

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 9th February 2022

Title of report: Mental Health and Suicide Prevention

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall – 27.1.2022
Is it also signed off by the Service Director for Finance?	NA
Is it also signed off by the Service Director for Legal Governance and Commissioning?	NA
Health Contact	Vicky Dutchburn - Director of Operational Delivery and Performance

Electoral wards affected: NA

Ward councillors consulted: NA

Public or private: Public

Has GDPR been considered? Yes, no personal details are shared within the report.

1. Summary

1.1 This report is for briefing and consultation purposes. The intention is to inform the panel on the following key aspects of suicide prevention and mental health as requested by the Health and Adult Social Care Scrutiny Panel.

- An up-to-date analysis of the local need such as a suicide audit and/or local suicide profile.
- The impact that the pathfinder support workers have had in their work in providing advice, training, and support for men vulnerable to self-harm and suicide.
- The impact that the preventative and educational work on mental health that is taking place in schools is having in helping to reduce self-harm and suicide.
- An update on work being undertaken by the Council in supporting mental health provision across the various localities in Kirklees.
- The impact of COVID-19.

In addition, the Panel have asked for comment on several areas of concern surrounding mental health services, that were highlighted during a recent discussion with representatives of CQC that could have an impact on the prevalence of suicide. Issues they would like to cover include:

- Through CQC's feedback on care services (April 2020 – December 2020) that people with mental health needs felt they had been ignored by the GP; not had their symptoms taken seriously; and felt they could not get a referral to a specialist due to a lack of capacity in community mental health services.
- CQC inspection teams raising concerns about people being admitted to mental health services with more severe mental ill- health and people presenting in emergency departments and acute trusts because they were struggling to find appropriate places due to a lack of suitable provision.

1.2 **An up-to-date analysis of the local need such as a suicide audit and/or local suicide profile.**

The most recent Kirklees Suicide Audit covers the years 2016 to 2018 inclusive. The report was carried out in partnership with Calderdale and Bradford Local Authorities as they share a coroner's office with Kirklees Council. All verdicts of suicide were included in the audit as well as all those cases which could have been suicide. Key findings from the audit are included below.

Table 1: Kirklees Suicide Count per year, compared to the previous audit.

Year	2011	2012	2013	2014	2015	2016	2017	2018
Kirklees Audit	42	39	40	-	-	46	34	39
Total			121					119

Table 2: Key demographics

Findings	Kirklees 2011-2013	Kirklees 2016-2018	Joint Average 2016-2018
Male: Female ratio	74:26	78:22	75:25
Mean age (SD)	30-39	44.3 (17.3)	44.5 (16.8)
Sexuality	75.2% Heterosexual	83.2% Heterosexual	86% Heterosexual
Modal living Arrangement	Alone	Alone	Alone
Modal Marital Status	Alone	Single	Single
Employment Status	43% in Work	42.0% in Work	44.4% in Work

Chart 1: Prevalence of Mental Health conditions in Kirklees Suicides (2016-2018); excluding missing data; 4.2%.

