

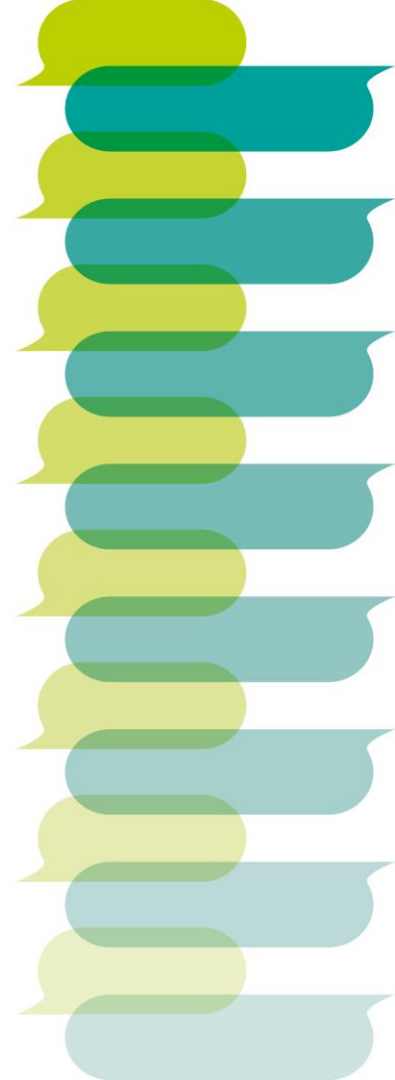


North East and North Cumbria
Suicide Prevention Network

Building a Network: Establishing successful multi-agency partnership working to support cross-system delivery of suicide prevention plans



NSPA Annual Conference
28th January 2020
Katherine McGleenan & Jenny Hicken
@StopSuicideNENC



Outline of the workshop

- Lived experience at the heart of what we do
- Begin with the end in mind
- **Barriers to collaborative working**
- Follow a semi structured approach
- Shared leadership
- **Shared vision and values**
- Developing an identity
- **Building your Network & engaging your communities**

Ben

In 2014, Ben, aged 27, took his own life.

He had not had contact with any services.

Ben worked and lived in Cumbria and seemed to have a bright future.

He had been making plans with his girlfriend and did not appear to be depressed, although he did have some stresses in his life, such as worries about debt.



Keeping people with lived experience at the centre

- **Ben's mum** opened our first ever workshop
- People with lived experience influence whole **programme focus**
- **'Every Life Matters'**
- Putting **values** at the centre
- **Different roles/types/levels** of engagement
- Focus on **people's stories** - so don't get caught up in process
- **Steering group** 'reminder of the purpose'
- Helps **action** and **outcome** focus
- Lots of checking – **reflection**.

Some of the people helping to lead/support the work

- Service users & **survivors**
- Families & **friends**
- Mother & sister – **son/brother**
- Mother & friend - **son**
- Mother & father – **daughters**
- Wife & sister –**husband/brother**
- Husband - **wife**
- Sister-in-law – **brother-in-law**
- Husband & son – **wife/mother**
- Grandma - **daughter & grandson**
- Teachers - **students**
- Professionals - **colleagues and patients.**

“Please just do something”

April 2018, Kate – Ben’s mum

Begin with the end in mind

A fully developed Suicide Prevention Network:

- **Shared leadership framework** - tackle **complex issues** collectively.
- Build **capacity**, share resource.
- **Expertise, best practice** and **learning** is shared.
- **Gaps** and potential **duplication** are identified.
- Provide **consistency** and **support** for **multiple stakeholders**.
- Strong **governance and leadership** structure.
- Good **local commitment**.

TABLE DISCUSSION: What are the barriers to collaborative working?



Overcoming barriers and challenges – getting started

- **Partnership working** - local multi-agency group chairs should be included on your regional steering group.
- **Build on current work** - use existing local suicide prevention plans to develop a jointly-agreed regional plan.
- **Minimise additional workload** - by ensuring reporting deadlines are coordinated.
- **Balance whole area and local area need** - by exploring what can be done at scale and what should be place-based activity.
- **Support local area delivering** - with oversight/support (but not micro-management) from the steering group.
- **Be pragmatic** - recognise that this is a huge area and you can't do everything.

