



Humber and North Yorkshire
Health and Care Partnership

Mental Health, Learning Disabilities and Autism
Collaborative Programme

Suicide Prevention Programme Progress Report 2019-2021





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Foreword

Michele Moran, Chief Executive, Humber Teaching NHS Foundation Trust; Chair of the Executive Strategy Group, Humber and North Yorkshire Health and Care Partnership Integrated Care Board

Reflecting on the last two years, this programme has continued to develop and deliver much needed services to the Humber and North Yorkshire population, despite the challenges we have all faced. We recognise that Yorkshire and the Humber have some of the highest rates of suicides in both males and females in England, but I believe the work that has taken place has contributed to this reducing significantly in 2020, as evidenced by the Office of National Statistics.

Despite the pandemic, we have found a way of supporting those who have been bereaved or affected by a suicide through the development and delivery of a new 'postvention' service, and additionally we have become one of the only areas in the country to evaluate the impact of this. We could not have achieved this without the valuable input provided through engagement with people with lived experience, families, carers, clinicians, and the support of our partner organisations, all of which is central to the work we do.

We are delighted to have trained 19,000 people in how to spot the signs, speak about suicide, and signpost others to help and support. Most importantly, the number of people accessing the training continues to grow, and we know that the more people that are trained, the more likely we are to save lives.

The programme has strived to make sustainable changes and embed them into practice, such as real-time surveillance. This has been done collaboratively with partner organisations, ensuring that as a system we are able to quickly respond to a suicide, and support those that are left behind. The importance of this cannot be underestimated as we know that these loved ones are more likely to be at risk of suicidal thoughts themselves. We need to celebrate the relationships, ideas and actions that have taken place with people with lived experience, our community, grass roots projects and local Voluntary, Community and Social Enterprises organisations which have influenced the programme as well as ensuring it stayed focused; listened to what people need to prevent suicides; and has endeavoured to set up groups and services in order to do just that.

I would also like to take the opportunity to sincerely thank Carole Lavelle for her dedication to the programme as Chair of the steering group, and for her excellent work helping to reduce suicides across our area. Finally, I would like to recognise and thank our Programme Lead, Jo Kent, for her excellent leadership of this vital area of work. Deservedly, Jo has received an award from The High Sherriff of the East Riding in recognition of her work, something we are immensely proud of.



Executive Summary

Suicide is rarely the result of a single event or factor but can be understood as a complex interplay of biological, psychological, and environmental factors that leave a person feeling desperate and hopeless about life.

Every death is both an individual tragedy and a loss to society, and the ripple effect of a suicide will impact around 135 people - due to social media this effect can now be felt much more widely.

Men

We have worked collaboratively with local men to provide an online mental health service and developed a video with local men to promote this service. We have worked with local grass root projects to develop and enhance services specific to men whilst ensuring that there is choice in the services available. A particularly positive partnership has been with Andy's Man Club, both on a local and national level. Our region has many clubs: Hull has the largest number of clubs in one area within the country. The men's workstream was led by one of the trustees of Andy's Man Club and welcomed men from across the patch who had lived experience or were from the VCSE community.

Self-Harm

As part of the scoping exercise to develop a non-clinical self-harm service, we successfully engaged with a group of existing service users who had been identified by HNY and arranged a series of online sessions to gather information, suggestions, opinions, and feedback. We were able to identify and engage with at least 50 additional people (adults and young people) who were, or who had previous experience of, self-harming. We included a range of ages, genders, ethnicities, and geographical locations across HNY to get a broad understanding of views and needs. This also involved at least 5 parents and carers during the consultation and feedback process.

Summary and key points from research

- People want to see support that is self-harm specific.
- People would like to access support online. A website acting as a single point of access for young people, adults, parents, carers and professionals could provide an easy to find source of information, self-help material, links to specialist services (national and local) and online support through webchat, helplines etc. (See appendix one for further useful resources)
- Anyone who supports people who self-harm should be specifically trained to enable them to provide a non-judgmental service that empowers people to move from self-harm to self-care.



- Where support is provided in person, it should be:
 - available evenings and weekends
 - non crisis, drop in, flexible, not time limited
 - involves peer support, (for parents and carers too)
 - involves other activities that support recovery such as art and crafts, sport etc

Training, Communications, Engagement and Campaigns

The #Talksuicide campaign has now trained over 19,000 people from HNY in the Zero Suicide training. This 20 minute training helps people SPOT the signs of suicide, SPEAK about suicide and SIGNPOST on to help. The training has been a mixture of online training and face to face, which has been well received with most people feeling more confident in asking someone if they are feeling suicidal. The training has been promoted with over 300 local businesses across the area.

A training programme, 'Social media and the Aftermath of Suicide', has been developed by the suicide prevention programme and the University of Hull. The training focuses on the uniqueness of suicide bereavement and has been rolled out in all areas of HNY, with a further date for July 2022 to evaluate the training.

A decision was made that all public health leads would apply for funding for training from the suicide prevention programme and that decisions would be made, at place, as to what training they would deliver and to whom.

Postvention Service

The Together service supports people who have been affected by suicide and was designed by local people, including those with lived experience and representatives from partner organisations. Over the two years that the service has been open there has been a significant increase in referrals. The service is predominantly staffed by volunteers with lived experience and has two co-ordinators for the North and South bank. Recently the service was nominated for an HSJ award for partnership working and the team were named finalists, travelling to London to attend the awards. This service is for individuals from the Humber 4 areas, whilst in North Yorkshire and York we have the Major Incident Response Team (MIRT). The suicide prevention programme has been able to enhance the MIRT Service by providing funding for individuals who require therapy.