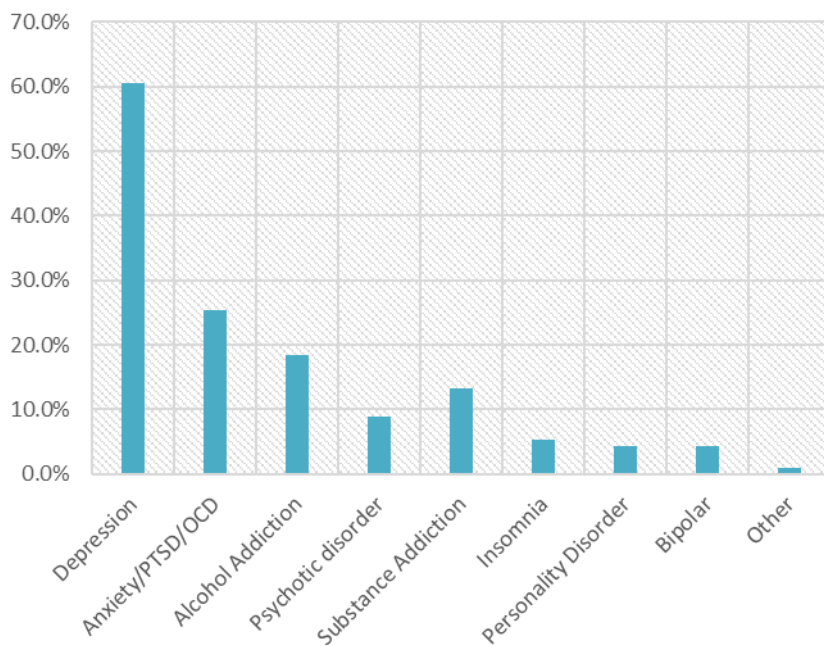
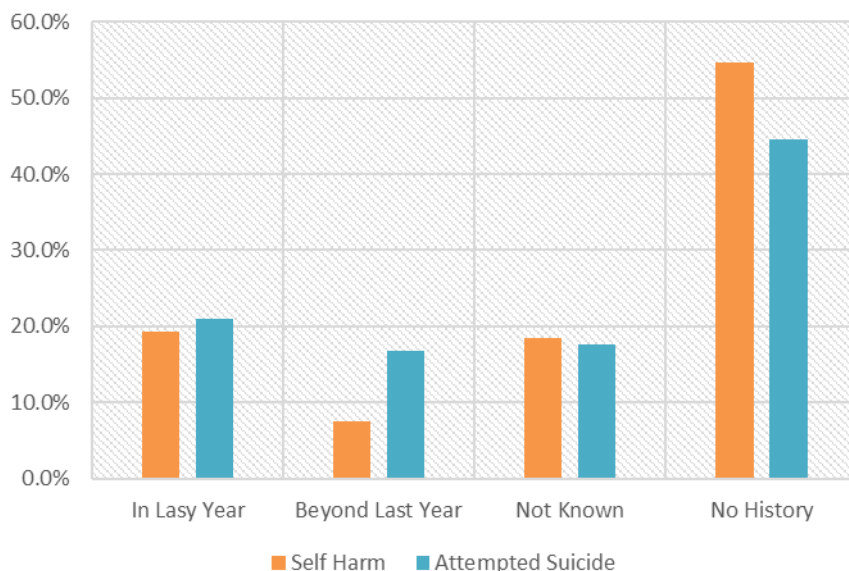


Chart 2: History of self-harm and attempted suicide in Kirklees Suicides (2016-2018)



Other Key findings:

The audit tells us that nearly 50% of people who took their own life in Kirklees, had contact with primary care in the 3 months prior to their suicide. Most of these visits (54.3%) were for physical health reasons.

Hanging was the most frequently used method of suicide in Kirklees (59.6%).