Overcoming barriers and challenges – working together

- **Don't reinvent the wheel** – find out how you can add value.
- Accept that **each local area is different**.
- **Listen & take time to fully understand** the perspectives of all partners.
- **Develop relationships**.
- **Revisit shared values and aims** – to help manage disagreement.
- **Set clear agreed processes** for managing finance.
- **Involve local communications** departments early on in developing your programme.
- Ensure dedicated and knowledgeable **project management support** is in place.
- **Be flexible** and grab opportunities which arise.
- *Don't try to do too much at once.*

Overcoming barriers and challenges – engaging the community

- **Engage with your communities** - wide-ranging community development work may be required.
- **Use community assets** - Local businesses and community organisations.
- **Ongoing marketing and publicity** will keep people informed.
- **Be pro-active** -by responding to local issues as they develop.
- **Don't put pressure on** small organisations with limited capacity and resources.
- **Consider sustainability**– help support small organisations to develop
- **Be creative** - about how you evaluate community interventions.

The McKinsey 7S Model – a structured approach

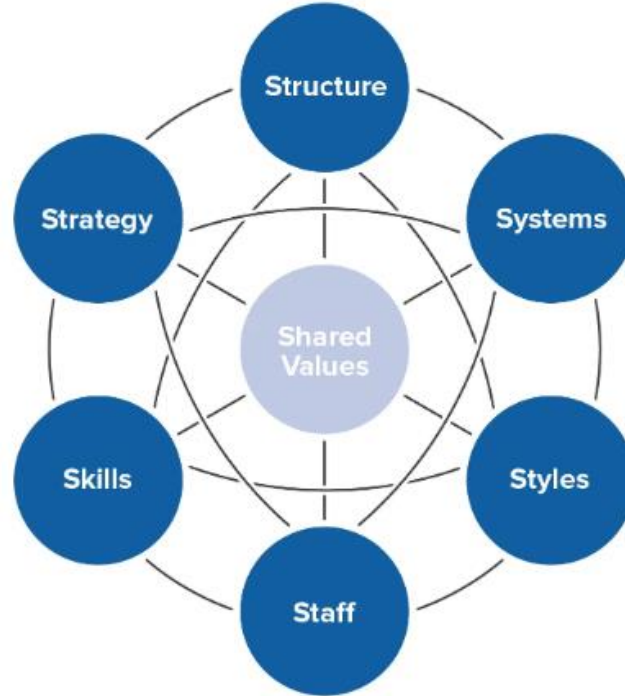


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Using a driver diagram

[Strategy]

We aim to work together to prevent all suicides across the region.

We aim to reduce self-harm and reduce the impact and stigma of suicide if it does happen.

Primary Drivers

Overall national suicide rates are reducing slowly however remain too high and highest in the North of England.

Suicide is known to be a higher risk in some groups of people, for example for people in mental health services and it is the leading cause of death in males age 20-49.

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.

North East & North Cumbria Driver Diagram

Secondary Drivers

Leadership. Develop an effective multi-agency suicide prevention leadership framework, including those with lived experience. Develop a multi-agency suicide prevention action plan for adults and young people. Ensure plans supports the 5YFV 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. Develop a process of governance and monitoring suicide prevention activity from strategy to front line.

Prevention. Develop and implement a tiered programme of training/ awareness raising across organisations and the wider community. Develop a social movement/ place based approach to suicide prevention, supporting primary care /community based activity with a specific focus on high-risk groups and locations. Develop a proactive acute pathway response to attempted suicide/self-harm based on best practice guidelines safety planning. Implement the findings of the NCISH 20 years review – recommendations for safer services in mental health, acute settings and other services.

