

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 21st January 2020

Title of report: Suicide Prevention

Purpose of report: To provide the panel with an update on Suicide Prevention in Kirklees since the last update given in November 2018.

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?	N/A
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall – 9 January 2020
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N/A
Cabinet member portfolio	Cllr Musarrat Khan Portfolio Holder for Health and Social Care

Electoral wards affected: N/A

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Yes no personal details are included in this 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 activity as requested by the Health and Adult Social Care Scrutiny Panel.

- An update on progress of the work being done on suicide prevention through the Primary Care Networks and the development of the high risk decision support tool for primary care.
- An update on work that is being done on mental health services for men in the 45-60 age group.
- Progress on the level of support and information being provided to schools for young people who have been identified as self-harming.
- The outcomes from the West Yorkshire and Harrogate Integrated Care System (ICS) funding for providing bereavement /post suicide support.

1.2 **An update on progress of the work being done on suicide prevention through Primary Care Networks and the development of the high risk decision support tool for primary care.**

1.3 Professor Grigoris Antoniou from Huddersfield University attended the Joint Clinical Strategy Group Meeting on 2nd October 2019 to present the opportunity to trial the Automated Suicide Risk Assessment for Trial in Primary Care. Technological developments and advances in artificial intelligence has opened new opportunities for aiding clinicians to identify people who could be at risk of suicide and ensuring they receive appropriate treatment and care. The risk assessment tool would automatically compute the suicide risk factor for patients using available GP practice data and enable GP's to get warnings of patients most at risk of suicide who need referral or an increased focus.

1.4 In summary, the Joint Clinical Strategy Group supported the proposal in being taken forward by identifying primary care practices and/ or primary care networks that could be involved. The immediate next steps are for Huddersfield University to work on a coding system and to explore and resolve issues around information governance. A protocol will be developed with CCG, Public Health and Huddersfield University.

1.5 More generally, Public Health are working to align themselves to Primary Care Networks and support them with their health priorities. This will include Mental Health and Suicide Prevention, strengthening the links between primary care and this agenda. For example, this could be training opportunities for primary care staff, linking more closely the Suicide Prevention Action Group and developing a greater awareness as to what is happening in the community.

1.6 **An update on work that is being done on mental health services for men in the 45-60 age group.**

Across Kirklees there are a number of providers currently working with this age group and men in-particular. These are:

- Andy's man club
- Luke's Lads
- Men's Talk (community links)
- Ex-Men (community links)
- Ex-military group (community links)
- The Well-bean Café
- Meeting of Minds

- Platform 1
- Kirklees Time to Change Hub
- Recovery College

- 1.7 Through the direction of the Mental Health Partnership Board, a sub-group was set up to consider how services work together and what the direction of men's mental health should be in the area. Initial work identified where we wanted to be within the next 5 years and work streams have been developed as a result of this (see below). The aspiration is that by bringing together like-minded organisations and individuals we could make better moves forward by having a joined up approach to improve men's mental health in Kirklees.

1 - Awareness and Knowledge

Changing Minds - Increasing the dialogue across communities to support removing barriers, changing perceptions and increasing pathways of support for the residents of Kirklees.

2 - Feeling Human

Feeling Human - Recognition of me as I am, not an appointment but a person, looking at solutions not problems, seeing the person I can be more than the label that I have been given.

3 - Communication & Co-ordination

Everybody Knows - Turn on, don't turn off when mental health is discussed. Make mental health something we are all aware of and can openly talk about and challenge anywhere and at any time without fear.

4 - Right Place - Right Time - Right 4 Me!

Right Place - Right Time - Right 4 Me! - Men like me who need support with mental health conditions can rely on services being local and accessible. Services will be co-ordinated, integrated, inclusive and resource efficient, with no gaps or overlaps. Services will be wellness not time based and available when men need them!

5 - Inspiring Change


















Inspiring Change - Serious change about serious decisions that take men's mental health issues seriously. Influencing community leaders and groups, employers and citizens of Kirklees to inspire that change.

- 1.8 More broadly, there is a multi-agency Suicide Prevention Advisory Network (SPAN) which includes members from all partner agencies in West Yorkshire and Harrogate (WY&H). We have been working together across WY&H since 2016/17 and as a result we have successfully secured national funding from NHS England/NHS Improvement (August 2019) to enable pathfinder support workers to provide advice, training and support for up to 600 men in the area, drawing on voluntary organisations like State of Mind and Luke's Lads to help. The focus is on reaching out to men in our communities who are vulnerable to self-harm and suicide and who often do not use statutory services. They will work closely with our partners at State of Mind Sport to deliver a mental health resilience programme in sports venues throughout our area for men. We are also enhancing social media and website opportunities and an app to support the pathway for men. The first State of Mind sessions are due to begin early 2020.
- 1.9 Spirit in Mind (a South West Yorkshire Foundation Trust 'linked' charity) ran a Mental Health First Aid two-day training for 16 local faith leaders in North Kirklees at the end of 2018. In addition, courses were offered to religious groups on mental health awareness, stress management and intentional compassion.

