

North East and North Cumbria Suicide Prevention Network

Regional Multi-Agency Plan 2019/24

September 2020

Refreshed - February 2021 in response to the
COVID-19 pandemic

"We know that **suicide is preventable**. By making
suicide prevention a priority we can make sure
everyone has the opportunity to get the information
and support they need to help them find alternatives
to suicide."

*Look after yourself
Look out for others
Get help early*

Introduction

We aim to set out in this document an overview of the work of the North East and North Cumbria Suicide Prevention Network (The Network). We will outline the overarching multi-agency shared values and approach we are taking to help enhance and support all suicide prevention activity across the region, with the ambition to do everything possible to reduce suffering and prevent all suicides, and to reduce the impact where this does happen.

The Network is supported by a multi-agency leadership group, which includes both experts by experience as well as shared expertise from different agencies. This core group oversees and supports the multi-agency implementation groups who work collaboratively to coordinate, support and implement suicide prevention activity across the region. Responsibility for suicide prevention work is shared jointly across agencies, with different organisation specific monitoring, reporting and audit responsibilities in place, both nationally, regionally and locally.

By gathering and using all the available evidence of how best to prevent suicide and self-harm, the Network collaborates as different agencies and communities, and people with lived experience of self-harm and suicide, to coordinate action to help prevent self-harm and suicide across our region. We work in partnership to promote wellbeing and resilience and to reduce the impact and stigma of suicide and improve support for those affected.

The Integrated Care System (ICS) framework aims to transform the way services are delivered to people across the North East and North Cumbria, supporting the provision of a more integrated approach to health and social care. The ICS structure provides a governance framework and supports three sub-regional Integrated Care Partnerships (ICPs) to help with the successful delivery of multi-agency suicide prevention plans and improvement activity, helping improve outcomes and experience for people of all ages across the North East and North Cumbria.

- South ICP (Durham, Darlington, Hartlepool & Stockton, Redcar and Cleveland, Middlesbrough,)
- North Cumbria ICP (Copeland, Allerdale, Carlisle, and Eden)
- North ICP (Northumberland, North Tyneside, Newcastle, Gateshead, Sunderland, and South Tyneside).

This regional Network approach supports collaboration across service boundaries and helps to ensure that expertise, best practice and learning is shared across agencies, that gaps and potential duplication are identified, and resources are shared/made widely available to improve the efficiency and effectiveness of the plan and related activity, ensuring impact at scale.

This plan has been developed by mapping local suicide prevention plans and following a series of regional engagement workshops, focus groups and events in collaboration with people with lived experience and a wide range of professionals across the North East and North Cumbria. The plan brings together the overarching programme of identified priority work streams which supports local action plans and related activities. Shared vision, values and aims which we have developed together guides and underpin implementation of priority actions.

Background

Why is this a priority?

Overall, there are on average over 6,000 deaths by suicide each year in the UK. Some of the highest rates are in the North of England. The devastating impact of suicide to the individual, their family and friends, colleagues and wider community is immeasurable.

Suicide is known to be a higher risk in some groups of people, and it is the leading cause of death in males aged 20-49 years, with men accounting for approximately three quarters of all deaths by suicide. Self-harm is a known risk factor for suicide and is particularly high in younger age groups and women. The impact of suicide on individuals and communities is significant and there is an increased risk of suicide in families of people who die by suicide.

We also know that suicide is preventable, and that people can be helped to access the information and support they need. We know that most people who attempt to take their own lives did not want to die but felt unable to carry on with their lives as they were. By making suicide prevention a priority we can make sure everyone has the opportunity to get the support they need to help them find alternatives to suicide.

COVID-19 response

The impact of the COVID-19 pandemic on people's mental health and wellbeing is widely recognised, however an increase in the number of people who die by suicide can be prevented. Early implementation of at-scale suicide prevention activity is therefore now even more of a priority. As the pandemic has longer-term effects on the general population, the economy and vulnerable groups, some of the risk factors associated with suicide have increased and will continue to have an impact for some time.