The Together service was evaluated at the end of the first year by a team of researchers with relevant specialist expertise at the University of Hull, and the team are currently evaluating year two. We have postvention services across all areas of HNY, and whilst the suicide prevention programme was able to fund the first year of the service, further funding has been provided by NHSE until 2023/4.



Real time Surveillance (RTS)

Real time surveillance allows each place to track the number of suspected suicides in real-time. It allows you to identify and implement support to prevent further suicides in a timely manner and has proved to be critical in identifying cluster and contagion. We identified gaps with RTS across the HNY area and worked with public health and the police to ensure we had RTS in all areas of HNY. Collaboration with several organisations has taken place to review the process and identify further gaps with RTS, and work has begun to ensure the gaps are closed and the process is sustainable.

Preventing suicides in public places

This workstream was not seen as a priority area in the original strategic plan, however it became evident that there were some areas which distressed individuals were attending. Work took place with some of the sites, focusing on training, strategies, support, environment, however due to COVID we were unable to continue with the work in hospitality. Information sharing agreements have been developed to support frequent attenders at a local place which is known for emotionally distressed individuals attending. The safer public space network is a collaboration of the HNY suicide prevention programme, the Humber Bridge, East Sussex public health, and Urban scale Interventions. The aim is to share new research, technology and bring like-minded people together to discuss suicide prevention.

Emotional Wellbeing Hub

The Emotional Wellbeing hub was commissioned by the Humber Bridge Board following a series of devastating events at the Humber Bridge. The hub offers a range of support groups throughout the week and is open for two hours on Friday, Saturday, and Sunday. People can attend for support, information, signposting or just to have a coffee.

Achievements

- High Sheriff award
- Training 19,000 local people
- Shortlisted for Best Not for profit, working in partnership -HSJ awards
- In 2020 Yorkshire and the Humber's suicide rates reduced significantly compared with 2019 (these were the only significant changes in English regions when comparing 2020 with 2019)



Introduction and Background

Together with the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), we were commissioned as part of the Wave 2 Transformational Funding through NHS England to work on strengthening our local suicide prevention plans, to improve safety and ultimately reduce suicide rates.

The Suicide Prevention Programme focuses on three of the main priority areas identified in the National Suicide Prevention Strategy:

- Middle-aged men (aged 35-54 years) who remain at the highest risk of suicide
- People who use mental health services, who account for around a third of all suicides in England.
- People who have self-harmed – self-harm is the biggest indicator of suicide risk.

The Public Health England and NHS England guidance stated that the plan should focus on:

1. Prevention beyond secondary services: place-based community prevention work, middle-aged men, self-harm, and primary care support.
2. Reduction within services via quality improvement; self-harm care including within acute hospitals; generally within mental health services.

We also identified other work streams that we wanted to focus on, this included:

- Media campaign.
- Training.
- Real Time Surveillance.
- Provide timely support to those bereaved or affected by suicide.
- Evaluation/Report of suicide prevention initiatives.





NHS England have so far invested funding in Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs) and Clinical Commissioning Groups (CCGs) to establish or develop local suicide prevention plans with the aim to reduce the number of deaths by suicide in the UK by 10%.

Humber and North Yorkshire Health and Care Partnership has received £712,000 since 2019/20, with further planned allocations for postvention in 2021/22. This report outlines the work that has been completed between 2019 - 2021, the progress made, the challenges faced, how we overcame challenges, and next steps.

