



# **Welcome to our Microsoft Teams Live Event**

**NO MORE Suicide – Real Time  
Surveillance Workshop**

**Thursday 25<sup>th</sup> February 2021  
10.00-12.00**



**Champs**  
Public Health  
Collaborative

Working together to improve health and  
wellbeing in Cheshire and Merseyside



# **Welcome and introduction**

**Sue Forster**

**Chair of the NO MORE Suicide Partnership Board and  
Director of Public Health St Helens**



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wellbeing in Cheshire and Merseyside



## Today's programme

Presentations on RTS Models and practical examples 10:10 – 10:40am

Q&A facilitated session 10:40 – 10:50am

Comfort Break 10:50 – 11:00am

Workshops A & B – Future options for the RTS System 11:00 – 11:55am



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**Cheshire & Merseyside**

**Pat Nicholl and Steve Knuckey**



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# Real Time Surveillance Workshop

25<sup>th</sup> February 2021  
10-12.00

Microsoft Teams

Working together to improve health and wellbeing in Cheshire and Merseyside

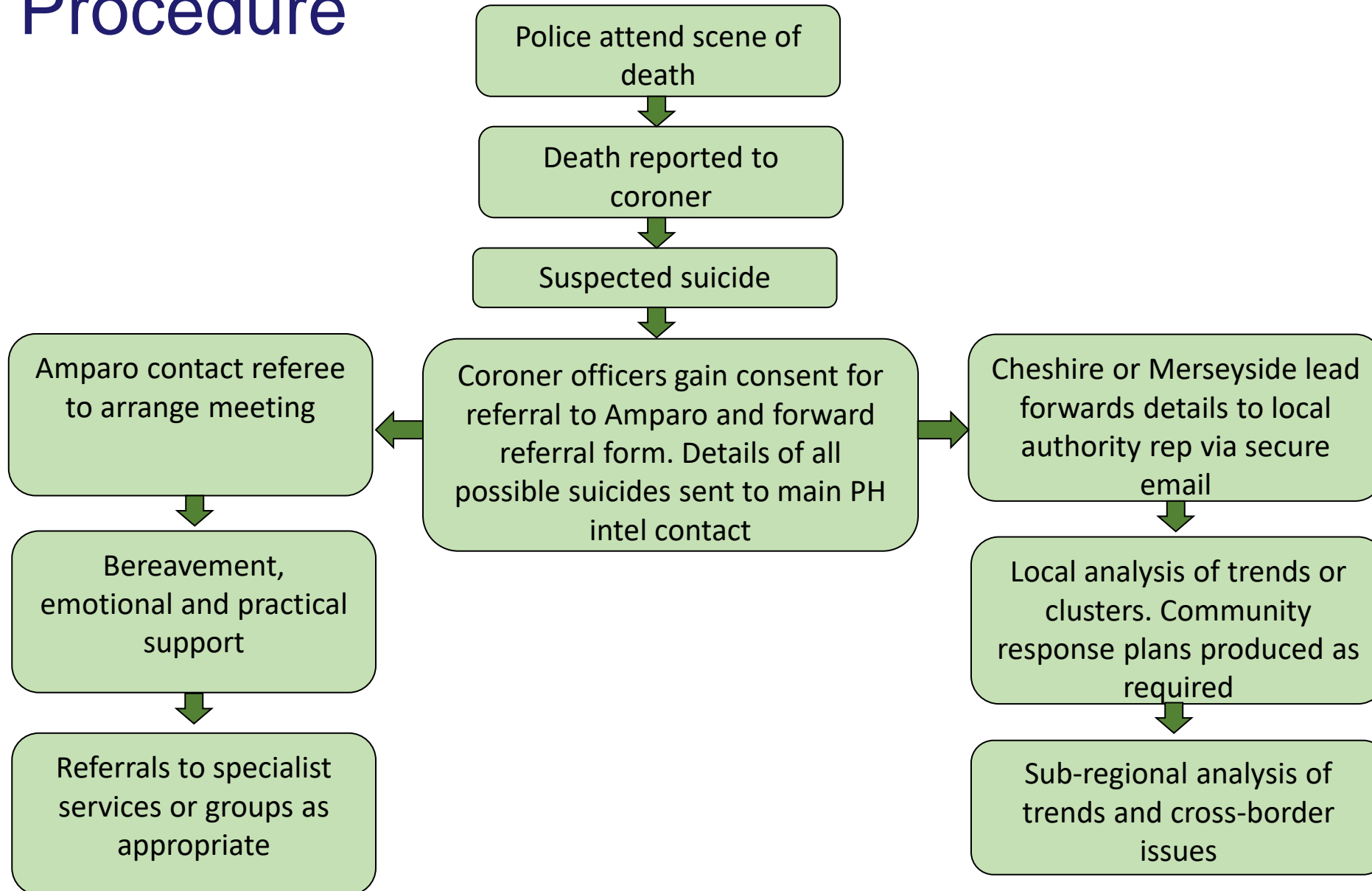


# Cheshire & Merseyside Real Time Surveillance



- RTS run since September 2017 across Cheshire and Merseyside
- Aim: To allow a response in a timely manner to 'suspected' suicides, track emerging trends and potential clusters
- HM Coroner decides on what is a 'suspected' suicide
- HM Coroners & Public Health data-sharing agreement MOU signed by Cheshire and Merseyside Coroners and the 9 Directors of Public Health
- Data in 24-48 hrs to public health intelligence lead -one for Cheshire and one for Merseyside
- Data sent to local suicide prevention lead to investigate clusters, frequent locations or new methods.

# Procedure



# C&M RTS Data-set



<b>Demographic</b>	Gender	
	Age	
	Home postcode	
	Occupation	
	Name and location of workplace/educational establishment	
	Nationality	
<b>Details of event</b>	Date of occurrence	
	Location (description)	
	Location (postcode)	
	Suspected method	
<b>Risk Factors</b>	Known to mental health services?	
	Any known connections to previous suicides?	
	Previously attempted suicide?	
Any additional information?		
Referral to Amparo?		





# Key ingredients

- HM Coroners Officers
  - 1 x Cheshire
  - 2 x Merseyside
- 2 x PH Intelligence Lead Analysts
- 9 x PH Suicide Prevention Leads

Supported by:

- 9 x Local partnerships
- 1 x Champs Suicide Prevention Co-ordinator
- 1 x Suicide Surveillance & Intelligence Group
- NO MORE Suicide Partnership Board

\*

No direct funding for RTS

# Progress

- SLI Workshop June 2018 to assess effectiveness
- Suicide Surveillance & Intelligence Group to established to review information and responses
- Community Response Plan developed for local guidance, PHE Guidance
- CRP 4 Tiers

Tier	Action
Tier 1	No action
Tier 2	Information
Tier 3	Information and low level action
Tier 4	Full CRP



# Tiered Case Studies

- Tier 1 – No action taken, recorded on spreadsheet
- Tier 2- Information- email template for local lead to send to workplace/organisation  
Halton - targeted social media posts utilising the information we have from the RTS.  
We use different posts depending on whether we are targeting males or females.  
we receive analytics to understand how many of our target audience viewed the information, clicked on links etc.
- Tier 3 - Cheshire West & Chester -following two suspected suicides at Winsford Train Station. This involved conversations/information sharing with Public Health, Cheshire Police, Amparo, BTP, and Network Rail.
- Tier 4 - Warrington- Local college- death of student- PH SP Lead made contact within 1 hour of RTS notification, involved safeguarding and provided immediate support to college. CRP meeting held in college same day ensuring the students most at risk were prioritised. Partner agencies including Amparo, Youth Service, 0 to 19 Service, Papyrus, Police and CAMHS.  
Due to links with other settings a broader response plan was activated to offer support to a range of school, community and sports settings utilising partners such as Warrington Wolves. Positive mental health messages targeted at all 16 to 25 year olds living in the Warrington area

# Actions undertaken



- **Direct response**

- Small numbers of cases with links to others
- Interventions to high risk / high profile individual cases
- Enabled fast responses to deaths in schools / colleges, sports teams (eg college in Cheshire)
- Social media response (eg St Helens family member)

- **Wider response**

- **Methods**

- Firearms in Cheshire
- Safer opiate prescribing

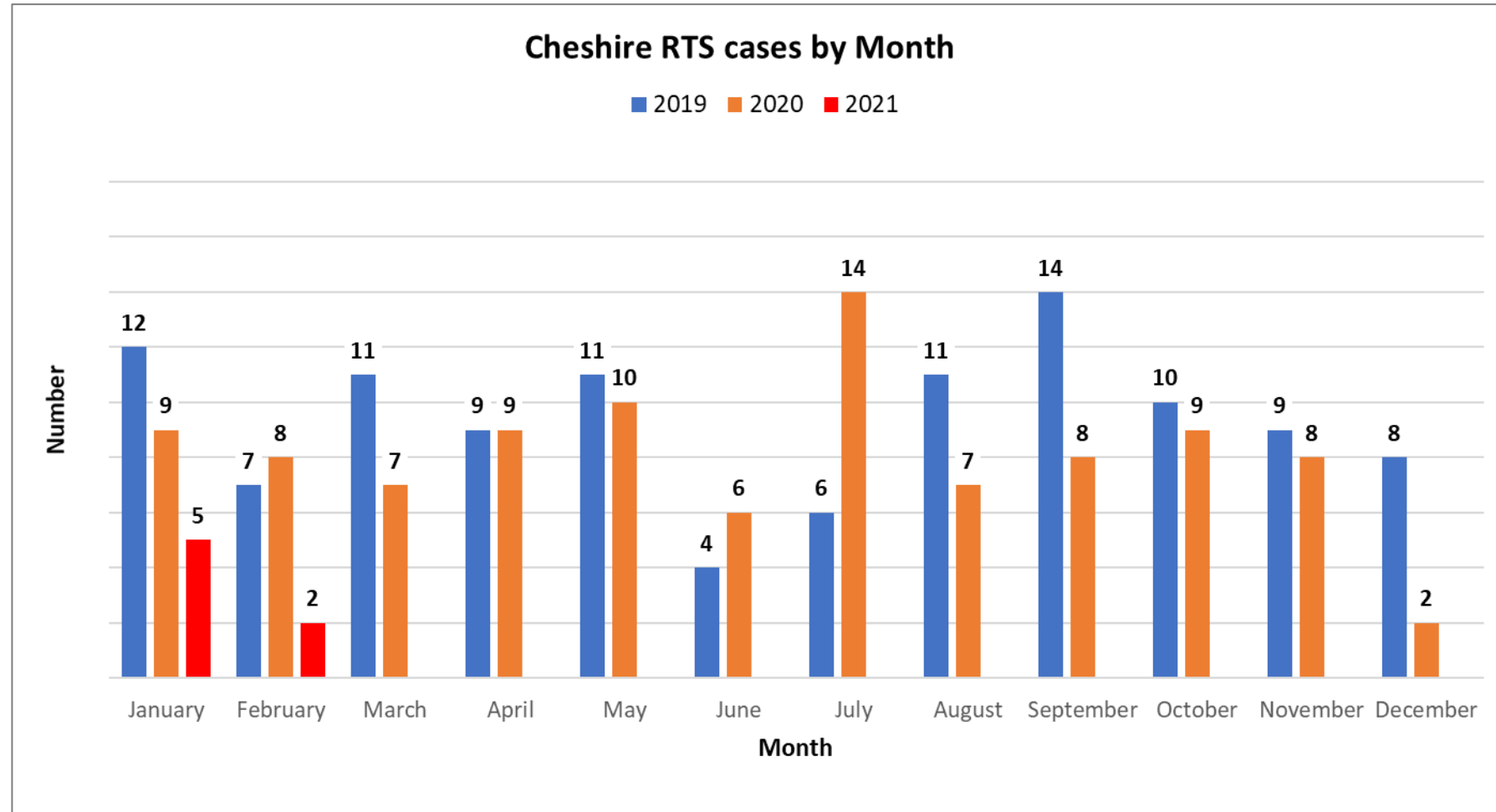
- **High risk locations**

- Improved relationships with prison service
- St Helens – Improved signage on high buildings and bridges
- Wirral – Community response plan on motorway bridges
- Sefton – Railways & planning and public access joint approach