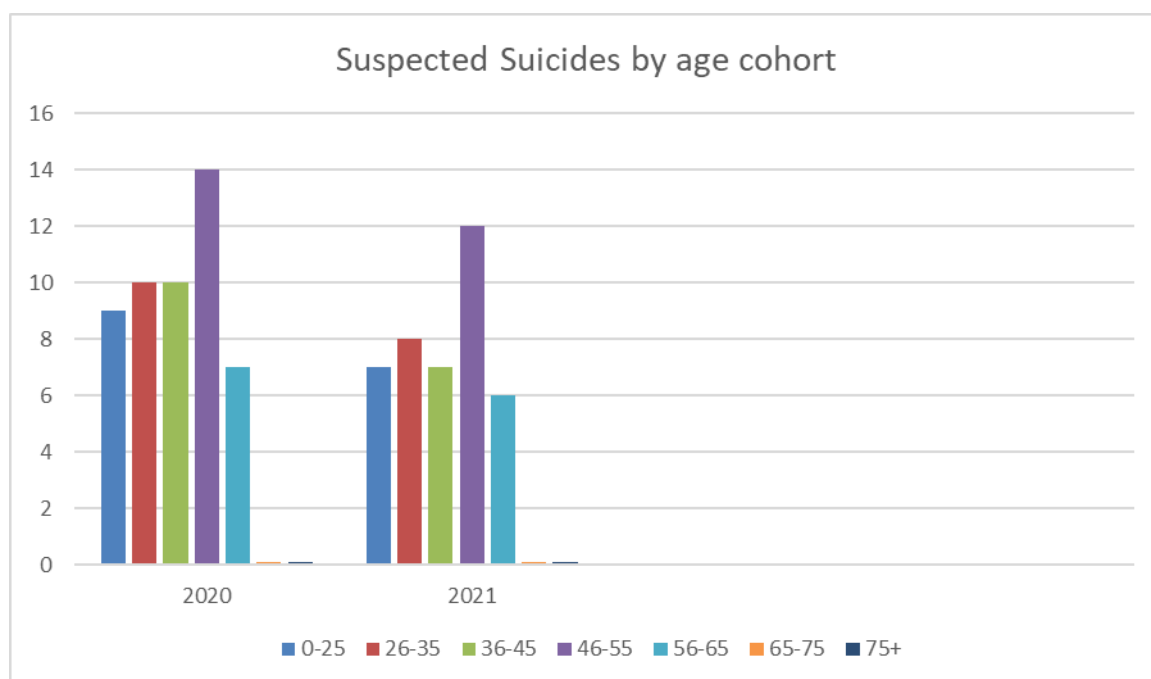
22% of people who took their own life reached out to someone to tell them of their intentions before they acted upon it.

The most frequently reported adverse life events in the narrative details of the suicides were: 'relationship breakdown', 'illness' and 'work.' A newer theme that developed from this audit was the role losing custody or contact with children played; it was a possible risk factor event in 9.2% of cases, although largely occurred in combination with relationship breakdown.

We continue to receive real time surveillance data (suspected suicides) on a weekly basis from West Yorkshire Police, which allows for more effective support to be put in place for impacted families after the loss of someone to suicide and supports us to spot potential suicide clusters emerging across the district. We are looking to involve more colleagues including Yorkshire Ambulance Service and The Fire and Rescue service to understand the situation in real time and enable responses to changing trends. This will include developing a greater understanding of attempted suicide, which has the potential to identify gaps and crucial opportunities to intervene. A previous suicide attempt is one of the most significant antecedents to suicide.

We have monitored the real time surveillance data carefully throughout the pandemic and it tells us that in 2020 we had 53 suspected suicides and in 2021 we had 43 suspected suicides. It's worth noting that we shouldn't draw conclusions from this observed decrease and better to look at 3 year rolling trends when talking about suicide rates.

Chart 3: Real Time Surveillance data for 2020 and 2021 (suspected suicides)



3 year rolling averages (Public Health England data - up to 2020)

Table 3: All persons

Period	Count	Value - Kirklees	Value – Y and H	Value - England
2016-2018	117	10.3	10.7	9.6
2017-2019	122	10.8	12.0	10.1
2018-2020	134	11.8	12.5	10.4

Table 4: Males

Period	Count	Value - Kirklees	Value – Y and H	Value - England
2016-2018	92	16.6	16.7	14.9
2017-2019	97	17.5	18.3	15.5
2018-2020	102	18.4	19.2	15.9

Table 5: Females

Period	Count	Value - Kirklees	Value – Y and H	Value - England
2016-2018	25	4.4	4.8	4.7
2017-2019	25	4.4	5.9	4.9
2018-2020	32	5.6	6.1	5.0