Intervention. Develop interventions across primary and secondary care, following NICE guidance. Develop targeted bespoke interventions for those who find it difficult to engage with services. Enhance current specialist MH pathways, with specific focus on inpatient, liaison services, post discharge and crisis pathways across agencies.

Postvention. Develop support pathways for those bereaved/affected by suicide, including carers and families, staff and wider communities.

Intelligence. Develop processes for gathering and using real-time data more effectively to help prevent future suicides, including responding to suicide clusters. Develop effective cross-organisational learning lessons culture and processes, so that it has an impact on helping prevent future suicides.

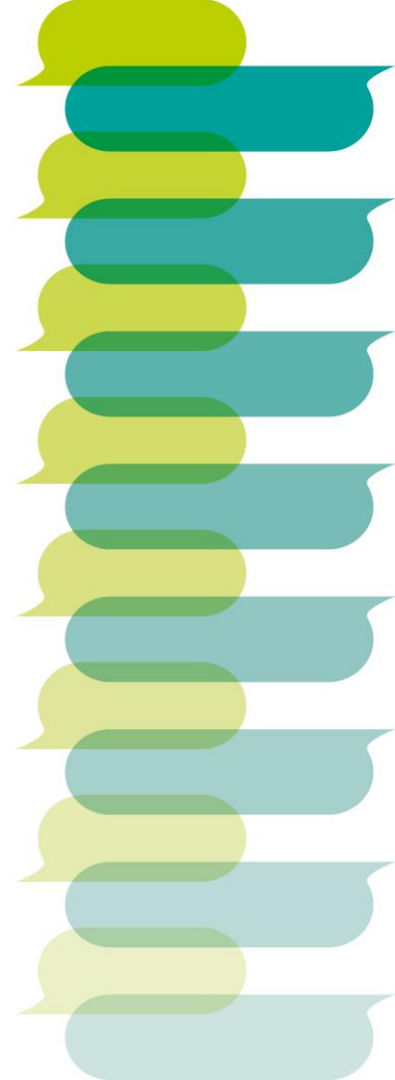
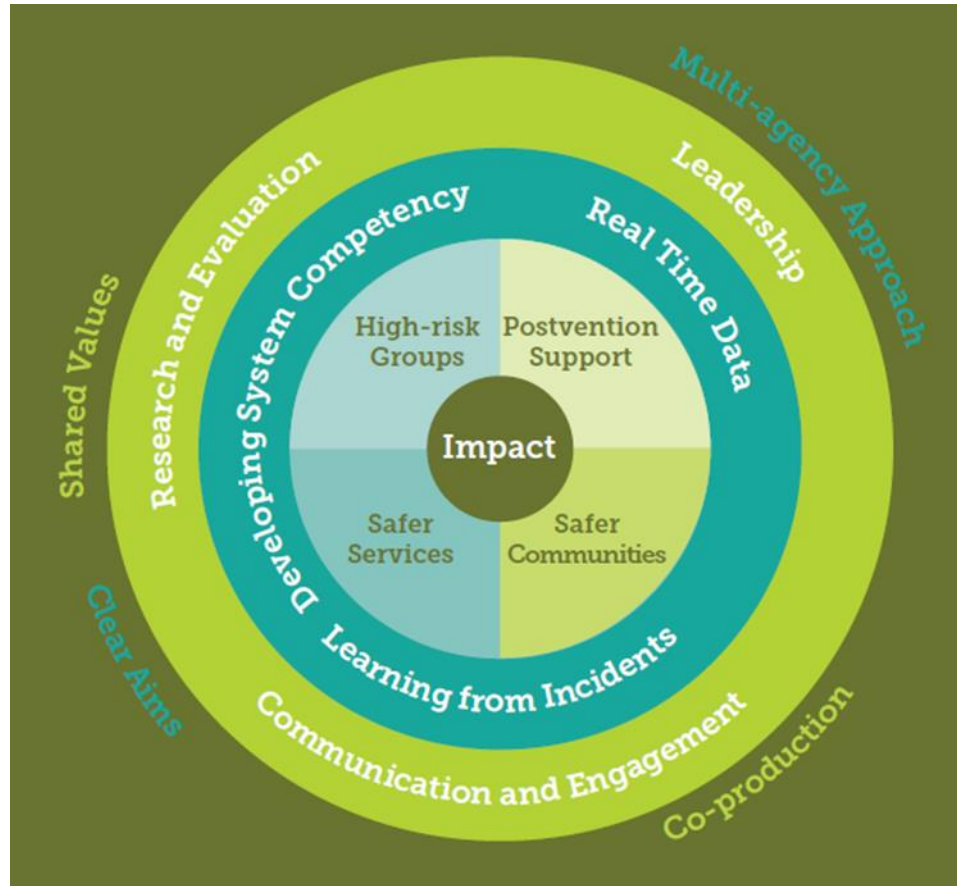
Suicide