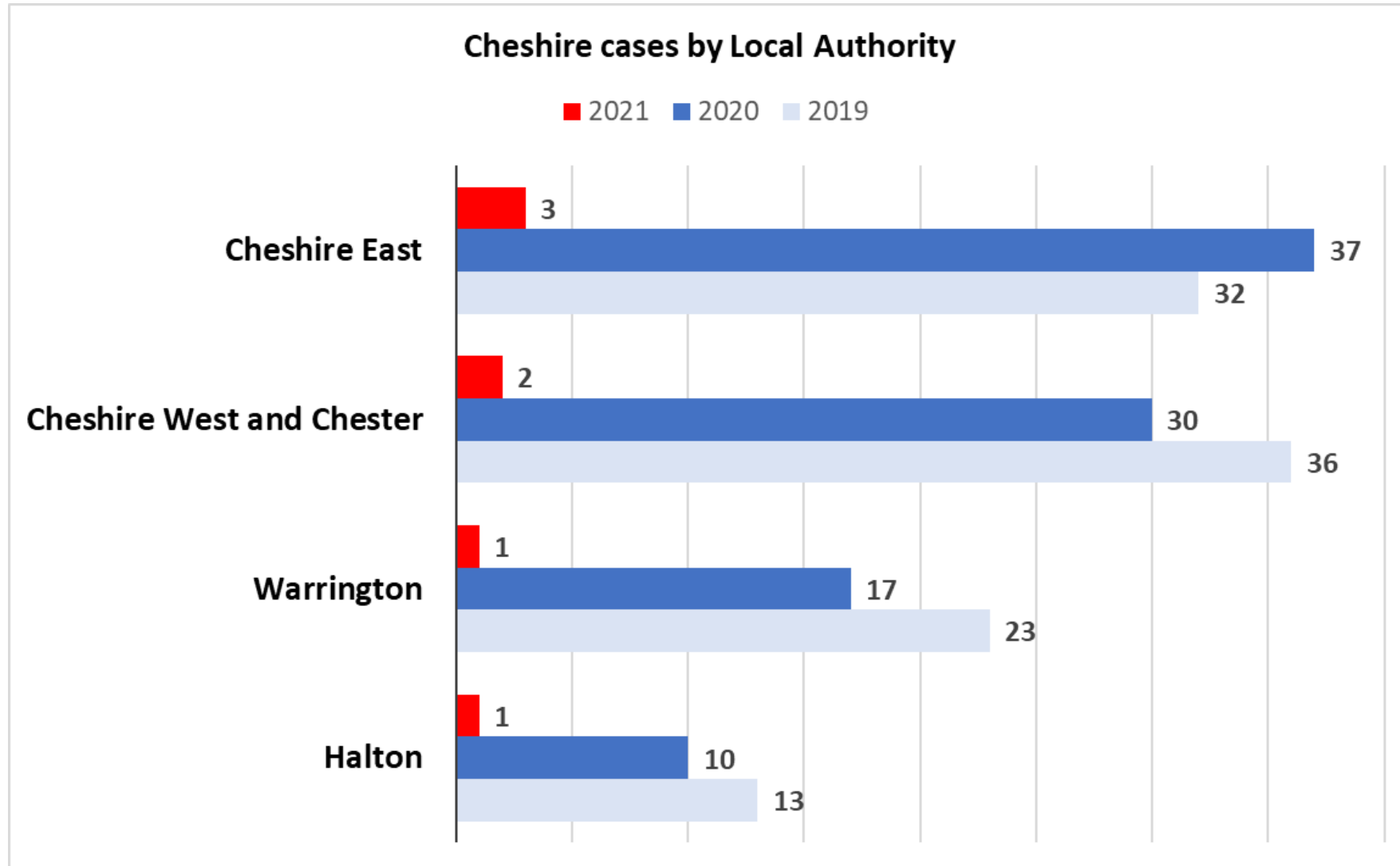
# Real Time Surveillance Data Cheshire

- Real-time surveillance gives faster intelligence on cases.
- Based on suspected suicides reported by coroner offices
- The number of RTS cases reported in Cheshire in 2020 was slightly fewer than seen in 2019
  - 94 (2020) vs 104 (2019)