However, as a well-established Network, we are in a good position to respond quickly to take action to prevent any increase and to continue to work together to prevent all suicide. By building on new community support networks we have the opportunity to raise awareness and provide new alternative support for people.

***"There are suggestions that suicide rates will rise but this is not inevitable. Suicide prevention therefore needs urgent consideration, requiring a wide-ranging interdisciplinary response, selective, indicated and universal interventions are required....This is a serious attempt, in some senses an unprecedented attempt, to prevent a [physical health] crisis turning into a mental health crisis. There are risks in the current situation but there is also a way of dealing with those risks and there's whole batch of experts, and agencies and front-line people, all of whom will be thinking about how to best protect vulnerable people."** - Professor Louis Appleby, April 2020.*

In response to the pandemic, the Network implemented a Crisis Response Plan between April and August 2020. As we now move from the response to the recovery phase, this Network plan and priorities have been reviewed and adapted following emerging local, national, and international evidence of the potential impact of the COVID-19 pandemic on the people of our region. We continue to work closely with national experts to adapt suicide prevention activity in response to further guidance and emerging evidence to meet the changing needs of people and communities across the region, both now and in the future.

Our commitment is to continue working together, focusing on prevention and action to help support people's mental health and wellbeing and prevent anyone believing they have no other option than to consider taking their own life, with particular focus on the most vulnerable people in our region.

By working closely with people affected and by coordinating our efforts as a Network with shared priorities across public health, social care, primary care, secondary care, emergency services, local charities, businesses, and community groups etc, we are in a much better position to make a real and lasting difference, particularly during this unprecedented time.

Our vision

"Based on evidence of how best to prevent suicide and promote wellbeing and resilience, we will work together to take action to reduce suicide, so that fewer people die by suicide and we improve support for those affected."

Our key messages

Look after yourself - focusing on self-help support and broad mental health and wellbeing messages, we aim to help people to build resilience and to recognise when they may need more help and support.

Look out for others - we aim to help support people to have the confidence to be a listening ear for those around them, and to understand how everyone can play a part in suicide prevention.

Get help early - we aim to convey the message that suicide is preventable and that getting help early is key to ensuring more people access the support they need at the right time.



Our values

Network members have drawn up this list of values to guide our work through their contributions at previous workshop events. These values underpin the programme of work.

1. We will work together to do all we can to prevent every suicide as suicide is preventable.
2. We will always keep people affected by suicide and self-harm at the centre of what we do.
3. We will focus on people not numbers, using personal stories to do this.
4. We will be role models and use our influence to do the right thing. We will use our terminology and language to promote a positive shared message of hope.
5. We will have the courage to challenge unsupportive attitudes and mind-set.
6. We will help develop system-wide compassion by developing the right conditions to help prevent suicide - listening, giving hope, engaging and making human connections.
7. We will link individual, team & system-wide activity to increase the impact of what we do.
8. We will help develop and support a learning culture.
9. We will challenge and overcome barriers, we will take personal responsibility, be collaborative, and respect everyone's contribution.
10. We will take responsibility for resource allocation to ensure impact for people affected.
11. We will make the economic case for further developing self-harm and suicide prevention activity.

Our aims

To reduce the number of suicides including in high-risk groups, in all areas across the ICS.

To reduce the incidence of self-harm and repeated self-harm.

To reduce the impact of self-harm and suicide.

To reduce the stigma of self-harm and suicide.

Workstreams

The Network workstreams have been reviewed and updated both in response to the COVID-19 pandemic and in response to the planned review taking on board evaluation and learning over the previous two years.

Activity is divided into 3 enabling workstreams and 6 priority workstreams, each with related objectives (listed below) which form the basis of a detailed programme of work supporting our key themes of looking after yourself, looking out for others, and getting help early. These workstreams have been identified and agreed following local authority multi-agency suicide prevention plans and an extensive consultation and engagement across the North East and North Cumbria. The views of people with lived experience have been at the forefront of this work. Activity will be delivered at both ICS, sub-regional (ICP), and locality level. The focus of the plan is on supporting local frontline action which will have a direct impact on those affected by suicide.