1.2.1 Overview of progress made against the local suicide prevention action plan in last 2 years

- We have worked regionally and nationally to ensure there is support in the system for those affected by the pandemic. A regional Grief and Loss service has been in place since May 2020 to provide a listening ear for people experiencing grief and loss. Since it started over 200 people from Kirklees have contacted this service.
- Extra capacity added to CRUSE Kirklees and Kirkwood hospice for bereavement counselling.
- Extensive promotion of the Kirklees mental health support card throughout the pandemic to front line services, food banks and A and E departments. Demand for this resource has been high with interest from outside areas to replicate.
- Public Health have worked with Leeds MIND and developed a family and child support offer within the postvention service for Kirklees residents, which means families in Kirklees can now access suicide bereavement support either as a family or separately on a 1:1 basis. They have supported 6 families so far and are receiving regular referrals from Northorpe Hall.
- We are currently working with Northorpe Hall, Norristhorpe Primary School and Leeds MIND to develop some suicide bereavement guidance for schools. Schools currently do not have any bereavement guidance specific to suicide and what to do should a suicide occur with a staff member or a pupil. We hope this will establish a clear pathway of support.
- We have provided one suicide bereavement memorial event in Batley with the West Yorkshire suicide bereavement service.
- Public Health worked with Highways England to advocate for change and support changes to the infrastructure of Scammonden Bridge. These changes have now been implemented by Highways England, which included higher fencing on the bridge and a telephone on the bridge for people to access mental health support when in a crisis. Since this work has taken place there have been no further fatalities at this location.
- Supporting the refresh of the Kirklees mental health webpages, including a dedicated page to suicide prevention, with access to locally developed resources.
- Report taken to the children safeguarding executive panel to discuss themes arising from local child suicides and national reports. Public Health, SWYT, Child Death Overview Panel and Northorpe are working collaboratively to address themes coming out of this.
- Wave funding via NHS England has funded projects with a focus on men and suicide prevention; Batley bull dogs – men’s walking group, S2R – Money in Mind project, Platform 1 – volunteer coordinator. Additional wave funding has been awarded to Absolute Specialists Wellbeing to reach those in the community who are self-harming to offer free focused mindfulness.
- Suicide Prevention identified as one of the key priority objectives within the new Mental Health Alliance.

1.3 The impact that the pathfinder support workers have had in their work in providing advice, training, and support for men vulnerable to self-harm and suicide

The impact of the 1-year Pathfinder Development Worker programme has been significant in developing networks such as the West Yorkshire Suicide Prevention Advisory Network and the West Yorkshire wide voluntary and community sector (VCS) peer support/ action learning set. The information and resources gathered from these networks fed into the development of the website www.suicidepreventionwestyorkshire.co.uk. There are pages specifically for residents and partners in Kirklees.

A partnership established through the Pathfinder development Worker programme with the charity State of Minds Sports continues, with delivery of mental fitness sessions with employers into 2022. They have delivered sessions locally, including sessions to DWP staff in Kirklees.

1.4 The impact that the preventative and educational work on mental health that is taking place in schools is having in helping to reduce self-harm and suicide.

The following tables identify the number of support requests that have been assessed through the Thriving Kirklees Single Point of Access from January 2019 – December 2021 where self-harm or suicidal thoughts have been identified as a presenting issue. As identified there have been a similar percentage of cases identifying self-harm as a presenting concern and a slight drop in suicidal thoughts.

2021	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total	
Telephone Assessments Started														
Assessments	284	348	374	312	324	425	468	442	380	393	482	454	4686	
Presenting Issues														
Self Harm	40	34	59	68	58	55	44	33	37	45	67	41	581	12.40%
Suicidal Thoughts	35	32	50	29	49	53	40	25	25	44	70	30	482	10.30%

2020	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	
Telephone Assessments Started														
Assessments	285	278	379	324	296	235	265	220	348	399	359	339	3727	
Presenting Issues														
Self Harm	32	34	51	21	30	20	32	31	45	63	52	37	448	12.00%
Suicidal Thoughts	27	21	46	26	22	24	30	23	32	46	51	42	390	10.46%

2019	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total	
Telephone Assessments Started														
Assessments	46	43	202	281	238	254	384	418	261	320	283	294	3024	
Presenting Issues														
Self Harm	0	0	36	36	41	34	50	34	33	32	53	24	373	12.33%
Suicidal Thoughts	0	0	46	32	37	33	43	38	29	34	42	17	351	11.60%

As part of the core offer Children’s Emotional Wellbeing Service (ChEWS) at Northorpe Hall offers a specific information session regarding Self Harm alongside a range of other sessions available, that also cover common mental health presentations. These are offered open access to anyone in Kirklees or can be requested to be delivered in community venues. Between May 2019 and January 2022, there have been 8 ‘Introduction to Self-harm’ courses delivered to professionals, totalling 189 people. Between March 2019 and March 2021 there have been 10 ‘Self-harm information sessions’ delivered to young people, totalling 36 young people aged 11 and above. Between May 2019 and March 2021, there have been 16 ‘Introduction to Self-harm’ training sessions delivered to parents and carers, totalling 57 people.