- 1.10 We have also secured funding to improve suicide bereavement services across the area (See section 1.24 below).
- 1.11 Throughout this work we aim to get better at joining up secondary care with early intervention and prevention, so on discharge, mental health services are further aware of what is available in local communities.
- 1.12 **Progress on the level of support and information being provided to schools for young people who have been identified as self-harming.**
- 1.13 Schools can access a free information session on Self-Harm which has been co-produced with professionals and young people through Northorpe Hall. The Education Links worker at Northorpe Hall will deliver this to staff in their provision.
- 1.14 The same content is also delivered as a parent information session at Northorpe Hall, the Packhorse Centre, or in the Community at Host schools. Parents do not have to have children who are currently accessing a service, it is available for anyone.
- 1.15 They also offer a session for secondary students on self-harm.
- 1.16 Out of 223 education provisions recorded as being "In Kirklees" there are 150 currently have an Emotional Wellbeing lead.
- 1.17 The core free offer of training available through Northorpe Hall is available to any Kirklees education provision that has provided details of their Emotional Wellbeing Lead. Once this is in place, the schools can access any of the services detailed on the service offer (see appendix A) for free.
- 1.18 Northorpe Hall support education settings to develop positive outcomes for staff, students and parents in regards to mental health. This includes supporting schools to reflect on their internal referral pathways and whole school approaches. The sessions they provide are generic information sessions that aim to start a conversation regarding early intervention and prevention.
- 1.19 The Kirklees Suicide Prevention and Self-harm prevention group (SPAG), have been working collaboratively, alongside Huddersfield New College, to develop a self-harm resource; one for young people and one for adults, to help encourage conversation and to provide up to date signposting for anyone that is concerned. What is important is that we try to encourage everyone who comes into contact with young people to understand that self-harm is a coping mechanism for something. Trying to understand the 'problem' should be the priority, rather than getting the young person to stop their coping mechanism. Supporting parents and people who work with young people to try and increase their confidence on this issue is crucial. We aim to have these resources completed by March 2020.
- 1.20 These hospital admissions in the chart below are used as a proxy of the prevalence of severe self-harm, these are only the tip of the iceberg in relation to the health and well-being burden of self-harm. It's important that we take a population level approach to tackle self-harming in Kirklees.
- 1.21 What do we know about self-harm? (Taken from PHE, fingertips profile).
- suicide risk is raised 49-fold in the year after self-harm,
 - the risk is higher with increasing age at initial self-harm
 - Self-harm is poorly understood in society and people who harm themselves are subject to stigma and hostility.

- Women - rates of deliberate self-injury are two to three times higher in women than men
- Young people - Self-harming in young people is not uncommon
- Older people who harm themselves are more likely to do so in an attempt to end their life
- People who are lesbian, gay, bisexual or gender reassigned
- Women of South-Asian ethnicity
- Socially deprived people living in urban areas

1.22 Emergency Hospital Admissions for Intentional Self-harm (2017-18) (PHE, fingertips profile).

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	–	–	103,936	185.5		184.4	186.6
Yorkshire and the Humber region	–	–	10,668	194.6		190.9	198.4
Barnsley	–	–	761	323.6		300.9	347.5
Kingston upon Hull	–	–	724	270.8		251.1	291.7
Doncaster	–	–	694	230.4		213.5	248.3
Leeds	–	–	1,816	218.7		208.5	229.2
Wakefield	–	–	714	216.5		200.9	233.1
Bradford	–	–	1,171	215.7		203.4	228.5
York	–	–	482	207.9		189.2	227.9
Calderdale	–	–	394	192.6		174.0	212.6
North Yorkshire	–	–	1,053	189.3		177.9	201.3
North East Lincolnshire	–	–	268	179.2		158.3	202.1
Rotherham	–	–	422	167.3		151.7	184.1
Kirklees	–	–	718	162.8		151.0	175.2
East Riding of Yorkshire	–	–	480	160.7		146.4	176.0
North Lincolnshire	–	–	206	127.7		110.7	146.5
Sheffield	–	–	765	125.3		116.3	134.8

1.23 Other work happening in relation to self-harm includes:

- to scope and develop a research project that will explore the risk and protective factors around self-harm in adults, using the recently awarded Assistant Directors of Public Health (ADsPH) and Local Government Association (LGA) grant funding of £30,000 for Yorkshire and the Humber.
- An update to the National Institute of Clinical Excellence (NICE) Self-harm Guidance from 2013

1.24 The outcomes from the West Yorkshire and Harrogate Integrated Care System (ICS) funding for providing bereavement /post suicide support.

1.25 This application was successful and was launched in December 2019. West Yorkshire and Harrogate ICS received £173,000 for this service from NHS England. Bases of staff will be Mind in Harrogate district, Support to Recovery in Huddersfield and Mind in Bradford. There is an online referral option through the website www.WYHSBS.org.uk. People without internet access can call Leeds Mind and the referral will be filled out with them over the phone. Professionals can use the online form or call and leave contact details of referred person and we will contact them to fill in the form.