EVERY LIFE
MATTERS


Prevention



A representation
of how all
elements of the
Network fit
together

[Strategy]



Project example: safer services at team level [Systems]



A3 Project Outline

HMP Haverigg - Suicide Prevention Plan- April 2018

Name it: HMP Haverigg Suicide Prevention Plan

For HMP Haverigg to have a suicide prevention plan, which links with the themes and priorities and other stakeholders within the offender environment as well as link with CPTT Trust wide suicide prevention plans, and ensure all staff are familiar with these.

A. Identified Planned Project

- Training** - For all staff to have access to Suicide Awareness training, covering:
 - Risk formulation (promoting the use of clinical risk policy, care involvement and safety planning)
 - To develop and deliver a bespoke face to face awareness training for offender healthcare the form of SASH (Suicide and Self Harm). This is mandatory for all prison based staff to
 - Mental health services attend SASH training.
 - Recognition of depression
 - New clients can be supported to stay well: importance of enhancing independence, pain management, palliative care - dying well in out of self assessment completed. Action plan etc.
 - Identification and signposting of clients who are suggesting feelings of suicide to mental health emergency services. Support clients through the prison ACCT process - multi-agency to help people who have expressed feeling of suicide.
- Support** - To nominate suicide prevention champions within the prison healthcare team to support and advise:
 - Develop a NOT approach to suicide prevention in HMP Haverigg.
 - Supervision arrangements/structures are in place to manage clinical risks
 - Raise ACCT documentation as per prison policy.
 - Regular clinical risk formulation meetings are in place for shared learning/supervision embedding of training, use safer intervention meetings, safer out of self meetings & case reviews.
 - Trust staff members are aware of and link into the opportunities for learning & reflecting on SUs.
- Communication and engagement** - Trust suicide prevention plans are discussed and team meetings and discussions.
 - We will report to the suicide prevention sub group.
 - Trust all staff are aware of and following the plan so that staff, service users and carer plan.

C. How we plan to approach the work / project?

- The work will be undertaken as a structural project by the Network Clinical Governance link to the Care Group and Trust wide suicide prevention and clinical risk improvement trust all staff are aware of and following the plan so that staff, service users and carer plan.
- A NOT meeting involving all stakeholders across HMP Haverigg will be arranged

A3 Project Outline

Specialist Services - Suicide Prevention Plan- December 2018

Name it: Specialist Services Suicide Prevention Plan

For each team in the Specialist Services network to have a suicide prevention plan, which links with the themes and priorities of the care group and Trust wide suicide prevention plans, and that all staff are familiar with these.

A. Identified Planned Project

- Training** - For all staff to have access to Suicide Awareness training, covering:
 - Risk formulation (promoting the use of agreed risk assessment tools, clinical risk policy, care involvement and safety planning)
 - Suicide prevention (including STORM and basic suicide prevention awareness)
 - Recognition of distress
 - New clients can be supported to stay well: importance of enhancing independence, pain management, palliative care etc.
 - Identification and signposting of clients who are suggesting feelings of suicide to mental health or emergency services
- Support** - To nominate suicide prevention champions in each Network who will help support and advise:
 - Supervision arrangements/structures are in place to manage clinical risks
 - Regular clinical risk formulation meetings are in place for shared learning/supervision embedding of training
 - Trust staff members are aware of and link into the opportunities for learning lessons and reflecting on SUs.
 - Promotion of the training, resources and support available
- Communication and engagement** - Trust suicide prevention plans are discussed and team meetings and discussions.
 - We will report to the suicide prevention sub group.
 - Trust all staff are aware of and following the plan so that staff, service users and carers benefit from the plan.