For more information on any of these updates, please contact Yvonne.white@northorpehall.co.uk.

On the 1st of March 2021 a ‘Let’s Talk About Self Harm’ campaign was launched providing new information leaflets that had been designed by young people in Kirklees. Information and materials can be found at <https://www.northorpehall.co.uk/lets-talk-about-self-harm>. From the campaign over 3000 leaflets were requested across schools, health, and other community services.

There are now Mental health in school teams (MHST's) across 81 schools in Kirklees. Below is an overview of the type of work they are delivering in relation to suicide prevention.

- They offer continued professional development on suicidal ideation and self-harm to all staff.
- They offer parent's education sessions on the signs of poor mental health via the MHST Parent and community workers.
- They offer an assessment within 2 weeks of requests to help address issues early.
- Educational Psychology offer youth mental health first aid training which includes a section on self-harm and suicide prevention so that school staff feel better equipped to respond.

1.5 An update on work being undertaken by the Council in supporting mental health provision across the various localities in Kirklees.

Please see appendix 1: 'Place based mental health work' for an update on the various projects taking place across Kirklees because of the mental health place-based funding. For more information on any of these projects, please contact vina.randhawa@kirklees.gov.uk.

1.6 The impact of COVID-19

The quarterly data for 2020 based on registrations showed that at the beginning of the coronavirus pandemic, during the second quarter (Apr to June) of 2020, there was a significant reduction in the rate of suicide when compared with the same period in 2019. As opposed to representing a genuine change in suicide, the lower number of registrations in the second quarter of 2020 most likely reflects the impact of the coronavirus pandemic on the coroner's service, (average of 165-day delay).

The suicide prevention task of 2020 did not start with COVID-19. There were already concerns about the rising rate in 2018 and 2019. COVID-19 has exposed fault lines in society where risk of suicide is also found - inequalities based on deprivation, ethnicity, disability, and stigma. The early evidence on suicide has not found a rise despite the undoubted distress reported in surveys and by charities. However, the pandemic is not over, and this could change. Some groups or areas may be more at risk; COVID-19 did not affect all communities equally. We know that many of the risk factors for suicide will have been amplified during the pandemic.

1.6.1 The impact of covid on Single Point of Access

We have seen fluctuating referrals to the Adult Single Point of Access over the last 2 years. The average number of referrals in 2019/20 was 413 and in 2020/21 this was 393. There was a significant drop in April 2020 to 188 referrals in that month as we entered the first national lockdown. This drop rose back steadily toward the end of 2020 and in 2021 we saw an increase in referrals; up to 637 in July 2021.

1.6.2 The impact of covid on the Working Together Better Partnership

This partnership represents 7 community based mental health services within the voluntary and community sector. There was a slight drop in referrals in the quarter before the first lockdown, then a larger drop in referrals in April /June 2020. This has slowly increased until January 2021 where there was a larger increase which has continued

across 2021 bringing referral levels back to a similar position as they were before covid-19.

1.7 Through CQC's feedback on care services (April 2020 – December 2020) that people with mental health needs felt they had been ignored by the GP; not had their symptoms taken seriously; and felt they could not get a referral to a specialist due to a lack of capacity in community mental health services.

In 2021 NHS England outlined a new way of working to address some of the gaps in current mental health provision by developing a range of new mental health roles to be delivered within the primary care networks. These teams will work with the GPs with the aim of meeting the needs of patients whose illness are too complex to be managed in primary care but do not meet the criteria for the South West Yorkshire Trust (SWYT) secondary care services with a focus on seamless service provision. Placing experienced mental health professionals in the GP surgeries will provide better, more accessible expertise and risk assessment for patients presenting with mental health difficulties. All roles are new funding for mental health and will expand the workforce available in GP's surgeries across the next 3 years.

