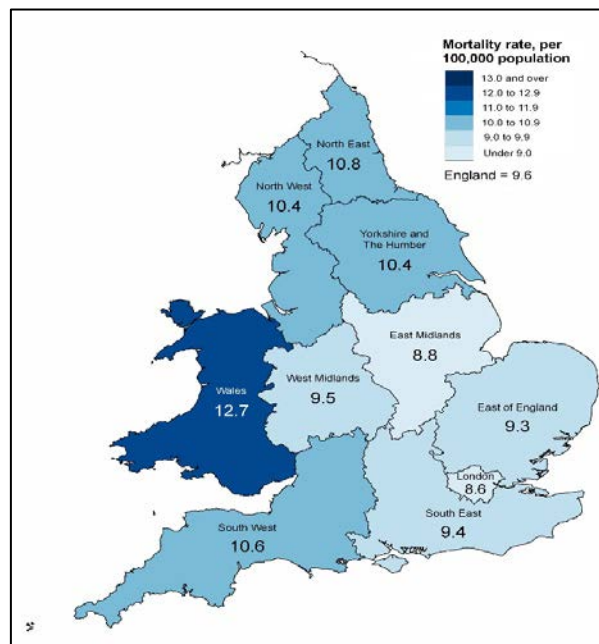


Figure 2 shows that the rate of suicide across WY&H HCP has reduced from 10.5 in the 3-year period 2014-16 to 10.2 in the period 2015-17.

Figure 2- WY&H HCP 3-year rolling average suicide rate.

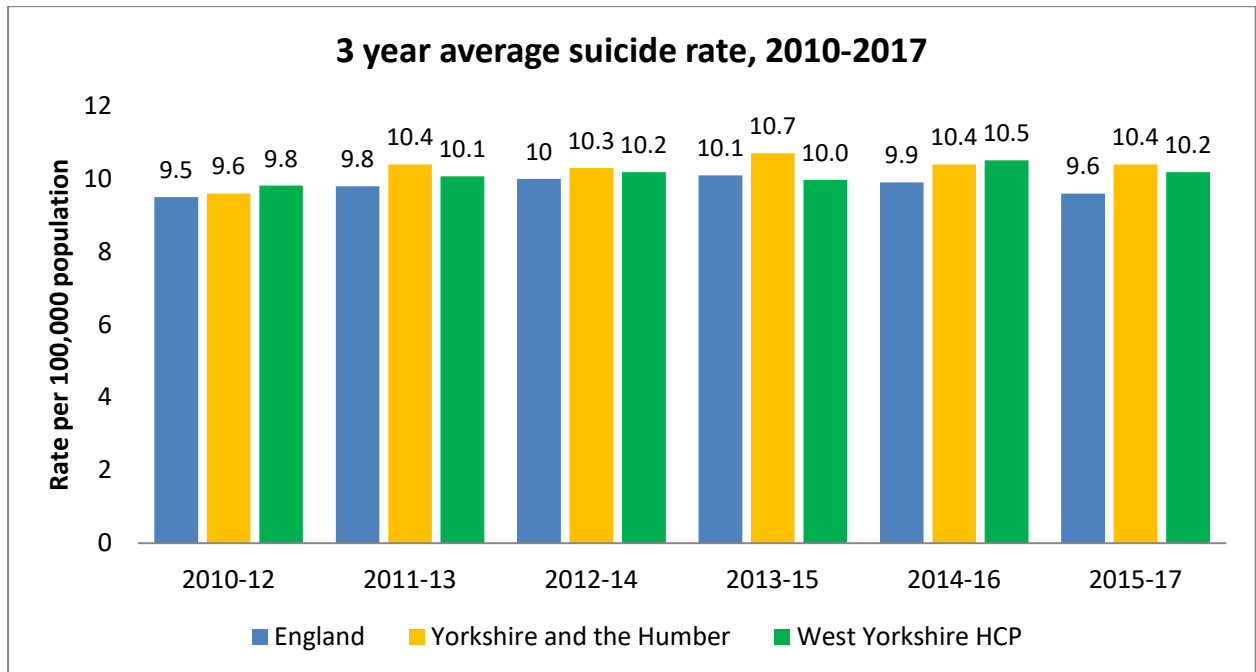
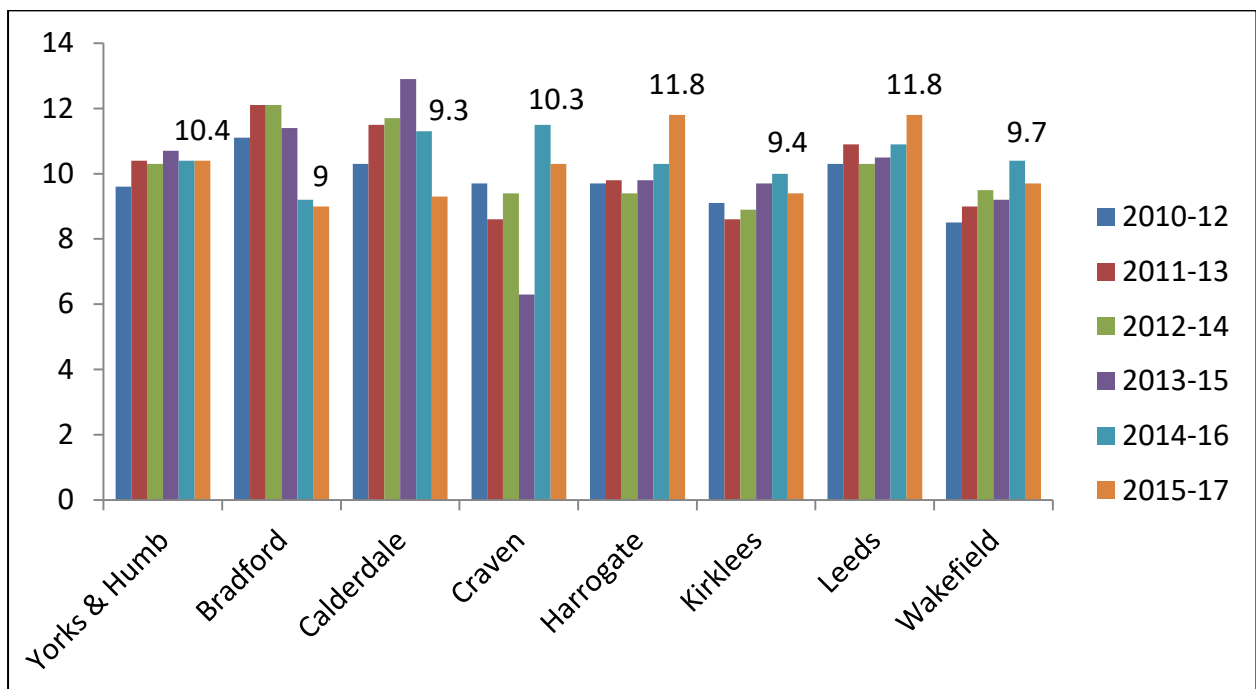