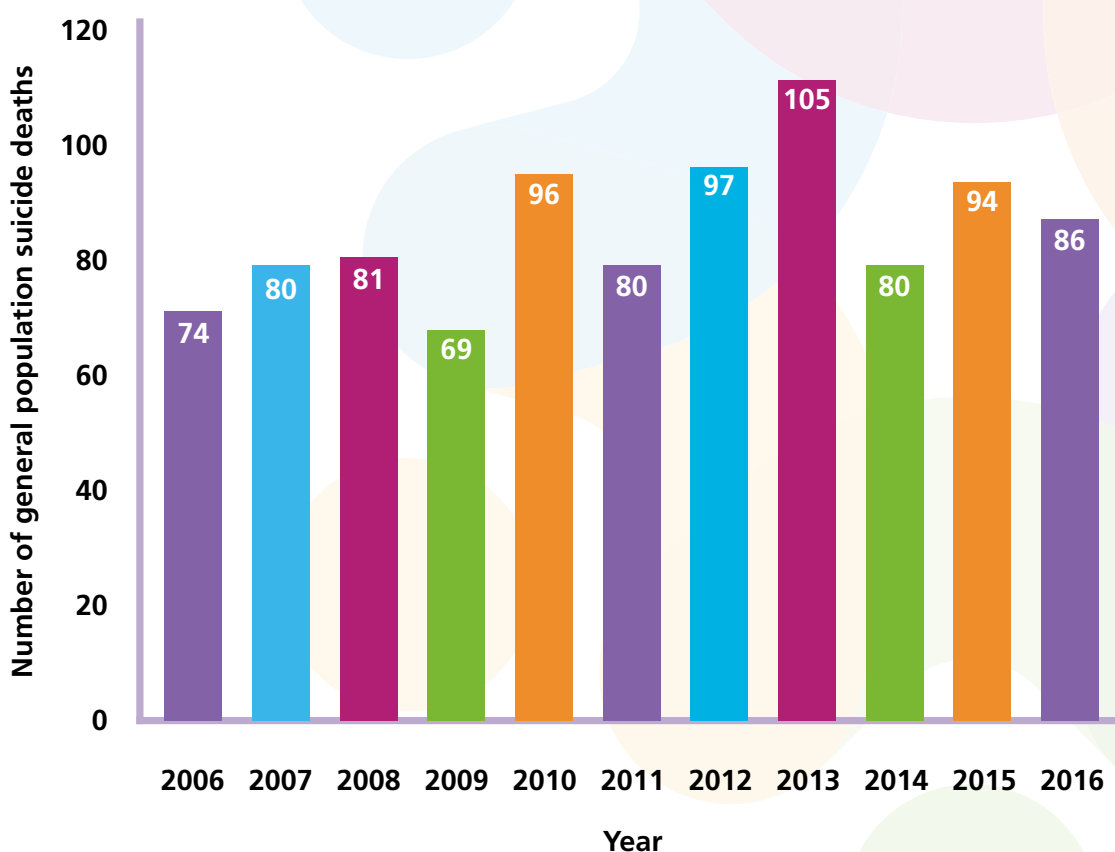
Local data provided by NCISH

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) provided a report which focused on the variation in suicide rates by local health and care systems (Sustainability and Transformation Plan (STP) 'footprints').

The HNY Partnership has a suicide rate of 10.8 per 100,000 population (total population: approx. 1.7 million). Based on the national average general population rate, we would expect at least 140 general population suicides per year, of which around 35 would be mental health patients. The figure for the HNY Partnership is 86 general population suicides and 22 mental health patient suicides per year on average.

Between 2006-2016, there were 1330 deaths by suicide within HNY and 1027 (77%) of these were by men. This proportion is comparable to numbers in England as a whole. Figure 2 shows the number of suicide deaths across the HNY Partnership between 2006-2016, by calendar year.

Suicide rates in Hull and York are higher than the national average.





National Data

We are informed by NCISH, and other national data, that in recent years around one suicide has occurred annually for every 10,000 people in the general population. As a useful guide, we know that:

- Approx. 25% of people dying by suicide are current or recent mental health patients.
- Approx. 90% of these patients are community patients.

The table below indicates the most common hospital admission presentations for people taking their own lives across the HNY Partnership:

By CCG	Hull	Scarborough & Ryedale	North East Lincolnshire	North Lincolnshire	East Riding of Yorkshire	Vale of York
Depression recorded prevalence (QOF): % Of practice register aged 18+	9.4	10.9	9.1	11.7	8.6	9.0
By County & UA	Kingston upon Hull	North Yorkshire	North East Lincolnshire	North Lincolnshire	East Riding of Yorkshire	York
People living alone	15.7	12.9	13.8	11.7	12.0	13.2
Alcohol-related hospital admission (per 100,000)	3,221	2,080	2,705	2,514	2,160	2,372
Unemployment (% of working population)	7.1	4.2	5.5	5.1	3.6	3.4
Emergency hospital admission for intentional self-harm (per 100,000)	270.8	189.3	179.2	127.7	160.7	207.9
Long-term health problems or disability (%)	19.7	17.5	19.5	19.3	19.1	15.3
Marital break-up (% of adults)	13.3	11.6	13.8	13.0	11.5	10.5



Patient Characteristics: Humber and North Yorkshire data compared to data for England

The detailed characteristics for patients who died by suicide across the HNY Partnership and in England between 2006-2016 are shown in the table above. Statistically significant differences can be misleading when the number of cases is very large (e.g., across England). However, certain differences are worth noting. Caution is also needed in interpreting differences across the HNY Partnership sub-groups where numbers are low.

Patients in HNY had broadly similar characteristics when compared to patients in the rest of the country, however there are some differences to note outlined below:

- Patients in HNY were less likely to come from black and minority ethnic groups and have primary diagnosis of affective disorders in comparison to patients in the rest of England.
- There were a higher proportion of patients in HNY under the care of crisis teams compared to patients in the rest of England.
- Patients in HNY were significantly more likely to die by drowning compared to patients in the rest of England (9% vs. 5%).

2019/20 Progress

Men

As part of our focus on men, we said we would use transformation funding to develop positive messages for men across the HNY area; identify the most effective communication method and media for men; develop a targeted engagement campaign to deliver into local HNY areas, target sports clubs, tattooists, barbers, etc; and use transformation funding to commission local innovations and services.



In terms of progress, we completed many different initiatives to help us achieve our goals. This included:

- Hosting a targeted campaign to encourage men to look after their mental health, centred on the delivery of a programme of mental health wellbeing sessions.
- Hosting a variety of workshops in partnership with professional sports clubs to help us raise awareness of mental health – particularly in men.
- Partnering with Andy's Man Club, initially in Hull, to help raise awareness of support available to men.
- Developing a podcast to help engage with local people experiencing poor mental health.
- Offered funding to local grassroots organisations to help support men in our patch.

Following on from progress throughout 2019/20, it was agreed that in 2020/21 that the following would be priorities for the men's group:

- Men continuing to be a priority.
- Building upon previous work completed in 2019/20 as highlighted above.
- Partnering with Andy's Man Club nationally to raise awareness and increase clubs across the patch.
- Setting up a task and finish group led by public health leads.
- Scoping out how men wish to interact and receive support.
- Developing a men's service across the HNY Partnership.
- Ensuring that people with lived experience are invited to join the men's group to ensure co-production.