# Cheshire cases by month



# Cheshire cases by LA

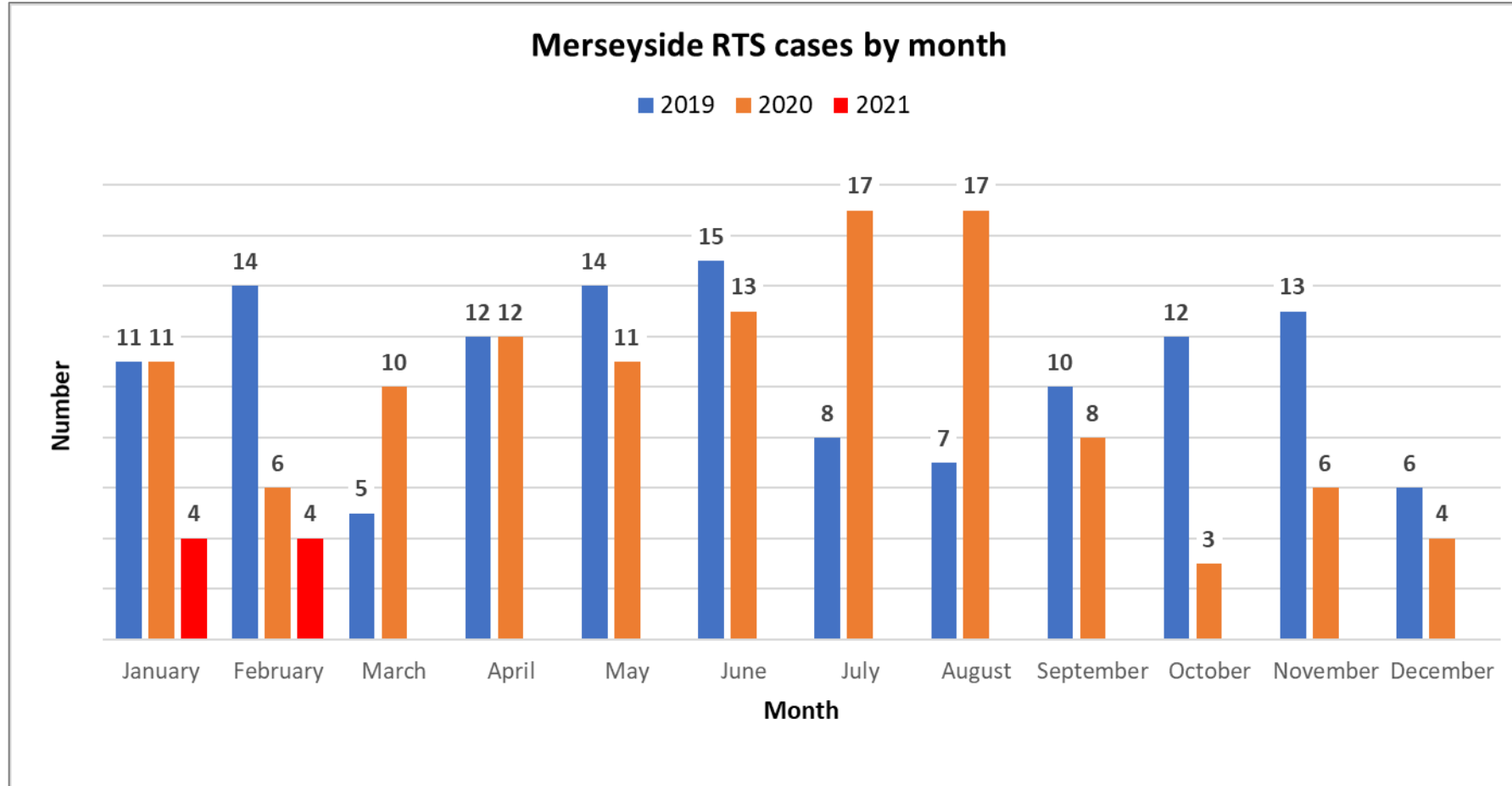


# Real Time Surveillance Data Merseyside

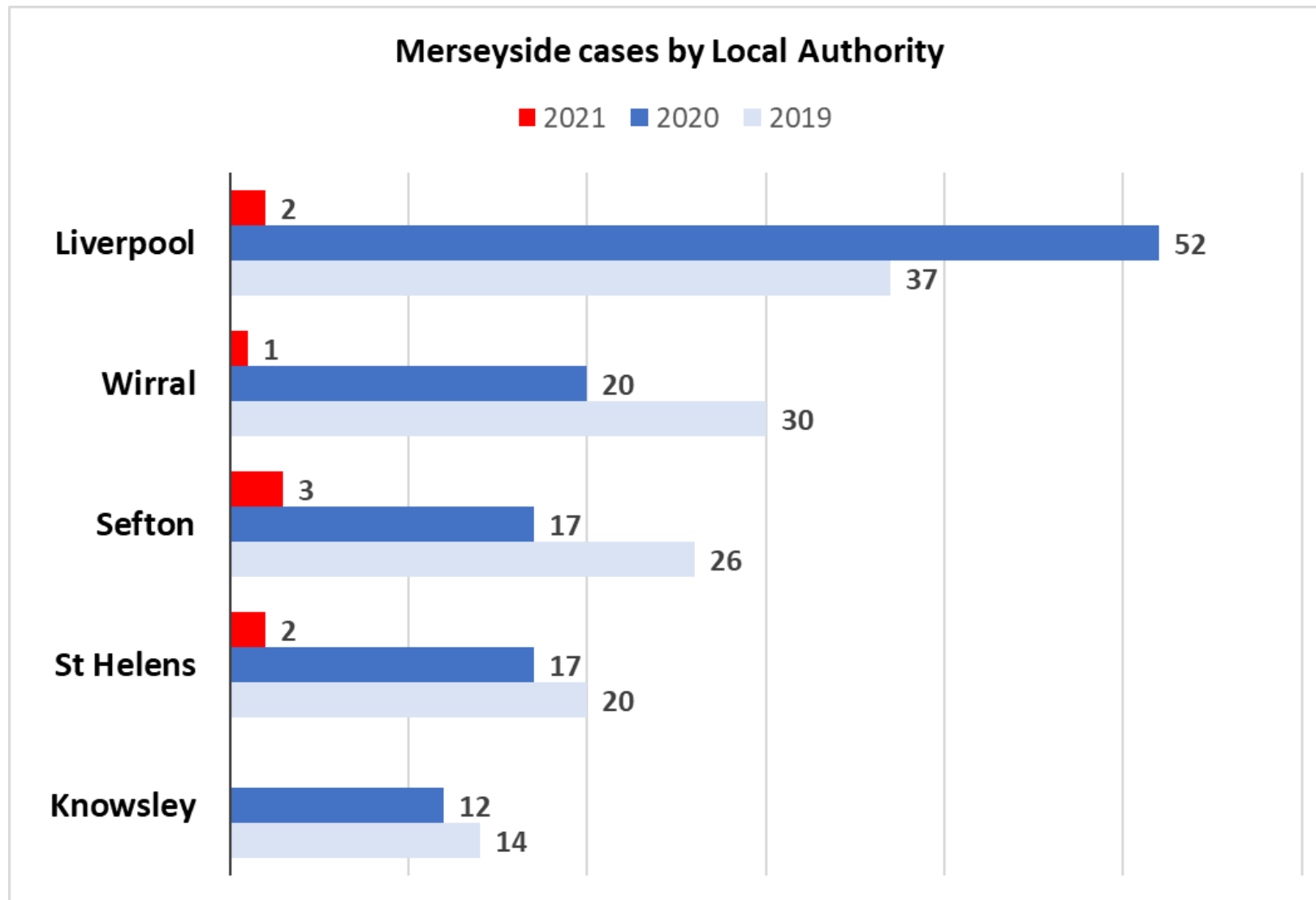
- The number of RTS cases reported in 2020 was slightly fewer than seen in 2019
  - 118 (2020) vs 127 (2019)
- From week 12 (w/c 16 Mar - start of social distancing) to year end, there have been the same number of RTS cases in both years (100 RTS cases in 2019, and 100 in 2020)



# Merseyside cases by month



# Merseyside cases by LA

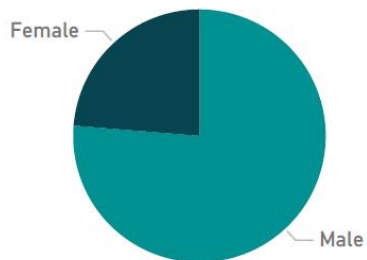


# Cheshire 2020 Cases

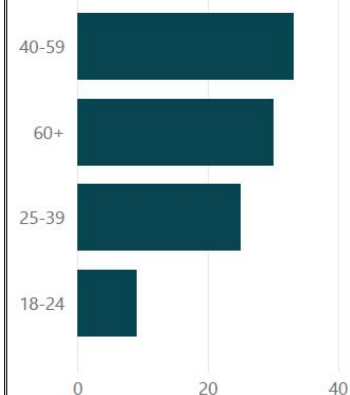


Cheshire Real Time Surveillance  
Cases 2020

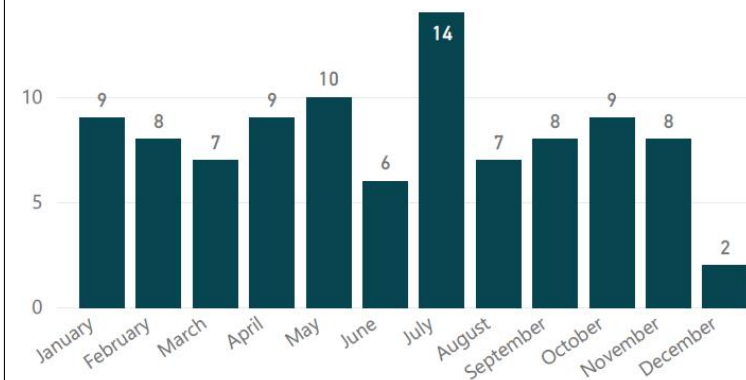
Sex



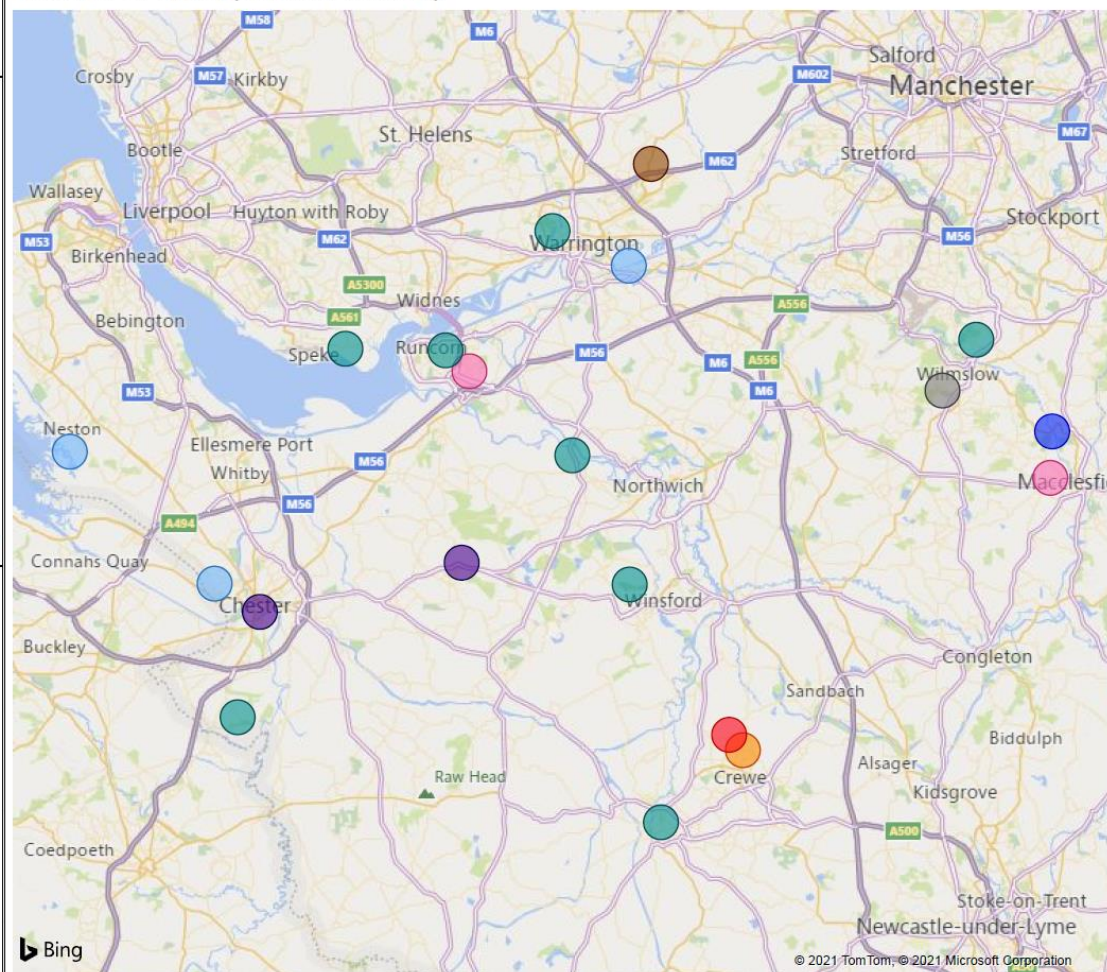
Age group



Month

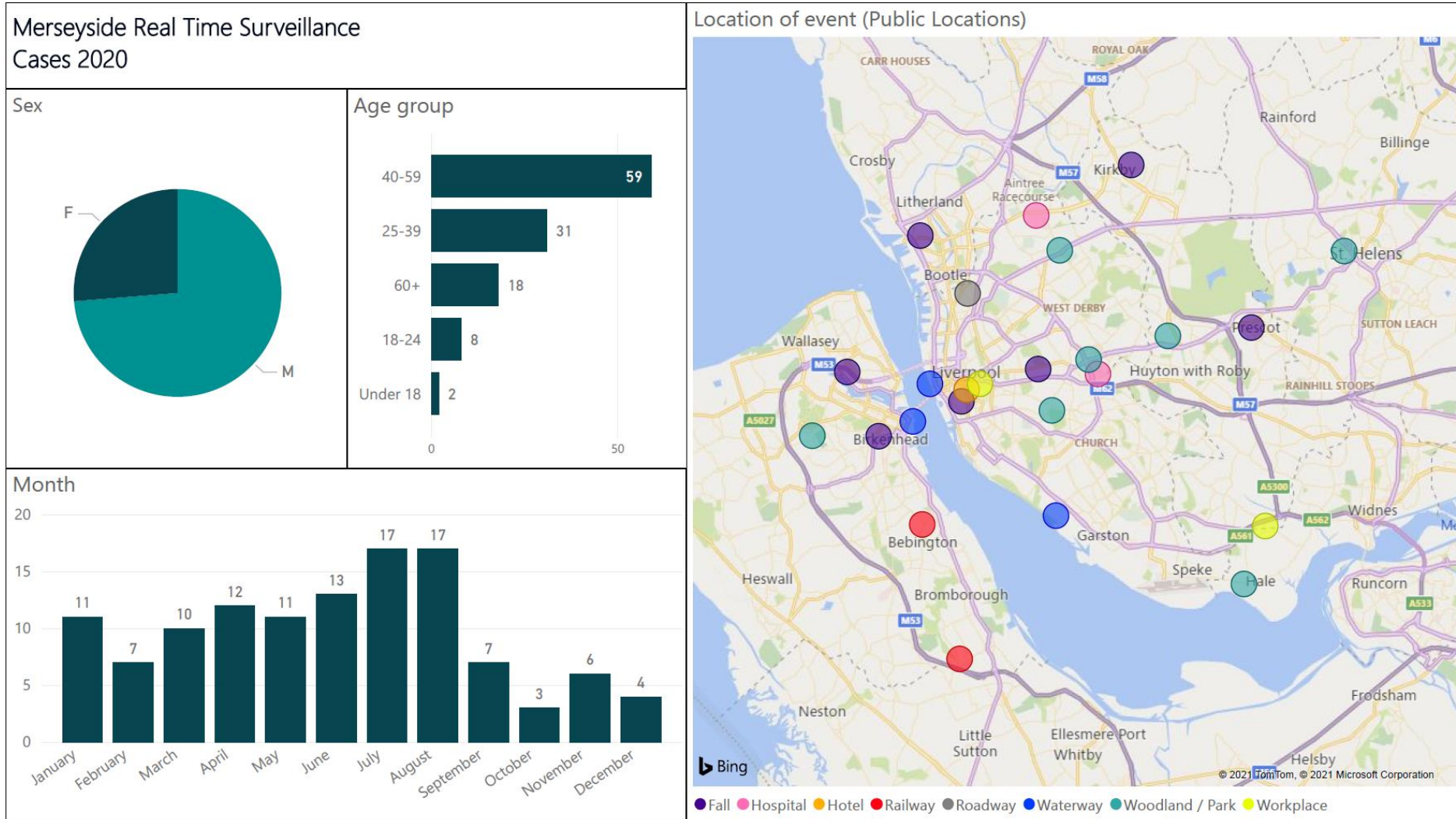


Location of event (Public Locations)