Enabling workstreams

Enabling workstreams will help support and enable successful delivery against priority work stream activity.

Leadership and governance

Objectives:

- Develop an effective multi-agency suicide prevention leadership framework, including leadership at all levels from people with lived experience of self-harm/suicide.
- Develop a regional, sub-regional and local process of governance and monitoring suicide prevention activity and funding from strategy to frontline.
- Support shared ownership, linking local activity to national and regional evidence and support.
- Develop and implement an ICS multi-agency suicide prevention plan for adults and young people.
- Incorporate a sustainability plan to ensure longer term impact of suicide prevention activity.

Communications and engagement

Objectives:

- Develop and implement a communications and engagement strategy.
- Work with the media and communications teams to support the successful implementation of the plan and related activity both locally and regionally.
- Work with media and communications teams to promote positive messages and follow best practice guidelines on reporting.
- Develop multiple methods of communicating including the use of digital technology and offline resources.

Research and evaluation

Objectives:

Supported by the ICS evidence and evaluation group to:

- Work in collaboration with NCISH/ NHS England/ Improvement and local evaluation experts to agree process/quantitative/qualitative outcome measures to enable measurement against agreed objectives and implement evaluation of the impact of each of the priority workstreams.
- Work in collaboration with national programme leads and regional university partners to carry out research linked to Network activity to inform future suicide prevention activity and contribute to suicide prevention evidence.
- Use emerging evidence to help inform and adapt



Priority workstreams

1. Developing system-wide competency and compassion
2. Real time surveillance and learning
3. Postvention support
4. High risk/vulnerable groups
5. Suicide and self-harm safer communities
6. Suicide and self-harm safer services – primary and secondary care

Each priority workstream follows the agreed objectives and is supported by ICS priority workstream leads, bringing together expertise and learning from good practice across the region. The ICS core leadership team will support ICP and local implementation/task and finish groups to ensure best practice is implemented based on local needs and variation. Priority workstream activity covers interventions which are:

- **Selective and indicated interventions** - Target individuals who are at heightened risk of suicide or are actively suicidal; designed to reduce risk of suicide among these individuals.
- **Universal interventions** - Target the whole population and focus on particular risk factors without identifying specific individuals with those risk factors; designed to improve mental health and reduce suicide risk across the population.

1. Develop system-wide competency and compassion

Objectives:

- Develop a consistent, multi-agency approach to system-wide learning and development, based on Health Education England competency frameworks for self-harm and suicide prevention.
- Develop and implement a tiered programme of compassion-focused self-harm and suicide prevention training, skills development and awareness raising, across organisations and the wider community.
- Work with people affected by suicide to develop other methods of learning to enhance the transfer of learning into action, behaviours, attitudes and values which will have a positive impact on reducing self-harm and suicides and supporting those affected.

2. Real time surveillance and learning

Objectives:

- Develop a consistent approach to local and regional real time surveillance of both suspected and attempted suicides, so this can be used to inform postvention support, suicide prevention activity and national real time data.
- Develop processes for gathering and using real time data more effectively to help prevent future suicides, including responding to suicide clusters.
- Undertake thematic analyses of collated multi-agency data, utilising a Human Factors approach.
- Develop effective cross-organisational learning processes and embed a learning culture, strengthened by the foundations of quality science, in order to inform meaningful multi-agency suicide prevention activity.
- The focus of learning for suicide prevention is:
 - **Post incident real time learning**
 - **Post incident learning whilst awaiting/after coroner's conclusions**
 - **Learning from bereaved families/survivors of suicide attempts**
 - **Learning from local intelligence/trends across ICS**
 - **Learning from high-risk groups**
 - **Learning from research e.g. National Confidential Inquiry into Suicide & Patient Safety data.**
 - **Learning in response to new and emerging themes from the COVID-19 pandemic.**

3. Postvention support

Objectives:

- Following national guidelines, develop and implement comprehensive postvention support pathways across all areas of the ICS for people bereaved/affected by suicide, including carers & families, wider communities and the workforce.
- Develop a cluster response support process for both adults, children and young people.