Self-Harm

In late 2019, work began to drive the self-harm task and finish group forward. Meetings took place and due to sporadic attendance, it was initially challenging to mobilise this work. An action plan was devised which focussed on pathways, data collection, training, awareness, and audit. The work was intended to identify any gaps and recognise areas to focus on when commissioning a service or specific support for people who self-harm.

We said we would:

- Collect self-harm data through mental health liaison services.
- Undertake service improvement on the self-harm pathway.

We did:

- When working to develop pathways for children and adult across the patch we identified North Yorkshire children's self-harm pathway as good practice.
- Robust data collection methods were implemented at high-risk locations such as the Humber Bridge.
- We were able to collate data for the Hull and East Riding mental health liaison service in collaboration with Humber Teaching NHS Foundation Trust.
- Discussions are in place with the suicide prevention mental health workstreams and Urgent Care (Mental Health) programme to replicate this in other areas of the patch.
- Work progressed with the ambulance services (EMAS and YAS) to create a dashboard to identify those who have attempted suicide or self-harmed with a view to this data informing the development of future services.

Following from progress throughout 2019/20, it was agreed that in 2020/21 the group would focus on:

- Data collection from liaison services across HNY.
- Data collection from ambulance services across HNY.
- Developing a pilot service for those who self-harm across HNY, which will include supporting parents, carers and loved ones.
- Awareness level training (e-Learning) - <https://talksuicide.co.uk/>
- Advanced training for staff.
- Awareness raising – parents, GPs, where to go for help, who to refer to.





Mental Health Services

We said we would:

- Complete an audit across HNY MH trusts to ensure compliance with 10 steps to safer services.
- Hold a shared learning event to determine areas for improvement and promote innovation.
- Promote 72 hour follow up after discharge.
- Share learning for any inpatient death.

We did:

Whilst the above was a priority, it is fair to say that there have been challenges in engaging with mental health organisations. This group should include public, private, and social enterprises across HNY. A meeting was held pre-covid restrictions, and whilst not all mental health providers attended, agreement on how to take the work forward was decided.

Following from progress throughout 2019/20, it was agreed that in 2020/21 the group would focus on:

- Updating Suicide Prevention plans.
- Training models.
- Frequent attenders in public places - to be done in conjunction with other suicide prevention workstreams e.g. Urgent Care (Mental Health) Programme – HNY Partnership.
- Risk assessments/crisis assessments – what does each organisation use, consider national guidance.
- Compliance with evidence based 10 steps to safer services – Audit.
- Sharing lessons learnt, best practice and recommendations from inquests, internal investigations, serious case reviews, child death overview reviews.
- Promotion of 72 hour follow up after discharge.
- Discussing data collection from liaison services across the HNY for those presenting with self-harm, to be done in conjunction with the self-harm task and finish group and the Urgent Care (Mental Health) Programme.



2020/21 Progress

Men

“By not speaking, you can end up with multiple issues putting pressure on you. You have to find a way that works for you.”

Qwell

Free & Online:

- Anonymous qualified support
- Community discussions for men
- Access to local services

A step towards better mental health

qwell.io/hcv

Humber, Coast and Vale

The Suicide Prevention Programme identified a strong need to increase our work surrounding men, and therefore set up a Men’s work stream with individuals from across the area. Attendees included local authorities, community, and voluntary organisations such as One for the Lads, Men in Sheds, and local men with lived experience. The chair of this group is a facilitator and trustee from Andy’s Man Club.

We regularly met with the group and identified the barriers that often stop men from seeking help and talking about their feelings. The group concluded that there was a service missing that supports men from the comfort of their own homes – eliminating the barrier of them going to a physical appointment.

As part of the process of understanding what men want, we set up a focus group with men whom all had lived experience of poor mental health. The group included individuals from across the area who are a part of the BAME community, the LGBTQI+ community, and men who had attempted suicide in the past.

The group shared thoughts and opinions and their lived experience to empower the group to introduce a service that was there for men when they needed it most. We recruited a local marketing agency who specialise in creating social good to help us with our work, as well as commissioning Kooth - a digital mental health and wellbeing company working to provide a welcoming space for digital mental health care, available to all.



Qwell for Men – delivered by Kooth, the UK’s largest provider of online mental health services – was commissioned for use by Humber and North Yorkshire Health and Care Partnership. This marked the first time a digital mental health service was commissioned specifically in response to male suicide.

From January 2021, men aged 18+ living in North Yorkshire, York, Hull, East Riding, North Lincolnshire, and Northeast Lincolnshire were able to register to use Qwell for Men – a free, anonymous online counselling and emotional wellbeing service which can be accessed anywhere using a computer, smartphone, or tablet device.

Alongside the marketing agency and Kooth, we began some secondary and primary research into the tone, messages, barriers, influencers, media, and exchange considerations to inform a campaign that encourages men to help themselves and others when it comes to mental health. This will include how to access support via Qwell for Men - available throughout Humber and North Yorkshire.

Our participation consisted of 2 focus groups facilitated on Zoom comprising of:

- 7 informed men connected to mental health services and support, including participants with lived experiences.
- 10 mixed knowledge men aged 30 to 55, including several with lived experiences.

As part of our research, we commissioned a video to be made with men talking about their real-life problems – with a view that this encourages other men to reach out and access Qwell for Men. The video has so far received over 20,907 views on YouTube, and we have a range of adverts running which are targeted at local men in our area.

Adverts are currently running across Facebook, Instagram, YouTube, and Spotify and include a range of graphics and videos.