C. How we plan to approach the work / project?

- The work will be undertaken as a structural project by the Network Clinical Governance Group.
- We will report to the suicide prevention sub group.
- We will produce highlight reports indicating progress against the project plan.
- The project will have phases of planning, closely aligned

Sponsor: Nina Hill
Project Manager: Kath McGleenan
Project Lead: Lesley Paterson
Team Members: Zoe Larmour/ Hazel Taylor
 Helen Watson

Sponsor: Nina Hill
Project Manager: Kath McGleenan
Project Lead: Lesley Paterson
Project Team Member: Linda Turner

B. What are we planning to achieve (Benefits)

Quality

- Robust risk assessment and formulation in place for each service user where there are concerns
- Where there are concerns, good suicide prevention planning/ safety planning for service users, with carer involvement
- Reduce Repeat Actions following SUs
- Awareness of distress and suicide within teams
- Understanding what to do and where to refer when a service user is identified having suicidal thoughts

Evidenced by thematic reviews.

Service

- Staff with training, support, skills and confidence to actively help prevent suicide
- Evidence of intervention to reduce suicide within care provided to service users and carers (i.e. safety planning)

Evidenced through Risk audit/staff training records.

People

- Improved service user & carer experience
- Staff feel more confident & safer and carers more involved.
- Family supported after serious incident.
- Staff well supported after a serious incident.
- Information relating to service user death will be shared with people who know the service user in a sensitive and timely manner.
- Viewing clients holistically, staff having the confidence to approach depression and suicidal thoughts and not avoiding or being afraid of having conversations.

Evidenced through awareness training and completion of the prompt tool.


Efficiency

- Increased awareness and holistic assessment
- Increased staff confidence through training and support - reducing stress.
- Increased in learning lessons.

Evidenced through staff/service user and carer feedback.