Priority workstreams

4. High risk/vulnerable groups

Suicide is known to be complex and difficult to predict, and therefore suicide prevention activity needs to be broad-ranging population sensitive and adaptable to all populations. However, there are known and emerging higher risk groups where selective and indicated interventions can be designed and targeted to reduce risk of suicide among these individuals.

Objectives:

- Develop a multi-agency response for target groups where an ICS-level approach would be more effective/have more impact; prison populations, universities, veterans.
- Develop local place-based suicide prevention activity, based on local population variations of need, with a focus on high risk groups and locations.
- Develop targeted bespoke interventions for those who find it difficult to engage with services.
- Monitor and develop interventions in response to emerging vulnerable/at-risk groups based on new evidence following the COVID-19 pandemic.
- As self-harm is the strongest indicator of future suicide, to develop focused self-harm interventions.

5. Suicide and self-harm safer communities

Working with communities to raise awareness and understanding of suicide and self-harm prevention.

Objectives:

- Implement universal interventions which target the whole population and focus on particular risk factors without identifying specific individuals with those risk factors; designed to improve mental health and reduce suicide risk across the population.
- Develop a social movement/place-based approach to suicide prevention in communities, for adults, children and young people, to help raise awareness and understanding, easier and more flexible access to information and support, developing suicide safer communities.

- Support the development of a network of self-harm and suicide prevention activity based on our shared vision, values and aims: suicide is preventable - everyone can help – it's everyone's business, and supporting interventions to support people to look after themselves, look out for others and get help early.
- Support primary care/community-based activity with a specific focus on high-risk groups and locations.

6. Suicide and self-harm safer services - primary and secondary care

Learning and improving our services so that they become even safer for people who have contact with them.

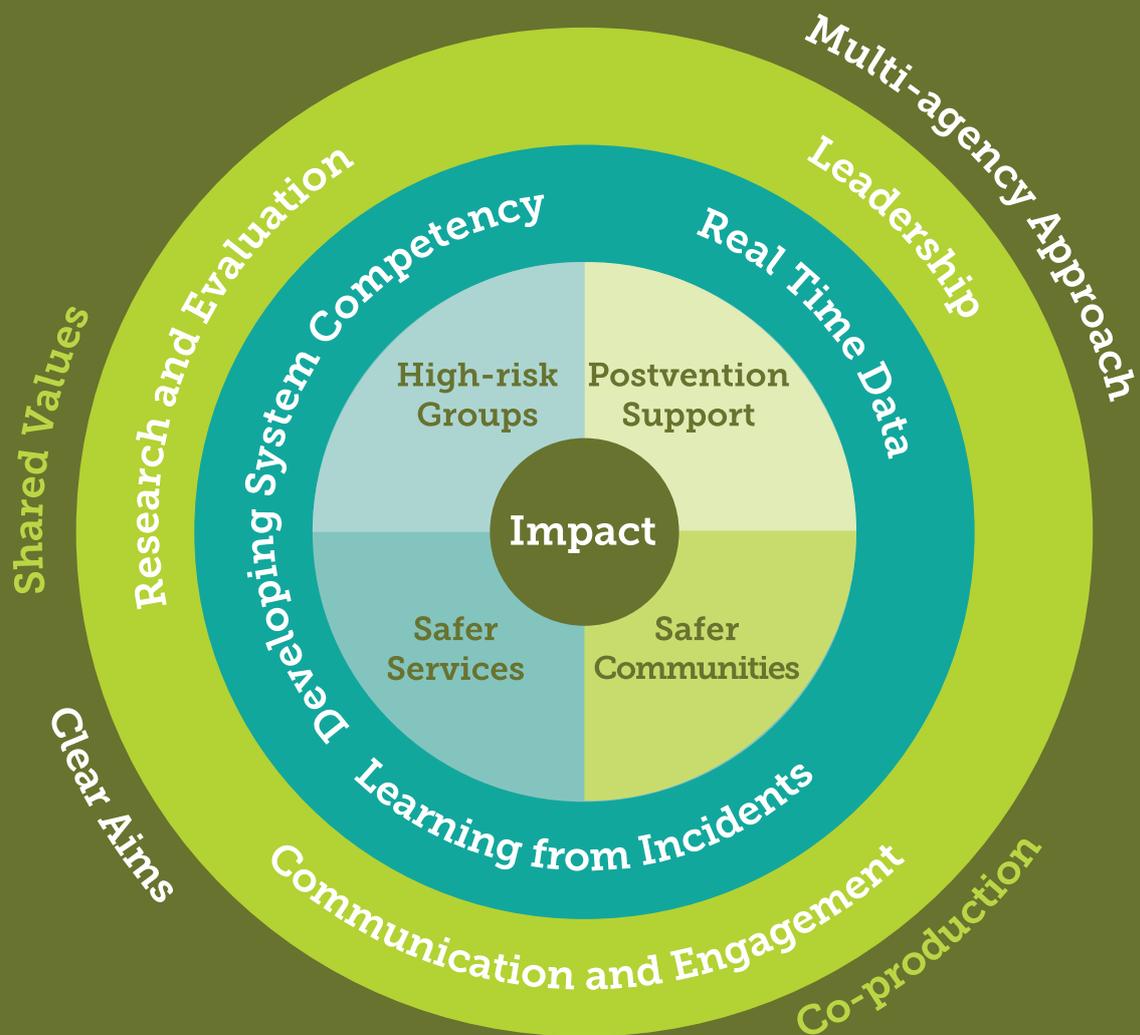
Objectives:

- Ensure plans support the NHS Long Term Plan aims to improve health outcomes, reduce premature mortality rates, reduce use of in-hospital and emergency resources, and focuses on the specific recommendations for suicide prevention.
- Implement the findings of the NCISH 20-year review – recommendations for safer services in mental health, urgent care, acute settings and primary care.
- Implement the recommendations from the NCISH review for children and young people's services.
- Enhance current specialist mental health pathways, with specific focus on inpatient, liaison services, and post-discharge and crisis pathways across agencies. Following NICE guidelines, develop interventions to help reduce/prevent self-harm across both primary and secondary care, for adults, children and young people.



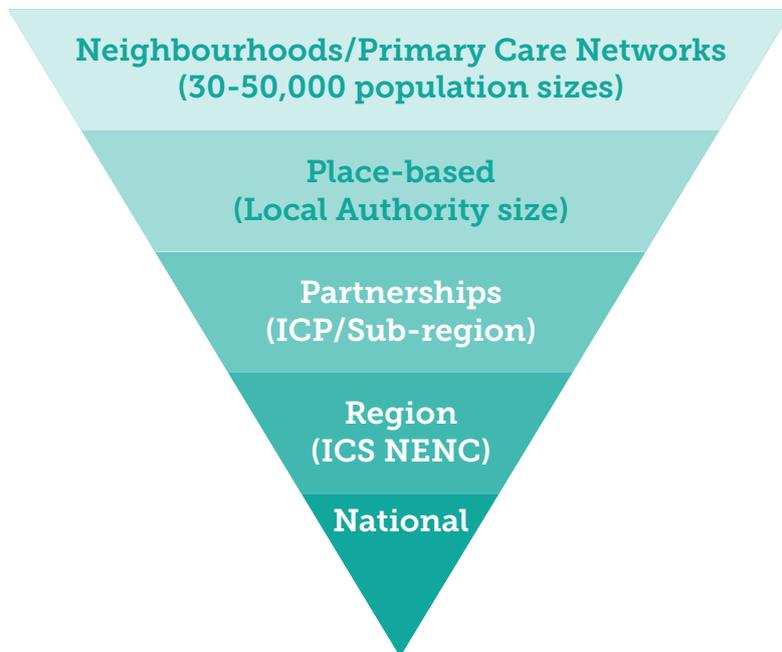
Whole system approach

The “whole system approach” diagram below demonstrates how all the elements of the plan fit together to enable greater potential impact. Underpinning values, shared aims and objectives, and enabling work streams need to be in place to support activity which will have a direct impact on people affected by suicide.



“Do the right things at the right level
with the right partners.”

People



Contact

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