Within the first month of Qwell for Men being live, we had 132 individuals log in to Qwell and access the system. Overall, men logged in 382 times throughout January 2021. The forums were the most popular element of the site with 265 records added to the chat forum by 60 men. A total of 71 messages had also been sent to the trained counsellors.

At the end of the first quarter, Qwell for Men had been logged into a total of 604 times with presenting issues consisting of self-care help, anxiety and depression, and family relationship breakdown.

Individuals logged into the site mainly during office hours (9am-5pm), with 56.95% of men doing so. The remaining 43.05% logged in during out of hours. Other key data includes:

- Across all logins, 80.03% were returning visitors to the site.
- Our most popular age of user was 39, with over 5% of all log ins belonging to this age group.



Following a review of Qwell, we felt that the chat aspect of the service was not being used to its full potential. Therefore, we discussed this with local CCGs and from January 2022 the Qwell address was changed, and we opened the service to women across the area with some local places contributing to this. Since then, we have seen a significant rise in the use of the service (see below).

	Q1	Q2	Q3	Q4	AVERAGE
New Registrations	146	72	52*	422	692
Total Logins	591	250	158*	1544	2543
Unique Adults	158	83	---	446	N/A
% of Adults Returning	52%	45%	48%	56%	50%
% of logins out of office hours (9am-5pm Mon-fri)	63%	62%	70%	61%	64%
BAME	5.5%	5.5%	4%	8%	6%
% of Adults who would recommend Qwell to a friend	100%	100%	100%	93%	98%
Worker Hours Utilised (counselling messaging and moderation)	111	79	29	364	583



Self-Harm Co-production and Service Design

North Yorkshire County Council – on behalf of the Humber and North Yorkshire Health and Care Partnership (HNY HCP) – has commissioned a not-for-profit Provider to deliver a 2-year co-produced programme to help shape a specification for the development of a new non-clinical self-harm support service as part of the wider suicide prevention programme.

In January 2021, a contract was awarded to North Yorkshire Hospice Care Harrogate. The provider set out their timescales and delivery plan.

North Yorkshire Hospice Care continues to attend the self-harm work stream to provide regular updates and assurance re timescales and actions. The North Yorkshire Stronger Communities Team oversees contract management.

We said we would:

- Work with an existing group of service users and carers to co-design a proposal for a support service for those affected by self-harm (non-clinical) – to include virtual and face-to-face meetings (dependant on coronavirus guidance).
- Provide emotional support to loved ones and carers and those involved in providing support to individuals who self-harm.
- Maintain and expand the group as appropriate.

We did:

- Successfully engage with a group of existing service users and arranged a series of online sessions (or via another suitable format) to gather information, suggestions, opinions, and feedback.
- Identified and added additional service users who wished to be part of the group above.
- Identified and engaged with at least an additional 50 people (adults and young people) to be 'interviewed' who are, or who have previous experience of self-harming (to include a range of ages, genders, ethnicity, and geographical locations across HNY to get a broad spread of views and needs).
- Involved 5 parents / carers in the consultation / feedback.
- Identified and engaged with a broad range of voluntary and community sector (VCS) organisations.



Training, Communications, Engagement and Campaigns

The #TalkSuicide campaign was originally set up circa 2019, with an aim to raise awareness of free suicide prevention training available from the Zero Suicide Alliance. The campaign relaunched on February 26th 2020, with a communications and engagement officer working exclusively on HNY suicide prevention activity (three days a week). The campaign has two key aims: to raise awareness within the general public, and to encourage employers to take the training and roll out to their workforce.

Throughout the funding periods, significant progress for suicide prevention communications and engagement activity has taken place. The #TalkSuicide campaign continued to go from strength to strength and the campaign is now well established as a key suicide prevention campaign in the region – so much that our campaign has also attracted interest from other ICSs across the UK, and other partners are wishing to replicate our work.





To date, over 19,000 people across the patch have now taken the training. Even throughout the global pandemic, the training has been accessed regularly and thanks to extensive promotion in all areas of HNY via our partner organisations, the number of people completing the training has continued to rise. The majority of the training has been completed online, and throughout the last year the team adapted to be able to deliver the training via online platforms. Training has been delivered to organisations such as Voluntary, Community and Social Enterprises (VCSEs), Humberside Fire and Rescue, Humberside Police, East Riding of Yorkshire Council, GPs across the local area as well as safeguarding teams.

Circa 2019, 2,968 people completed the training – with support and engagement from Marketing Agency FRED.



Number of website sessions	33,959
Number of page views	46,130
Total number of users	20,795
Number of people clicked on training	14,917
Number of people completed training (online)	12,814
Face to face / online sessions held since campaign launch	22
Businesses approached	300+
Business packs sent out to local businesses	220
Total number completing face to face / online training	947
Before initial campaign launch (FRED activity)	2,968
Number of people completing training since campaign launch	19,000
An additional 183 people have taken the training in April 22 and this demonstrates that the campaign continues to have an impact within our community.	

Business engagement continues to be a number one priority as part of the campaign. Since the campaign launched, over 200 business packs were sent out to businesses across the HNY area. These range from large organisations employing over 2000 people, to small and medium enterprises who employ 10 people. Key business partners include Cura Financial Services, KWL, and Orsted (the biggest offshore wind company in the UK). Since phase 2 of the campaign was launched, over 300 businesses have been approached – utilising networks across the HNY patch.



A new chair of the training workstream was appointed in November 2020, the group set terms of reference and meetings were set up initially on a monthly basis to meet the group aims. We have been looking at suitable training packages or the possible

development of these in relation to self-harm and substance misuse and suicide prevention. The group also started a conversation with an interested GP practice to identify the gaps in training for primary care staff and this is ongoing.