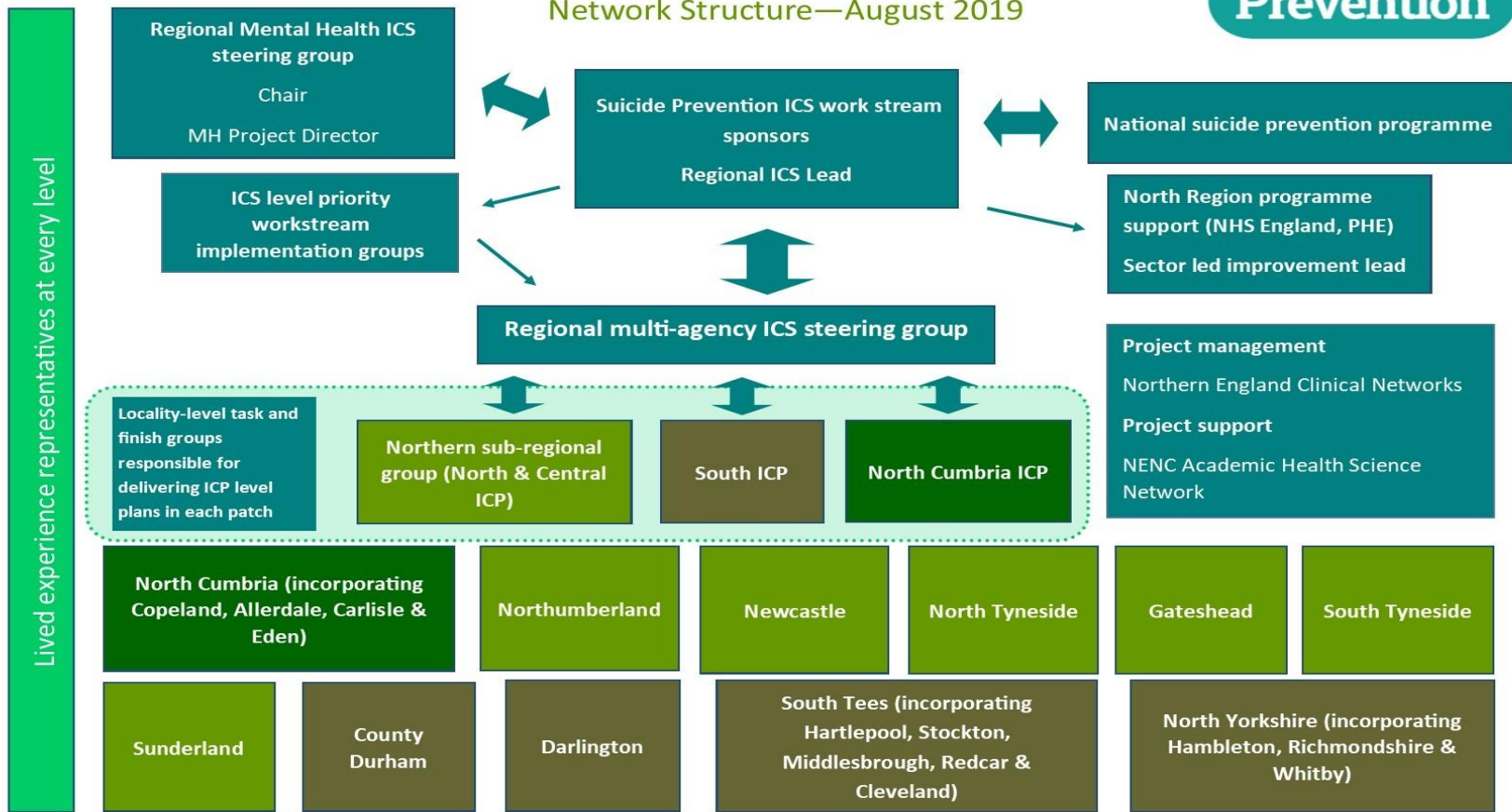
Evidenced through staff feedback and future complex case incidents and management

Evidenced through staff feedback and meeting minutes and sharing of lessons learned.



Our Network [Structure/Staff]

Network Structure—August 2019



Shared leadership approach [Style/Skills]

- People with lived experience at all levels
- Senior level endorsement is vital



Values, vision and aims [Shared Values]

- We want to do all we can to prevent every single suicide – **‘Every Life Matters’**.
- Recognise our **shared responsibility** - its everyone’s business.
- **Work together** across boundaries.
- Develop, support and model **system-wide compassion**.
- Challenge and **overcome barriers**.
- **Address unsupportive** attitudes and mindset.
- We can **make a difference**.

Developing your identity and communications plan

Create a framework which will:

- **Position your programme** - locally, regionally & nationally. .
- **Build and maintain relationships** with shared identity.
- **Deliver consistent messages.**
- **Highlight the importance** and impact of its work.
- **Support good communications.**



Developing your identity and communications plan

Elements to consider:

- Branding/name/logo/visual guidelines
- Website/other online presence
- Social media
- Newsletter/regular stakeholder communications
- Public relations/media
- Promotional/public-facing materials
- Infographics
- Case studies
- Campaigns and events
- Engagement with local communities
- Multimedia e.g. apps, films, animation

Christmas isn't
always merry

If you're finding it difficult to cope over
the festive season, there are people
who can help.

If you need to ask for support, are thinking of harming yourself,
or are worried about someone else, you can contact:

Samaritans 116 123 Email: jo@samaritans.org

CALM Anonymous and confidential helpline & webchat, open
5pm to midnight every day 0800 58 58 58 www.thecalzone.net

Shout 24/7 crisis text support service. Text: 85258

Childline 0800 1111

Papyrus HopelineUK. For young people under the age of 35.