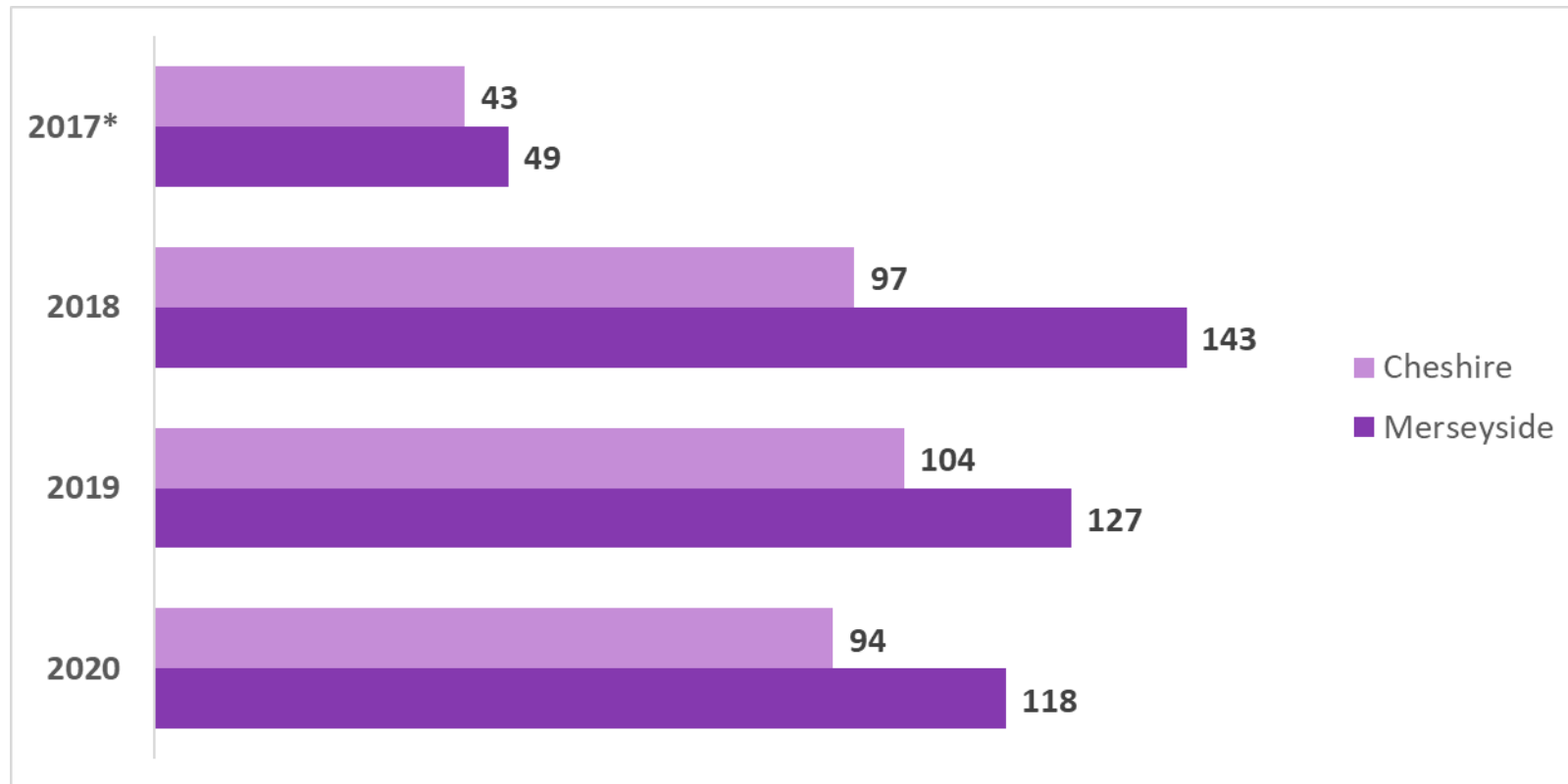
● Fall ● Hospital ● Other ● Other address ● Park / Woodland ● Prison ● Railway ● Road ● Waterway

# Merseyside 2020 Cases



# RTS Data Overall

- There have been 775 RTS cases recorded across Cheshire and Merseyside since September 2017



\* 2017 data from 01/09/17. Data to end 2020





# Review of RTS 2021

- Benefits
  - Timely data and informs on local picture and locations
  - Supports actions and interventions not previously possible
  - Fewer out of area cases are missed, economy of scale
  - Joint C&M surveillance suits organisations working over larger areas
  - Suicide Surveillance Group has led to much stronger relationships between organisations and improved data sharing
- Challenges
  - Needs commitment from all partners, considerable engagement and staff time in both setup and running
  - Data is not final, and balance between detail and speed
  - Public sector organisations and staff with reduced capacity significantly impacting on functioning & timely delivery



**Leicestershire**

**Barney Thorne, Leicestershire Police**



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Leicestershire  
**Police**

Protecting our communities

# Real-Time Surveillance







# Real-Time Surveillance; Why?

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- Approached by PHE in 2015 to set a system up in Leicestershire & Rutland
- Why would police lead?





# Early Learning

5  
minutes

Known  
to Police

Live  
alone  
Close  
relative  
die by  
suicide

Area

Date of  
attempt

History  
of Self  
Harm

Children  
or adults  
at risk  
now

Additional  
Info

What  
could  
have  
been  
done?

Recent  
MH  
history

Date of  
Death

Additional  
Detail

Where  
recorded

**ONS Data/  
Our Data**

Attempt or  
Completion  
?

Children

Age

Method

- This data is collected by ONS?
- GP's – awareness, understanding & post-vention
- Obvious methods for improvement – bereavement service

Consent

Located  
at home

Did  
children  
witness  
the  
event?

Gender

NoK  
aware  
may be  
self-  
inflicted?

Drug/alcohol  
consumption  
prior to  
death

Occupation

Next of  
Kin  
informed

Ethnicity

Sexual  
Orientation

Marital  
Status

Religion

Nationality



4th data export 021215 - Microsoft Excel

Details For Subject / Deceased												
This Was An Attempt	Age	Gender	Ethnicity	Nationality	Religion	Marital Status	Sexual Orientation	Occupation	Date Death Declared	Located At Home (Y/N)	NPA	Suspected Method Of Death / Attempted Deat
N	50	Male	White British			Divorced	Other	.	26/05/2015	Y	n/a	Poisoning (by drugs)
N	37	Male	White British	British	Christian	Single	Heterosexual / Straight	Software Developer	18/08/2015	Y	n/a	Hanging
N	56	Male	White British	British	No Religion	Married	Heterosexual / Straight	Unemployed - previ	30/08/2015	Y	n/a	Hanging
N	17	Male	White British	British	No Religion	Single	Heterosexual / Straight	Student	31/08/2015	N	NN	Hanging
N	55	Male	White British	British	No Religion	Married	Heterosexual / Straight	Self Employed - Gro	09/01/2015	Y	n/a	Hanging
N	41	Male	White British	British	No Religion	Separated	Heterosexual / Straight	Declared sick	16/09/2015	Y	n/a	Poisoning (by other substance inc gas)
N	50	Female	White British	British	No Religion	Divorced	Heterosexual / Straight	RETAIL SALES ASSIS	15/09/2015	N		Drowning
N	46	Male	White European	British	No Religion	Unknown	Other	Unemployed	20/08/2015	N		Jumping / falling from height
N	19	Male	White British	British	Atheist	Single	Heterosexual / Straight	WINDOW CLEANER	09/11/2015	Y	n/a	Hanging
N	19	Male	White British	British	No Religion	Single	Heterosexual / Straight	Serving prisoner	11/12/2015	Y	n/a	Hanging
N	35	Male	White british	British	No Religion	Unknown	Heterosexual / Straight	Unemployed	29/09/2015	N		Hanging
N	55	Male	White British	British	No Religion	Single	Heterosexual / Straight	not known	11/04/2015	N		Jumping / falling from height
N	23	Female	Asian British	British	Hindu	Single	Heterosexual / Straight	Law Student	19/11/2015	Y	n/a	Poisoning (by drugs)
N	46	Male	White British	British	No Religion	Civil Partnership	Lesbian / Gay	UNEMPLOYED	17/07/2015	Y	n/a	Poisoning (by drugs)
N	43	Male	White British	British	No Religion	Single	Heterosexual / Straight	None	15/09/2015	Y	n/a	Hanging
N	36	Male	Black White Caribb	British	No Religion	Single	Heterosexual / Straight	Labourer	13/10/2015	Y	n/a	Hanging
N	54	Male	White British	British	Christian	Married	Heterosexual / Straight	Gas Engineer	12/01/2015	N	NR	Hanging



# Improvements



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Protecting our communities

- British Transport Police data
- Leicester Partnership Trust (Secondary Mental Health Care Provider) information check
- Hospital data