1.26 Each area will also have a monthly drop in group set up- people can refer in person at this group and referrals will be open from anyone aged 18 and above. The service will work with parents and carers to support children after a death, and they are hoping to offer some consultancy for other professionals working with children and young people after suicide.

Other plans include being able to offer real time referrals to the service through real time surveillance and closer working with West Yorkshire Police. A launch of the West Yorkshire and Harrogate Suicide Bereavement Service was held on 16th January 2020 for Kirklees.

- 1.27 Although the service was only launched a few weeks ago we are already thinking of the growth and sustainability for this much needed work beyond the next 24-month funding period and are discussing future proposals with NHS England and our partners and stakeholders across the region.
- 1.28 We have also successfully secured national funding from NHS England/NHS Improvement (August 2019) to enable pathfinder support workers to provide advice, training and support for up to 600 men in the area, drawing on voluntary organisations like State of Mind and Luke's Lads to help (see section 1.8 above).
- 1.29 We are also planning to launch a specific suicide prevention campaign across WY&H by March 2020. This would be a co-produced community campaign that focuses on high risk groups (including men, LGBT community, transgender and those with alcohol and gambling addictions) and highlights the importance of resilience, self-care and awareness of behaviour. The idea would be to bring people together to team up and talk about mental health and suicide with a focus on empowering people to:
 - Inspire individual action; encouraging communities to look out for vulnerable people providing resilience messages at a local level.
 - Reduce suicide in the identified target audience and its associated health issues that lead to strains on health and care services as well as wider socioeconomic impacts.
 - To reduce further suicide and loss of life as well as highlighting support services for those affected by bereavement.

2. Information require to make a decision.

Report is for update on progress only. No decision is being sought.

3. Implications for the Council

Working with People

Suicide Prevention activity in Kirklees is developed, discussed and planned through the SPAG, which has representation across multi-disciplinary organisations and providers. Most of these organisations work with the community and residents and feed in to the group what some of the issues are. We regularly have service users attending the SPAG to feed in and share stories and perspectives on different aspects of the action plan. We aim to make this stronger in 2020 by trying to invite someone with lived experience onto the membership of the group.

Working with Partners

Collaboration and working together with partners is the key to ensuring more people live with positive wellbeing in Kirklees. Our SPAG membership includes statutory, voluntary, community and health sectors to ensure joint ownership of the local action plan.

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 also things in place for people when individuals themselves or others recognise that someone is displaying signs or symptoms of poor

mental health. We know from the Kirklees mental health and wellbeing needs assessment (2018) that those that live in more challenging socio-economic circumstances or those with a long term physical health condition are more likely to experience poor mental health. We therefore use the intelligence that we know about our communities to plan where certain services should focus activity or where access may be underrepresented for example. We are currently undertaking a suicide audit in Kirklees covering the years 2016-2018 inclusive, which will give us rich data and intelligence about the at risk population in Kirklees for suicide prevention. This will directly inform our action planning for 2020-2023.

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 Young Persons Survey (2019), told us that 231 out of 3043 Year 9 students, said that they hurt or cut themselves if they have a problem or feel stressed (7.7%), with girls and LGBT+ being significantly higher (11.1% and 27.7% respectively).

Other (eg Legal/Financial or Human Resources)

NHS England have given one years' worth of funding for the postvention service in West Yorkshire and Harrogate. Local plans will be to monitor the uptake and demand for service and develop a business case for longer sustainability of this service for Kirklees residents.

4. Consultees and their opinions

We engaged with students from Huddersfield New College on the content, style and language that should be used within the development of the self-harm resources. This was facilitated by the Education Links Worker at Northorpe Hall. This was to make sure that language used was relevant and meaningful to the target audience.

5. Next steps and timelines

- Develop the protocol for the automated risk assessment tool in primary care by March 2020. Once developed, test the tool with willing Primary care networks or GP practices and evaluate. The hope is to make it easier for GP's in primary care to see who may at risk of suicide on their registers.
- Monitor the uptake and demand on the new suicide bereavement service and write a business case to secure future funding before contract ends in 2020.
- Complete the self-harm resources and make available through Thriving Kirklees.
- A new suicide prevention action plan be written following the completion of the suicide audit 2016-2018. This should be completed by March 2020.
- Deliver the WY&H suicide prevention strategy objectives and realise the benefits now that funding has been secured. This will improve collaboration across partner agencies and the community and enhance joint working between secondary care mental health services and local level community services that support positive mental wellbeing.

6. Officer recommendations and reasons

For the panel to help raise the profile of the local suicide prevention action group and once developed have sight of the new action plan; to contribute, critique and support.

7. Cabinet Portfolio Holder's Comments

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. Our work with Primary Care Networks, Schools and the Third Sector Providers will add considerable value to the existing streams of work in improving mental health outcomes in the District"

8. Contact officer(s)

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9. Background Papers and History of Decisions

Joint Clinical Strategy Group Meeting minutes -2nd October 2019

10. Service Director responsible

Rachel Spencer-Henshall: Corporate Strategy and Public Health