1.7.1 Primary Care Update

Primary care services in Kirklees have been maintained throughout the pandemic and face-to-face appointments were available post-triage for those identified with a clinical need. During the first wave of the pandemic 'hot sites' were mobilised which allowed patients with suspected covid to still be seen face to face if necessary.

West Yorkshire Health and Care Partnership approved the funding for the mental health decision tree algorithm and for it to be incorporated into the primary care template system. This will ensure a consistent standard of assessment is achieved, regardless of the care setting in which the patient is seen. There is a working group which includes our local GP clinical lead for mental health as well as other clinicians from SWYPFT and neighbouring CCGs.

To ensure that people across all ages access the appropriate services at the right time, a refreshed, stepped approach guide has been produced for the winter period.

With partners across West Yorkshire, a 24-hour mental health support line was commissioned early in the pandemic as was a Grief and Loss line which operates between 8am until 8pm, 7 days a week.

Partners across the system have been working closely together to address current system pressures on the health and care workforce, arising from the challenges of the latest, highly transmissible variant.

The Mental Health Community and Primary Care Transformation Programme will build a Mental Health Hub for each Primary Care Network (PCN) within Kirklees consisting of a wide range of skilled practitioners working together to provide access to mental health support before reaching crisis point, supporting with low level to Serious Mental Illness and referring into the specialist mental health trust, when appropriate. The decision tree outlined above will support this joined up approach to identifying patients need. For more information on this, please contact jen.love@nhs.net.

1.8 CQC inspection teams raising concerns about people being admitted to mental health services with more severe mental ill- health and people presenting in emergency departments and acute trusts because they were struggling to find appropriate places due to a lack of suitable provision.

Throughout the pandemic period SWYT has continued to deliver services to people with a serious mental illness and has adapted to meet the challenges that faced all health care services.

Across the next 3 years, the range of mental health roles that will work in Kirklees include:

- primary mental health practitioners under the Additional Roles and Responsibilities scheme. SWYT have committed to providing qualified mental health staff who will work within GP's surgeries seeing patients with mental health problems allowing early identification and treatment for those at risk of suicide and self-harm.
- social prescribers and mental health social prescribers to promote better access to social inclusion and signpost patients to self-help resources and third sector providers working to increase wellbeing as a preventative factor
- mental health pharmacists to support identification, optimisation, and review of mental health medications
- Mental Health Advanced Clinical Practitioners – mental health nurses with advanced clinical skills who can diagnose and treat complex mental health presentations while providing clinical leadership to the other roles within the primary care networks.
- Trauma informed navigators working within Calderdale and Huddersfield Foundation Trust to support people presenting at A and E with multiple non - clinical complexities.

2. Information required to take a decision

The report is for update on progress only. No decision is being sought.

3. Implications for the Council

3.1 Working with People

It is important that everyone feels comfortable in having conversations around suicide, as it affects many people and we all could potentially encounter people every day who are struggling with their mental health. The suicide prevention action group advocates that everyone should undertake the Zero Suicide Alliance suicide prevention e-learning training: <https://www.zerosuicidealliance.com/training>

3.2 Working with Partners

The Suicide Prevention Action Group for Kirklees is made up of many different organisations, sectors, and individuals. The action plan is multi-faceted, and the membership reflects this. Suicide isn't a clinical mental health problem in isolation; we must address the wider social determinants of health to truly tackle suicide prevention.

3.3 Place Based Working

Tackling mental health requires a proportionate response across Kirklees. This means we need things in place that can support everyone to maintain good mental health, like access to green spaces and warm homes, and things in place for people when individuals

themselves or others recognise that someone is displaying signs or symptoms of poor mental health. To reduce suicide rates across Kirklees, we must be able to understand specific issues associated with place. There are things we can do strategically, both at national and regional level, but for people to be able to reach out and ask for help when they need it, we need support in places that is meaningful to all communities.