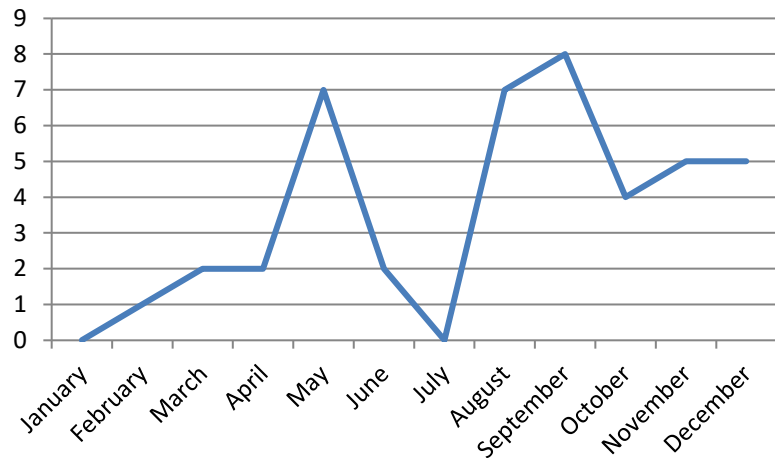


# Data Demonstration

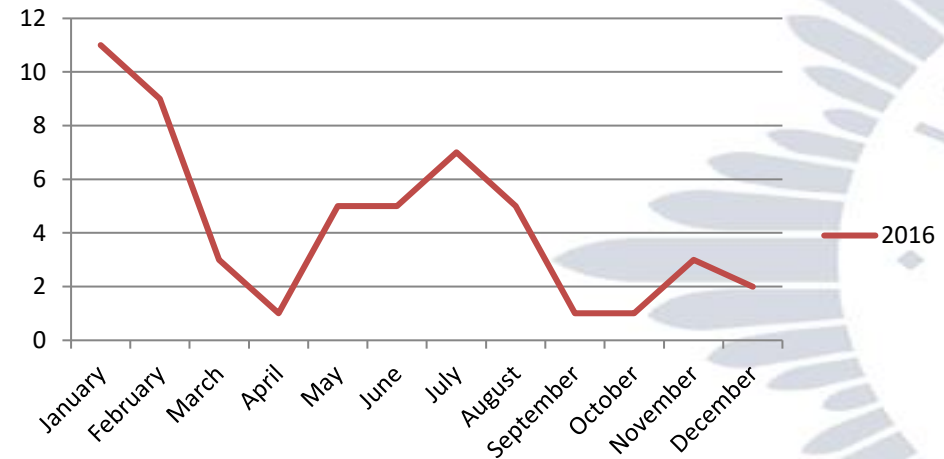
Leicestershire  
**Police**

Protecting our communities

2015



2016

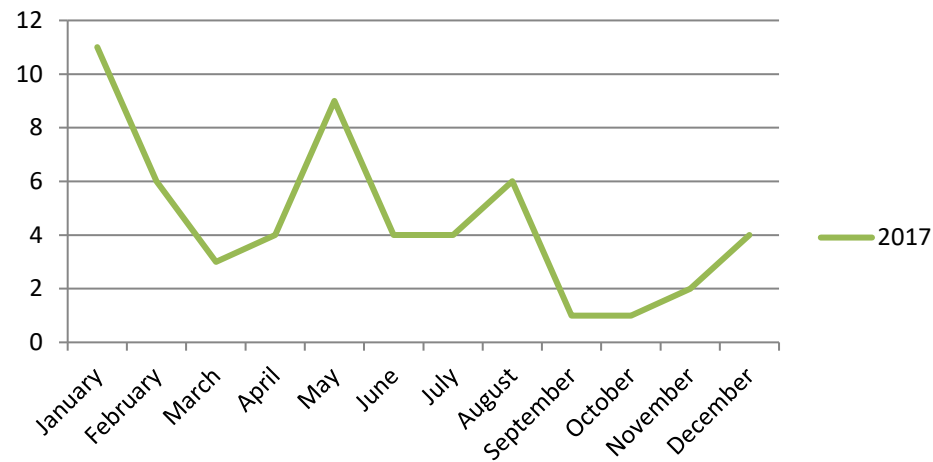




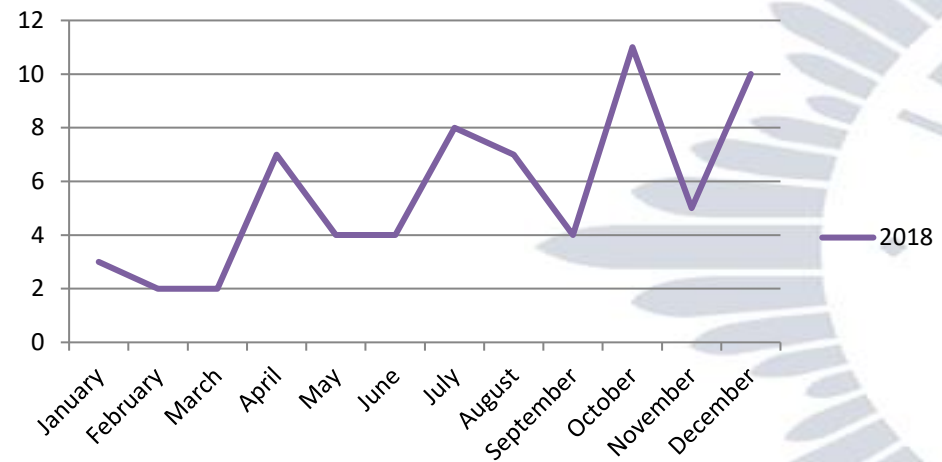
# Leicestershire Police

Protecting our communities

**2017**



**2018**

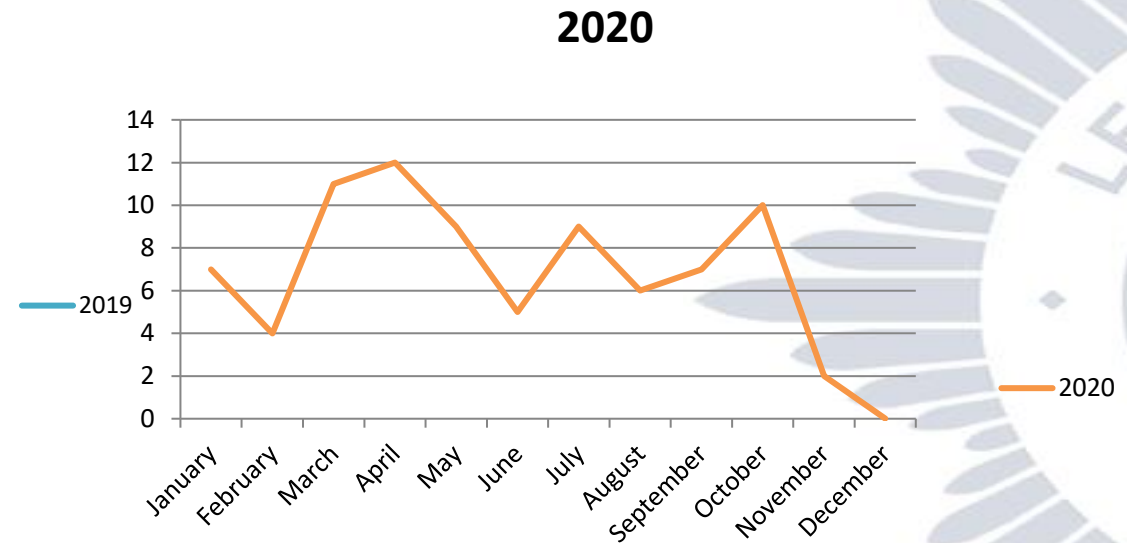
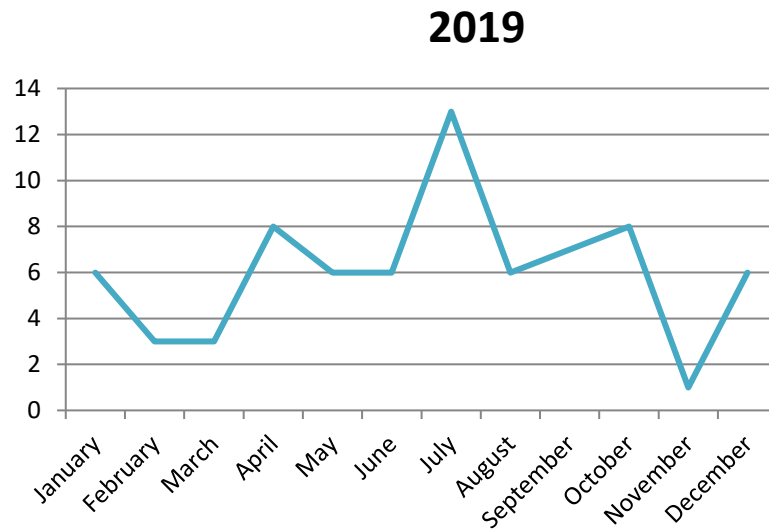