We have also been taking steps to map what training is already taking place across the HNY area to assist in any future training needs. Once complete this can be held in a place accessible to all HNY partners.

We have been liaising across all areas on funding allocated and how this has been spent. Due to COVID restrictions some of this training has been on hold in some areas; however other areas have switched to online delivery to achieve their aim of a suicide safer community.





Social Media – And the aftermath of suicide

The Suicide Prevention Partnership and the University of Hull developed a training workshop on the safe and responsible use of social media in the aftermath of suicide. Attendees will take away new evidence-based knowledge of:

- The uniqueness of suicide bereavement.
- Harmful and protective effects of social media use in the aftermath of a suicide.
- How social media use can be harnessed to manage, trauma, alleviate grief and reach those who need support.

A taster session took place and was well received by organisations, people with lived experience and VCSEs. There was a lot of interest in signing up employees from organisations to take the training, however due to Covid-19 we were unable to roll out the training across the HNY area. Consideration was given as to whether this could be online training, however due to the sensitivity of the topic a decision was made to postpone until Covid-19 restrictions were eased to allow the training to take place face-to-face.





Postvention- Together Service

The Together service for those bereaved by suicide (Postvention) launched on 1st May 2020. Due to COVID-19 restrictions, the service was originally delivered online and by telephone with no face-to-face support. As restrictions have eased, we have gradually adapted to meet the needs of individuals and the offer of face-to-face support is given.

The service was set up, following a scoping exercise of other models in the area, undertaking several focus groups which included people with lived experience of losing someone to suicide and other key stakeholders. The aim of the service is to support those who have been bereaved or affected by a suicide. The service is not time sensitive and is available to individuals of all ages across Hull, East Riding, North Lincolnshire, and Northeast Lincolnshire. The support is delivered by volunteers with lived experience, and is overseen by Hull and East Yorkshire Mind and Northeast Lincolnshire Mind (Registered charity 1101976).

The contract requires the service to be delivered by specifically recruited and trained volunteers, to provide support to individuals bereaved by suspected suicide. This service has two Service Co-ordinators who manage and co-ordinate the service and provide support to individuals who have been bereaved or affected. Once the individual has been met, the co-ordinator will match them with a suitable volunteer. The volunteer will then be linked with the individuals for their support sessions to take place.

The service currently has 16 active volunteers who support individuals weekly. Volunteers can spend between 1 - 2 hours supporting an individual every week, or as appropriate.

Key referrals come from Humberside Police as part of a sudden death procedures. Other referrers include self-referrals, Community Link Workers, Public Health teams and local mental health organisations.

Together service – results from launch in May 2020.	
Total number of referrals	449
Total number of people accepting support	198
Total number of active volunteers	18
Total volunteer hours	390

Together Bereaved by Suicide Service: Service Evaluation

The Together Bereaved by Suicide Service has been evaluated at the end of the first year of service delivery and is the first of two years of evaluation activities. The evaluation was commissioned by Humber and North Yorkshire Health and Care Partnership in 2020 as part of the Suicide Prevention Programme and is being undertaken by a team of researchers with relevant specialist expertise at the University of Hull. This report aims to provide contextual information including the background to and current status of the service; the Service Evaluation approach and work undertaken by the University of Hull team thus far, including any particular challenges faced; and an outline of the next steps for the service evaluation. As far as we are aware, this is the first evaluation of such services, therefore we plan to share this with NHS England,



Public Health England, and any other organisations that we feel may benefit. We are seen as an area of good practice and are asked to support other areas that are planning a postvention service.

Real Time Surveillance (RTS)

RTS systems allow you to track the number of suspected deaths by suicide in your area in real-time. This gives you more up-to-date information about suicide in your area and helps you to identify and implement support to prevent suicide in a timely manner.

RTS is also known as real time data. Vital information is passed from emergency services to local partner agencies when a suspected suicide has taken place. This provides early warning signs for contagion, high-risk groups, and high-risk areas for suicide. This should be monitored weekly and should have an established suicide surveillance group that monitors trends quarterly.

We said we would:

- Expand on RTS to all areas covered by Humberside Police.
- Create an HNY process for RTS.

We did:

Identify where the gaps were across the patch. RTS was already in place for North Yorkshire, however there were some issues when the allocated police officer left their post. There have been several conversations since then with several organisations and key stake holders and the issues have now been resolved.

As not all local authorities were initially on board with the scheme, consultation took place with the areas that had further questions and challenges. This has now been resolved and all 4 local authorities are engaged and enthusiastic about the process having worked hard to implement the recording process, data collection and the Postvention service to provide support for those bereaved.

An information sharing agreement was in place for North Yorkshire and York; one has now been developed for the Humber area.

We have real time surveillance in every area of our HNY footprint.





We are seeing a rise in cluster and contagion meetings across the Humber area and believe this is due to the RTS being in place. As a result of these meetings we are able to bring together a host of stakeholders to look at:

- Surveillance – to identify and monitor occurrence of suicidal acts.
- Information sharing – between relevant agencies to ensure consistency of response.
- Media issues – to ensure responsible reporting.
- Bereavement support – to help those bereaved and affected by suicide.
- Prevention – to reduce risk of further suicides.
- Monitoring and review – to assess the impact of the response, what has been learnt and to inform future plans.