3.4 Climate Change and Air Quality

NA

3.5 Improving outcomes for children

Half of all lifetime mental illness starts before the age of 14 years. Suicide prevention must include activity to reduce mental health and self-harm stigma amongst young people and train those that work with children and young people to be able to recognise signs and symptoms of emotional distress. The suicide prevention agenda links closely to the work around reducing the impact of adversity and trauma and we know that the more adverse events that someone experiences, the worse their health outcomes are throughout their life.

3.6 Other (e.g. Legal/Financial or Human Resources)

NA

4 Consultees and their opinions

NA

5 Next steps and timelines

New Suicide Prevention Strategy for West Yorkshire

Suicide Prevention West Yorkshire 2022-2027

West Yorkshire Health and Care Partnership | West Yorkshire Suicide Prevention

PLAN ON A PAGE

- > Physical health; long term conditions, chronic pain
- > Living alone
- > Criminal justice
- > Attempted suicide
- > Unemployment
- > Primary care
- > Children and young people
- > People in crisis and leaving secondary mental health services
- > Health and care staff and volunteers
- > Target resources where suicide risk is the highest
- > Coproduction
- > Information, evidence and resource sharing
- > Collaboration to create a movement for change

Year 1 > Year 2 > Year 3 > Year 4 > Year 5

5 Core Principles

- 1 Co-production
- 2 Evidence-based action
- 3 System-wide impact
- 4 Life course approach
- 5 Combating stigma

Investment in the Police will improve data frequency and integrity as well as streamlining support from WY Suicide Bereavement Service for bereaved people.

Instigating a way of sharing data and intelligence about staff who work in health and care who take their own lives to understand their situation and prevent contagion as pressures continue to play out.

Investment in supporting people with lived experience of attempting to take their own lives and suicide bereavement is crucial. A coproduction contract will support Kirklees suicide prevention efforts from April 2022 for the following two years.

We are collaborating in the commissioning of creative suicide prevention training across West Yorkshire, to complement existing training on offer. This will be targeted at people and workforces most likely to encounter those with the greatest risk factors for suicide. The tender is live at the time of writing.

Invested in Leeds GATE to roll out a two-year Suicide Prevention service with Gypsy/Traveller communities across West Yorkshire. This includes crisis support, anti-stigma and suicide prevention training.

The Suicide Prevention Oversight group has recently agreed to develop the Check In work to be public facing, targeting men – a resource for all in Kirklees. The campaign will be targeted at men.

Establish a learning panel group to take on strategic responsibility for the Kirklees real time surveillance data.

Continued funding from NHS England for year 3 funding at place level.

Development of a Kirklees ‘men’s mental health collaborative video’ to showcase many services, but a united approach to reaching men who need help.

Support Kirklees to become a trauma informed organisation/system.

6 Officer recommendations and reasons

- That all partners proactively promote and raise awareness of the training offers via Northorpe Hall to increase the understanding around self-harm in young people and raise confidence in those meeting young people, so they know how to respond and act appropriately.
- That suicide prevention is supported in Kirklees and local efforts to reduce suicide through the action group are recognised as a valued partnership and asset for Kirklees.
- That the Zero-suicide alliance training is recommended to all to help with consistency in language and approach and help more people to stay safe.
- Sign up to Suicide Prevention Network news and information suicide prevention website@swyt.nhs.uk
- Promote forthcoming suicide prevention training and check-in campaign across Kirklees’ communities.

7 Cabinet Portfolio Holder’s recommendations – Cllr Musarrat Khan

‘Suicide has a devastating rippling impact on individuals, their families & friends and wider communities. It is a complex problem which requires commitment from a wide variety of partners and adequate resources within systems. There has been a considerable amount of work taking place on the suicide prevention agenda across the last two years, and we need all partners to continue to play their part as we begin to understand the full impact of the pandemic on people’s mental health.’

8 Contact officers:

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9 Background Papers and History of Decisions

N/A

10 Service Director responsible

Rachel Spencer-Henshall