# Leicestershire Police

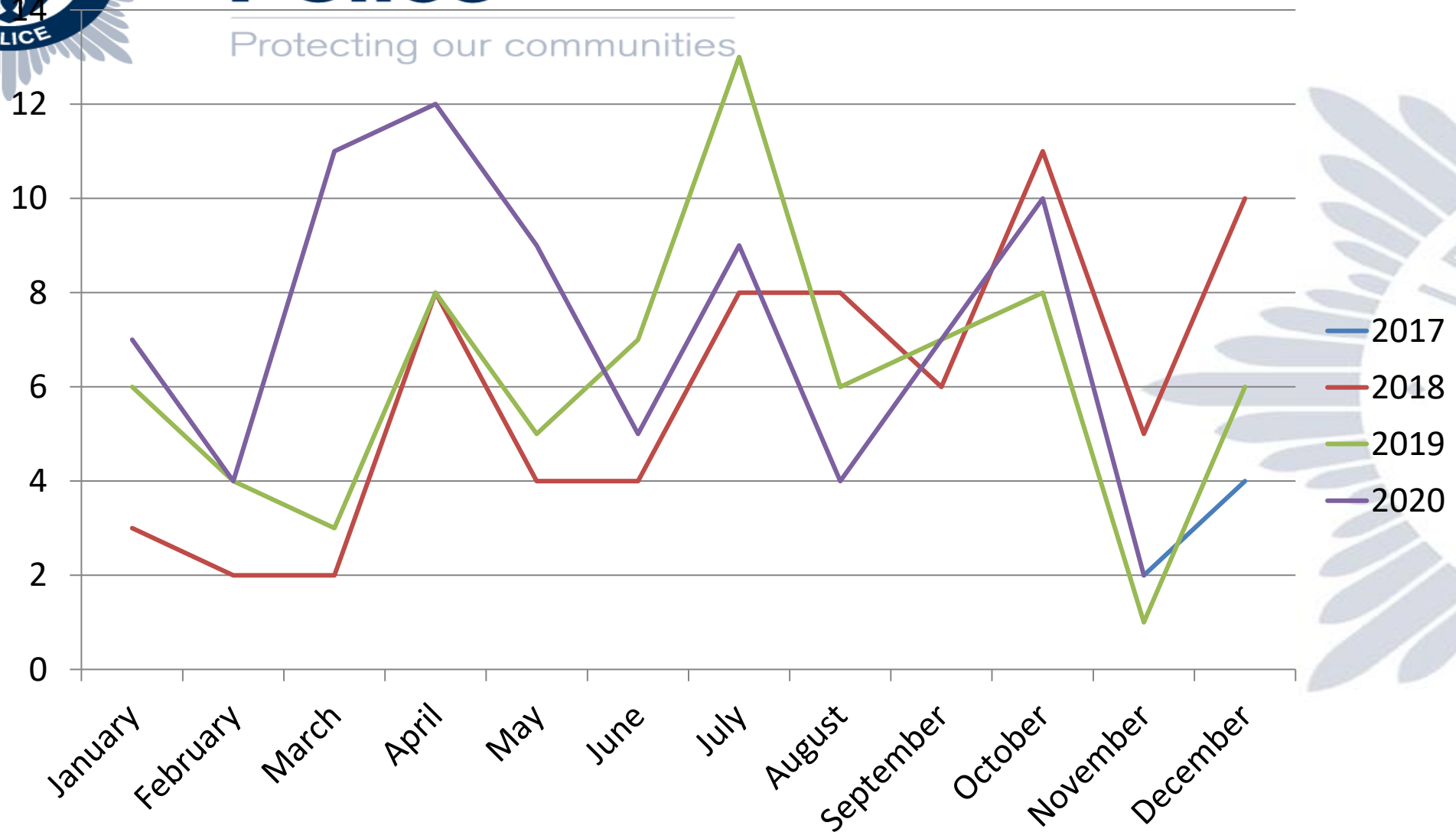
Protecting our communities





# Leicestershire Police

Protecting our communities



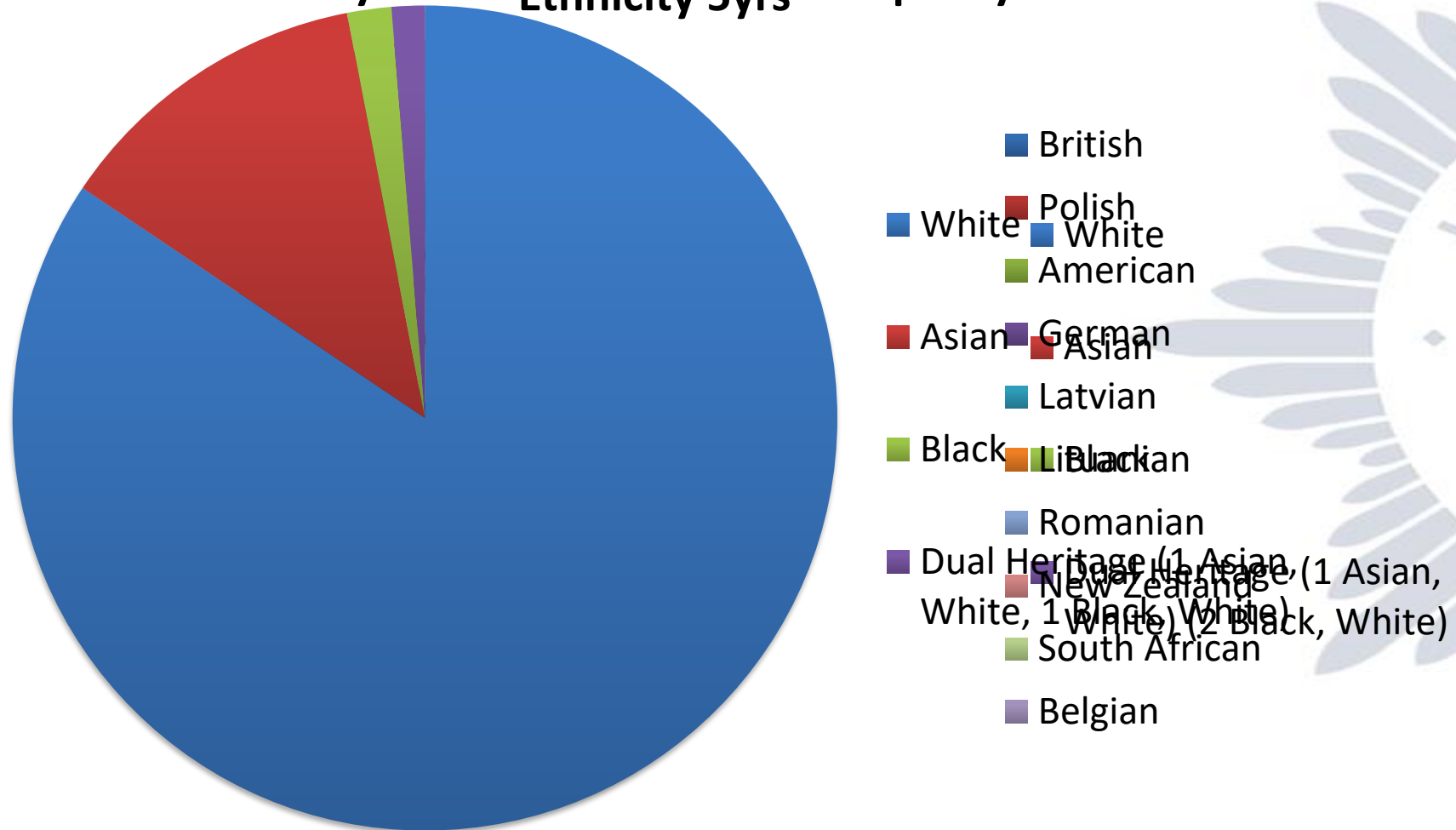




# Leicestershire Police

Protecting our communities

## Ethnicity Breakdown 3 yrs Nationality Breakdown of White People 5yrs



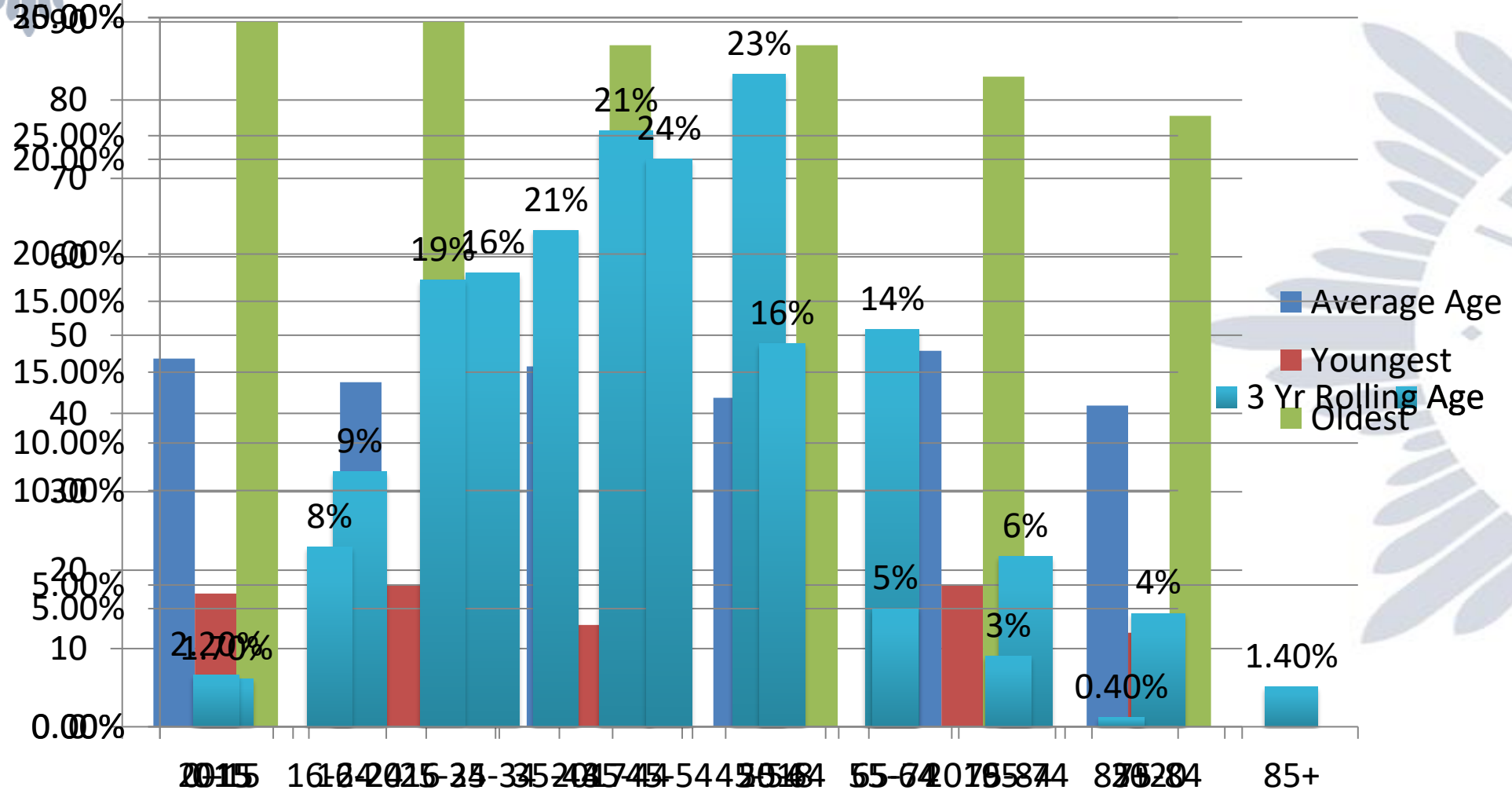
# Interpreting data correctly!



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3 Yr Rolling Age





# Lots of data but what next?

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**Police**

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- Important to make sure we're in line (or not) with national average
- Concentrate on areas we're not aware of or areas where we don't have a good understanding/new measure
- Unemployed – community resources?
- “At risk” Jobs
- Informs the local Suicide Prevention Strategy for our area.