Call: 0800 068 4141 Text: 07860039967 or

Email: pat@papyrus-uk.org

**If you or someone else is at immediate risk of suicide,
dial 999.**

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TABLE DISCUSSION: How can you develop your own Network?

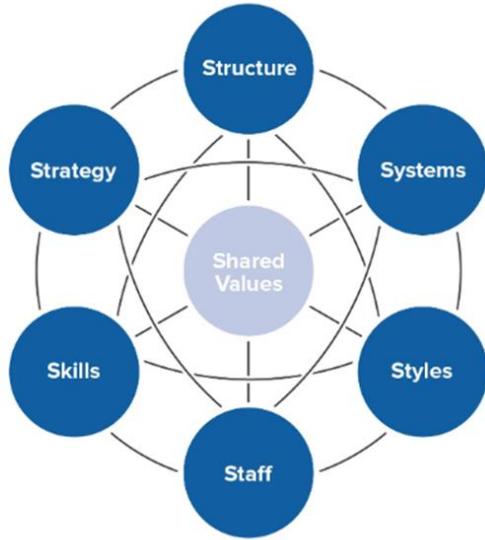
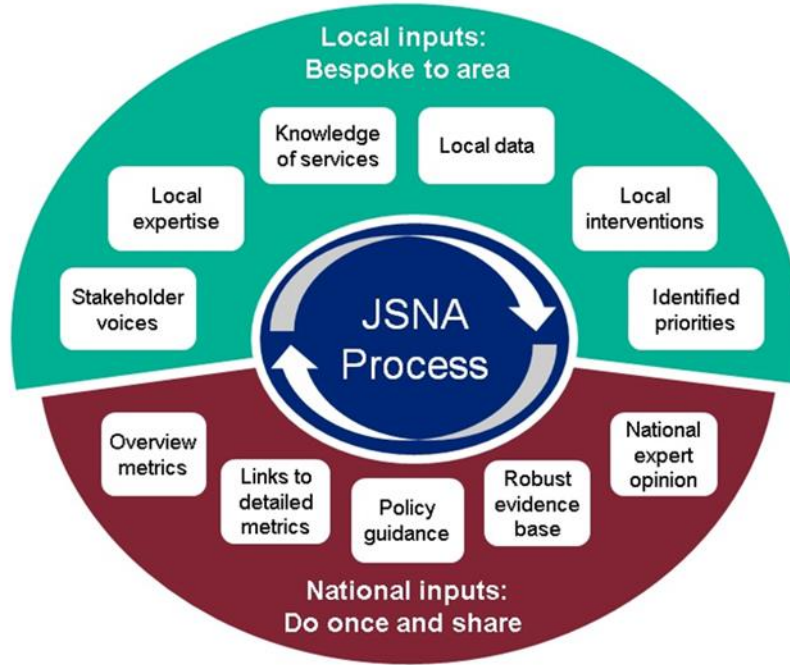


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Some of the people involved in leading the work [Skills/Staff]

Survivors	Bereaved families and friends	Primary and secondary care	Police
Social workers	Paramedics/ ambulance staff	Chambers of Commerce / local businesses	Local MPs; councillors
Public Health	Housing	Teachers & students	Youth groups
Samaritans; third sector	Healthwatch	Local community groups (veterans, farmers, churches)	Local press

The importance of a good evaluation plan

- Developed with people with **lived experience**, **NHSE/I & NCISH national team**.
- Evaluation includes: **process** measures; **qualitative** measures; **quantitative** measures.
- The plan includes **overarching measures** and specific work **stream measures**.
- These will help inform future service delivery and **sustainability beyond 2020/21**.

Our key learning points

- Lived experience at the heart of what we do
- Begin with the end in mind
- **Barriers to collaborative working**
- Follow a semi structured approach
- Shared leadership
- **Shared vision and values**
- Developing an identity
- **Building your Network & engaging your communities**

Next Steps..... questions/discussion

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