We believe that we are preventing further suicides following a death and because of our learning, we are now in the process of setting up a pilot for women whose children are at high risk of being taken away from them. It has also highlighted that there are no systems in place to report and communicate nationally in circumstances when an incident impacts on that outside of the HNY area. Therefore, we are working with Public Health England and NHS England to look at how we can put procedures in place so that families and those affected are not missed.

Preventing Suicides in public places

This work stream was not identified in the original strategic plan as a priority area; however, over the course of the first year of the steering group, it became evident that distressed individuals were attending some locations more often than others, during periods of extreme distress. It is not always with the intention of suicide but on occasions individuals feel they have nowhere else to turn.

It has been evident that the Humber Bridge is one of these locations and a great deal of work has taken place to reduce suicides at the bridge. As discussions with the Humber Bridge operations manager and the steering group developed, it became evident that there were other such locations, and that by working together, sharing



good practice and processes, we could reduce the number of attempted suicides or suicides. Support and the offer of training to staff who were on the front line was a priority as they were often first on scene and interacting with the distressed individuals.

Through further discussions and feedback from the organisations, it has become apparent that the sites we have visited have taken the support offered; have shared suicide prevention practice; that they now have a different focus when implementing structural change within their sites; have taken the training; have approached distressed individuals in a positive way; feel able to talk confidently about suicide; and are better placed to support their staff.

We felt that it was appropriate to work with the 3 mental health providers surrounding the Humber Bridge and have completed an Information Sharing Agreement for frequent attenders. This will enable a collaborative approach to working with individuals, thus enabling us to have a person-centred approach.

The Safer Public Space Network was developed between HNY, Humber Bridge, East Sussex Public Health and Urban Scale Interventions, and this network has proved very successful with 2 events already taking place. The aim of the network is to share new research, technology and bring like-minded people together to discuss suicide prevention. The network is expanding to include international speakers and attendees.





Emotional Wellbeing Hub

Following a series of devastating events at the Humber Bridge, the decision was made to close the footpaths over the bridge for a period of time. The Humber Bridge board established an Emotional Wellbeing Hub on the country park site in response to this.

The hub is open Friday, Saturday and Sunday for two hours per day for people to pop in to have a coffee and a chat.

We are also working with local support groups from within the community to provide their services from the hub, so that it is open during the weekdays and evening, providing different support to suit differing needs.

The hub is set in wonderful surroundings near to the Country Park and there is real opportunity to be at one with nature, to be active and mindful, as well as being able to access information that will help and support individuals and their loved ones.





Sustainable Change

There are several areas that have seen sustainable change.

Real time Surveillance (RTS) is one of those: there has been significant partnership work carried out to ensure that this system is working well and that public health leads from across HNY are notified either via the coroner or via the police. We have also identified gaps, which are: deaths that have occurred within an acute hospital (system still required, however discussions have started); and deaths on the railway (electronic information is sent to local public health leads if a death has occurred within their area). These organisations are familiar with the postvention services within their area and can refer those that have been bereaved by suicide.

Cluster and Contagion

We have seen a rise in cluster and contagion meetings in the Humber area over the last 18 months, this is predominantly due to the RTS but also due to enhanced relationships across the patch and the communication that occurs when there is a suspected suicide. The programme lead has been integral to this process and it has also been enhanced by the regular meetings that are held with all public health leads and the programme lead on a fortnightly basis. From these cluster and contagion meetings further lives have been saved; support has been put in place for whole communities, as seen in the Winterton area; support groups have been set up; and the postvention service has been able to offer support to a wider group of people who may have been affected. Schools and Colleges have been offered and provided with robust support for pupils and staff. Learning panels are also being set up and there are close working relationships with CDOP.

Current areas of work where gaps have been identified and have been escalated to NHSE and PHE are:



- Coroners' communication: if a person dies of a suspected suicide outside of the area there appears to be no process in place to communicate with local coroners, therefore the opportunity to support people via the postvention service is missed. This occurred in one of our areas, which had a devastating outcome.
- Deaths that might affect people outside of the area: this happened when several deaths in our own area occurred, and it was highlighted that many people across the country may have been impacted. We are currently working on how an information sharing process or something similar could be put in place.

Supervision for Public Health Leads

It became apparent following one of the suicide clusters that public health was not in receipt of clinical supervision despite the work that they carry out being potentially emotionally charged and triggering. This was taken to PHE as a concern, and those concerns were heard and escalated. There is work ongoing now to ensure that Tier 1: Regular 1:1s with a focus on Wellbeing; Tier 2: Group Supervision & Peer Support; and Tier 3: Formal External Professional Supervision, Comms and Resources supervision are in place across public health teams.





Achievements

Jo Kent was honoured to be awarded the High Sheriff Award for her work in Suicide Prevention.

The Award marks the work done by members of the community, groups and charities, and is presented as a thank you and well done to those who go above and beyond in the local community, given at the discretion of the High Sheriff, in consultation with others.

The award marks the work done by members of the community, groups, and charities. This year, Jo Kent was honoured to receive one of the awards.

Some of the work that Jo has been doing is to reduce the stigma of suicide whilst raising awareness around suicide prevention within our communities. The 'Talk Suicide Campaign' has now had over 19,000 people undertake the 20-minute training, which enables people to:

- Spot the signs of someone who may be feeling suicidal
- Speak about suicide in a supportive manner
- Signpost on to the correct support services

The High Sheriff stated that: "Jo continues to strive to improve local understanding of the risks of suicide and provides free training to our communities to ensure that more people are aware of the topic and myths that often come with it. Jo and the wider team have also introduced a new service which ensures that people who have been bereaved or affected by suicide remain supported throughout this difficult time in their life. It is for this notable work that she has been chosen to receive the award."