# Success



Leicestershire  
**Police**  
Protecting our communities

- One of the first areas in the country to be allocated funding from NHS England, due to having RTS in place
- The Tomorrow Project – successfully integrated as a specialist suicide bereavement provider to residents of Leicestershire
- Just 22 deaths are people bereaved by suicide



Leicestershire  
**Police**

Protecting our communities

- How it works
- How much did it cost?
- Staff Requirements
- Partnership Working
- Senior Buy-in
- Results & Impact





**Cumbria and Lancashire**

**Pierce Rodway**



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# **Real Time Surveillance (RTS) Lancashire & South Cumbria**

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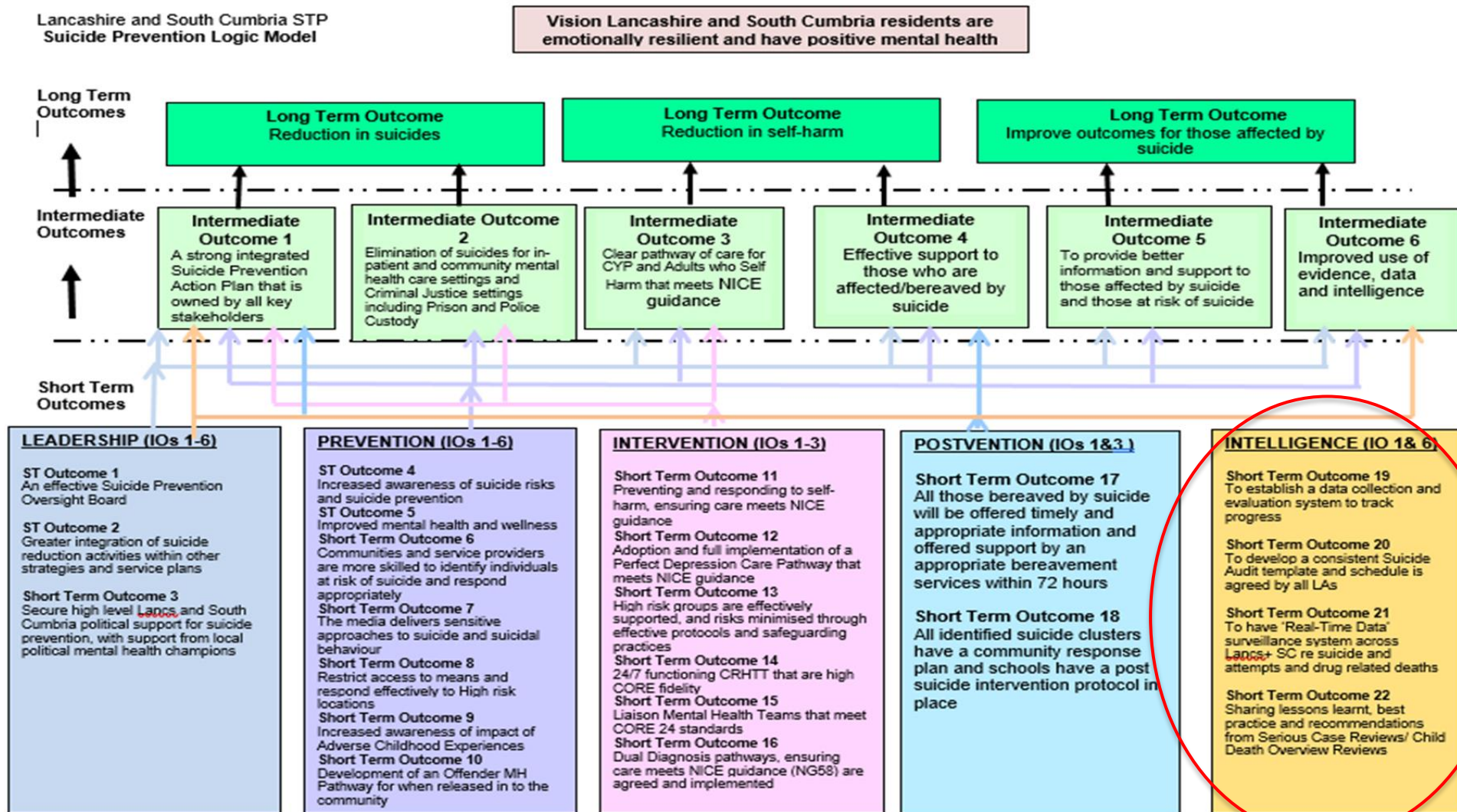
RTS Workshop

Thursday 25<sup>th</sup> February 2021

Pierce Rodway – Clinical Network Co-Ordinator / Data Analyst

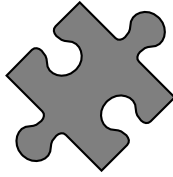


# Suicide Prevention Logic Model





# Key Building Blocks



- Establish relationships with Police
- Agree an information sharing agreement
- Agree data transfer process
- Police agree a Single Point of Contact
- Develop a multi agency information sharing protocol
- Establish leadership & key principles



**Lancashire  
Constabulary**  
police and communities together

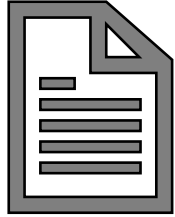


**CUMBRIA**  
CONSTABULARY



**Healthier  
Lancashire &  
South Cumbria**

# Real Time Surveillance - Information Sharing Agreement



- A Multi Agency Information Sharing Protocol has been developed, signed and agreed to support the Suicide Prevention Programme.
- This has enabled L&SC ICS to receive Real Time suspected suicide reports from Cumbria and Lancashire Constabulary, normally within 24 hours of death.

## Information Sharing Statement under the County-wide Crime and Disorder Reduction Partnership Information Sharing Agreement

### State the specific purpose of this information sharing

- To enable analytical profiling of the 'alert' to identify key future prevention opportunities, risk groups, problem areas, method, gender, ethnicity, age, previous medical history factors, criminal justice background factors. It will also enable public health to trigger a contagion response for children, under 16, suspected of suicide and where a potential emerging cluster is identified.  
Shared analytical profiles will not contain any personal data. Personal Data is required to interrogate other associated health data systems.
- To complete the statutory 'suicide audit' requirement. This is a Local Authority function, which is now completed on a Lancashire South Cumbria footprint.

### Which post holders will be responsible for this on a day to day basis? State Post and Organisation

The data will be processed by NHS analysts to support Healthier Lancashire and South Cumbria Multi Agency Strategic Lead for the Sustainable Transformation Partnership Mental Health work stream.

The data will be obtained from the Constabulary using data from the G72 template.

### What information will be shared?

The data has been sanitised to remove any personal identifiable information but will allow for analysis to take place to support the project. A copy of the data that is being provided is attached

*Of note: The data is already provided by the Coroners Office after an inquest, however this can introduce delays hence the request*

### How will the information be shared?

The data will be collected directly by the NHS Analyst from Lancashire Constabulary premises and checked to ensure only information agreed by a Lancashire Constabulary Analysts prior to being taken off site.

# Key Personnel



## POLICE INTELLIGENCE ANALYSTS

## STRATEGIC LEAD / ANALYST / SAFEGUARDING

## SUICIDE PREVENTION LEADS AND PARTNERS



Notification of death form relating to suicide or drug related death created. Intelligence Analysts from Police email G72 & spreadsheet to Strategic Lead and Data Analyst at NHS England / Healthier LSC. Data also sent to Safeguarding Team at Mental Health Trust to determine whether individual was known to mental health services.

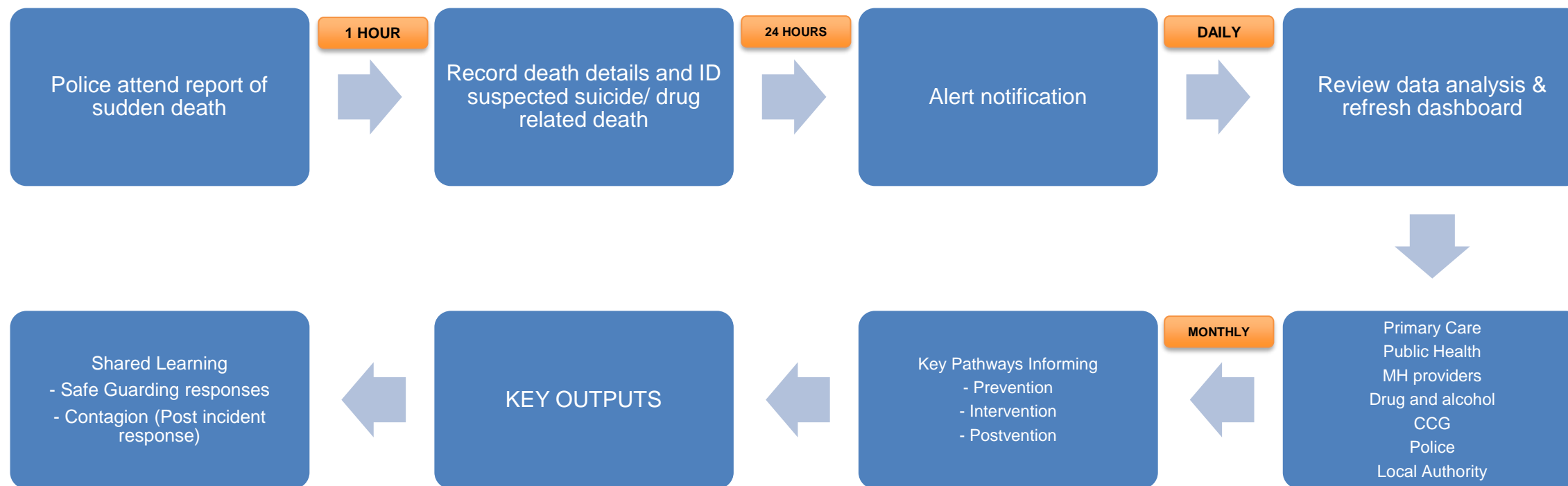
Information received from both Police and LSCFT then input into locally created RTS dashboard by Data Analyst at NHS England. Further information from Adult Services and Drug/Alcohol services requested by Data Analyst. Bi-weekly report disseminated to Suicide Prevention Group including Public Health Leads at each Local Authority and Partners. All data validated by Strategic Lead and presented at monthly RTS panel group meetings to decide next actions on preventing suicide. In the event of a death of a child, the Strategic Lead will spark a SUDC response meeting. Contagion meetings also arranged by Lead & Analyst if spotted.

Data used to inform various partners and drive suicide prevention activity from Public Health Leads, start internal investigations for those who were open to mental health services at time of death by Mental Health Trust (LSCFT), follow up bereavement support from AMPARO and spark the conversation of those within drug and alcohol services (CGL & Delphi). Data also used as golden thread to drive campaigns by Clinical Network Leads at NHS England. Campaigns include 'Let's Keep Talking' and the Orange Button Community Scheme. Data Analyst at NHS England /HLSC further concentrates on the data to assess risk factors and behaviours.