Figure 3 shows that across WY&H HCP, the 3-year suicide rate has increased in Harrogate and Leeds but reduced in all other districts of WY&H.

Figure 3 - Age standardised suicide rate across WY&H HCP 3-year aggregates, 2010-2017.



The number of suicides across WY&H HCP has reduced in the three years since work began in WY&H from 241 deaths by suicide in 2015, to 217 in 2016 and 201 in 2017, a reduction of 16.6% and 40 deaths across the region. Reductions noted in number of suicides in all areas since 2015 except Craven and Harrogate.

9. Summary of progress and challenges to date

Much progress has been made in delivering against the strategy objectives and a firm foundation has been established to deliver for the remainder of the five-year strategy period. Positive progress evident in developing structures and processes, developing networks and achieving outcomes, but more could be done with the right resources.

Despite the achievements made throughout the year and despite much welcomed funding from the WY&H HCP, there have been some real challenges arising from lack of funding and resources. This has led to uncertainty about the future sustainability of the strategy action plan, leading to the loss of previous Project Manager. Lack of continuity and uncertainty will inevitably impact on success of the strategy.

The engagement between partner agencies has generally been very good, although uncertainty about the future and lack of financial commitment has made it difficult to establish more formal working relationships.

Wave 2 funding is likely to be awarded to Wave 1 recipients and to new ICS areas based on suicide rates. There is a real risk that West Yorkshire and Harrogate will miss out as our rates of suicide may be marginally better than other ICS areas.

The zero suicide message has gained attention nationally and internationally and provides an underpinning philosophy for our strategy. Despite this, debate continues amongst partners about the risks and benefits of the concept and further work is required to establish a consensus.

10. Plans for 2019

We aim to continue building on achievements and work in progress, including:

- Ensure plan in place to continue workstreams, maintain momentum and source additional funding
- Reviewing role and function of the FONT as a business meeting and ensure greater public health involvement and influence
- Enhancing capacity and capability of workforce to provide SafeTALK and ASIST training with an agreed and co-ordinated schedule of training events open to the WY&H HCP
- Confirming arrangement for real time surveillance across partner agencies
- Progressing suicide bereavement postvention service proposal and bid
- Update mortality review policies and procedures in accordance with national guidance and Northern Alliance collaboration
- Finalise Access to Means guidance for use by services within the WY&H HCP

In addition, we will be:

- Developing proposals and progressing bid for a service specifically for military veterans
- Progressing proposal for trailblazing funding based on strategy objectives, including
- Pathfinder project for hard to reach males
- Enhancing real-time surveillance
- Shared pathway for self-harm and suicide
- Seek out further sources of funding and develop and submit bids
- Develop quality improvement plan for pilot of decision support tool for primary care and non-mental health services
- Reviewing existing public health suicide prevention plans to distil key actions, share good practice and pool resources
- Maintaining links with key stakeholders nationally and internationally attending meetings, sharing good practice and presenting at conferences
- Seek short-term financial support from WY&H HCP while awaiting national funding decisions

Michael Doyle
January 2019

Working with:

Leeds and York Partnership NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
National Probation Service
Public Health England
Yorkshire Ambulance Service NHS Trust

Bradford District Care NHS Foundation Trust
Leeds Community Health Care NHS Trust
West Yorkshire Fire & Rescue Service
Care UK
West Yorkshire Police

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