Shortlisted for Best Not for Profit Working in Partnership with the NHS at the HSJ Partnership Awards 2022

Following an intense and in-depth judging process, Hull and East Yorkshire Mind working in partnership with Humber and North Yorkshire Health and Care Partnership were shortlisted for Best Not for Profit Working in Partnership with the NHS at the HSJ Partnership Awards 2022. They were shortlisted for their work in supporting local people bereaved or affected by suicide ahead of the official awards ceremony on 24th March 2022.

Standing out amongst tough competition from hundreds of other exemplary applicants, they were selected based on their ambition, visionary spirit, and the demonstrable positive impact that their project has had on local people in Hull, East Riding of Yorkshire, North Lincolnshire, and North East Lincolnshire. The award shortlist recognises their outstanding contribution to healthcare, in what has been an exceptional and challenging period across the sector.





ONS statement regarding suicide in our area

In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an Age-Standardised Mortality Rate (ASMR) of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000.

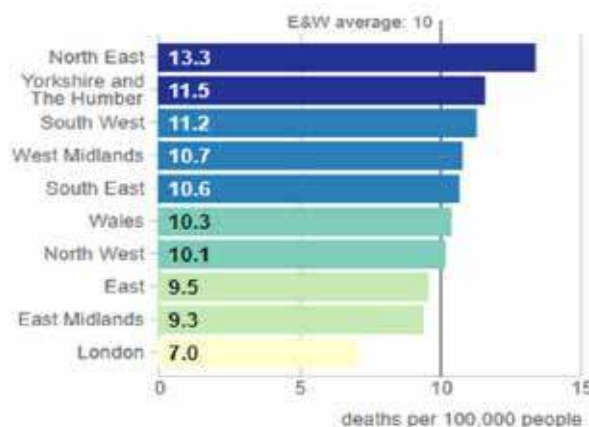
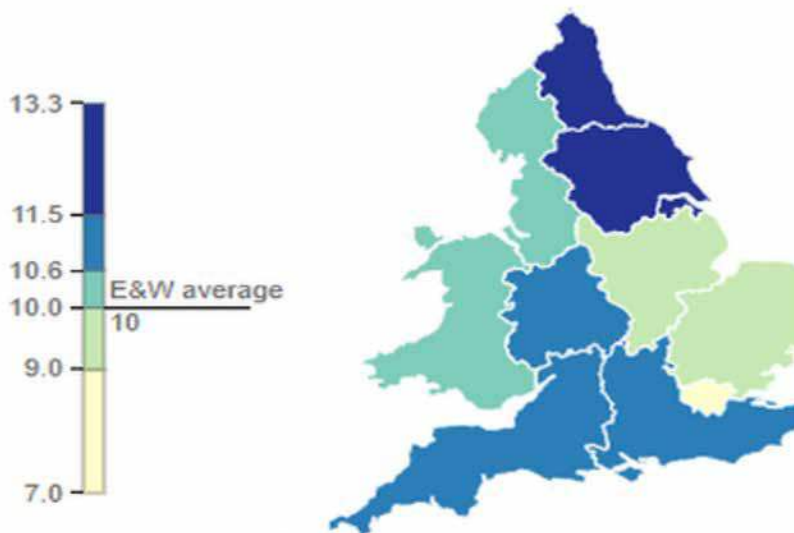
Prior to this report being published, Yorkshire and the Humber had statistically significantly higher ASMRs of suicide compared with the overall England ASMR (10.0 per 100,000). For the purpose of this report, it is noted that for years, Yorkshire and the Humber had the highest rates of suicide in the country.

In 2020, ASMRs in both Yorkshire and the Humber (11.5 per 100,000 people) decreased significantly compared with 2019 (13.8 per 100,000 people).

These were the only significant changes in English regions, when comparing 2020 with 2019.

Figure 2: The North East had the highest suicide rate in 2020

Age standardised suicide rates for English regions and Wales, deaths registered in 2020





Summary

During the last few years there has been a significant amount of work taking place, some planned and other elements which were opportunistic. We have continued to develop systems and have learnt from other ICSs across the country, especially from Wave 1 sites. We are now seen as an area of good practice predominantly for the work that has been carried out with reducing suicides in public places. There are many areas of the country, that have local places which are known for suicides, who approach us and ask for support and advice on their area. The Together Service is also seen as an excellent service and the programme lead has met with areas that have just received funding to support them in developing their own services. The campaign has been duplicated in another area of the country, and through working with East Sussex Council we have formed a national network to look at reducing suicides in public places.

Whilst we have faced some of the most challenging times over the last year, we know we have still managed to save lives. This was evident in the work that took place in North East Lincolnshire, where we had contagion amongst our young people, but were able to act quickly utilising the RTS and the systems that are in place. This enabled us to ensure that support was given, urgent meetings were held, and communication was far reaching, and we are assured that we prevented further young people from taking their lives. We have also received emails from individuals who have taken the Zero Suicide Alliance training, informing us that they had prevented an individual from taking their life. Additionally, the bridge footpath closure has undoubtedly saved one life and, as can be seen from the work that has been carried out at the Emotional Wellbeing Hub, suicides have been and continue to be prevented.

We have been recognised by many areas for the work we are doing, and Sir Norman Lamb stated that the work that had been carried out and co-produced with men was an exemplar for other areas.



Humber and North Yorkshire
Health and Care Partnership

If you would like to find out more about the work of the Humber and North Yorkshire Health and Care Partnership, please get in touch.

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