# Data – Real Time Alerts Process

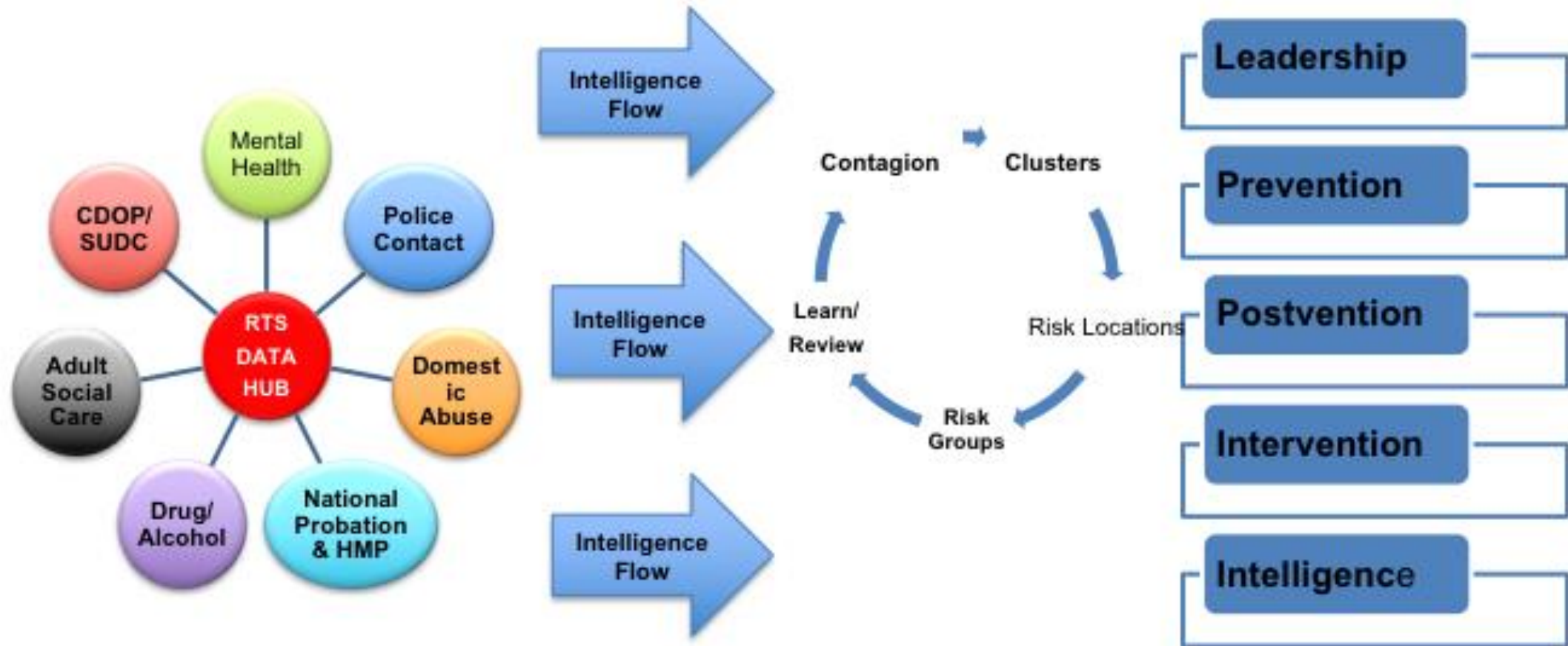


## Timeframe

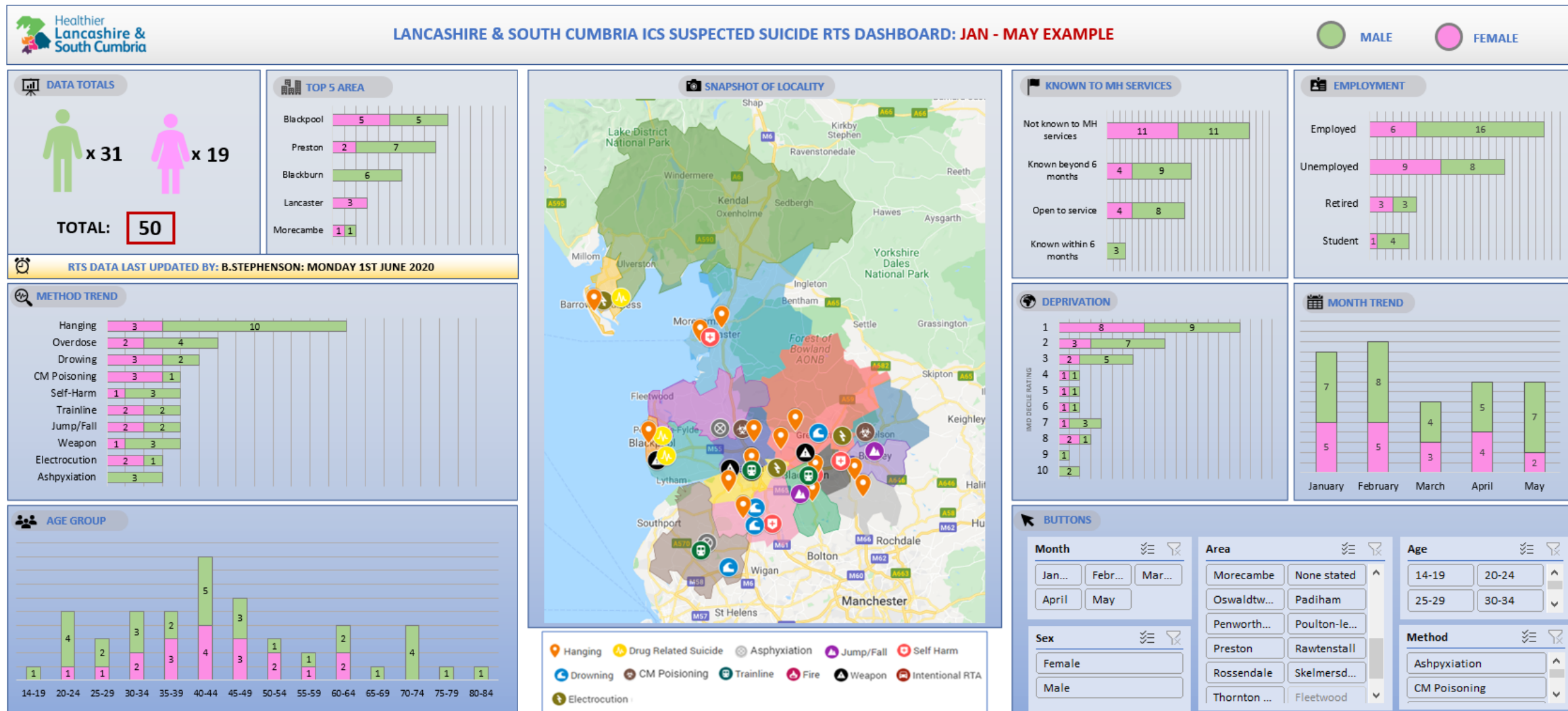


# Real Time Surveillance- Data Connectors and Flow Model

## Intelligence Led approach



# Example RTS Dashboard





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# Value of the RTS System & Actions



**RTS highlighting cluster of suicides within Blackpool, with hotel accommodation (chains, not B&B) highlighted. March 2020 chains visited, suicide bereavement information, anti-stigma campaign and help-seeking support delivered**

- During conversations (above) – staff highlighted that the employee cohort in seaside hospitality is small, with many, lower-paid employees moving frequently, with no continuation of care. Chains provided with help-seeking and bereavement information for staff (example, one Porter had responded to 3 suicides in 3 different hotels, his wife 1).
- Post-lockdown 1 – Blackpool Guest House Association received presentation from ICS to highlight support for staff and guests.
- November/December 2020 – ALL Blackpool establishments have received phase 3 suicide prevention/help-seeking campaign, including financial/debt support (combined workforce of 17,930)

## **RTS highlighted trend with homes of multiple occupation**

- All local authorities contacted via FOI to request registered locations of HMOs to plot locations onto RTS for future targeted communications and support.

## **RTS patterns/trends identified in local authority locations**

- Each local authority with emerging trends/increases contacted and provided with action plan, incorporating generic communications, targeted communications and internal policy/strategic actions to deliver a programme of support.

## **Specific prescription drugs identified through RTS**

- Marketing through community pharmacies driven by RTS data
- Medicines review team provided with relevant information

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# Value of the RTS System & Actions (Continued)



## RTS ability to plot according to demand – foodbanks/debt/welfare

- All foodbanks contacted within ICS (53) 3,000 SP materials/help-seeking leaflets provided for inclusion within food parcels
- Commenced process of contacting debt recovery agencies (representative of both sides) to offer commissioned suicide prevention training and share help-seeking information

## RTS supports targeted marketing/communication with employers

- Based upon national data, and RTS, predominantly male-dominated employers targeted, covering specific locations with in-house policy support, SP comms, help-seeking (workforce from 3 large (employers, totals 22,000, BAE, EON and EDF)

## The True Value

The true value of this system is the ability to potentially save lives. Due to the data connectors and system partnership, we have been able to implement programmes and projects in areas of highest prevalence of suicide. Lancashire in 2019/20 had the third highest rate of suicide in the country (ONS). At present, RTS is showing over a 10% reduction on the previous year. Our system works well due to the amount of detail we receive from the Police and the speed at which we are alerted. There is a recognition that the programme is primarily 'reactive' and there is a long way to go in preventing suicide, but having oversight and access to inform has been paramount to overcome stigma and support those affected by suicide.





Healthier  
**Lancashire &  
South Cumbria**

**Thank You**

Any questions, please email:

[Pierce.Rodway@nhs.net](mailto:Pierce.Rodway@nhs.net)

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**Web** [healthierlsc.co.uk](http://healthierlsc.co.uk) | **Facebook** @HealthierLSC | **Twitter** @HealthierLSC

**NO MORE  
SUICIDE**

**Q&A**



**Champs**  
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Working together to improve health and  
wellbeing in Cheshire and Merseyside



## Comfort break



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**Delegates to join Workshop A for Part 2**

**“Future options for the RTS system”**

Facilitated by Pat Nicholl, Suicide Prevention Co-ordinator, Champs Support Team



**Delegates to join Workshop B for Part 2**

**“Future options for the RTS system”**

Facilitated by Neil Boardman, Suicide Prevention Co-ordinator, Champs Support Team

# Cheshire & Merseyside RTS Suicide Data Collection from Coroner's February 2021

		Future C&M RTS Data?	Current C&M Coroner Form	National RTSS Form
Demographic	Gender	X	X	X
	Age	X	X	X
	Ethnicity	X		X
	Home postcode	X	X	X
	Occupation	X	X	X
	Sexual Orientation	X		X
	Nationality	X	X	
	Marital status	X		X
	Religion	X		X
Details of event	Date of death	X	X	X
	Location (description)	X	X	X
	Location (postcode)	X	X	X
	Suspected method	X	X	X
	Name, location of workplace/educational	X	X	
Risk Factors	History of mental health/known to the mental health services	X	X	X
	Physical health conditions	X		X
	GP if known?	X		
	Previous suicide/self-harm attempts?	X	X	
	Any known connections to other previous suicides?	X	X	
	Any domestic abuse concerns	X		
	COVID-19 related concerns	X		X
	Other information	X	X	X
Bereaved family/friends/other	Referral to Amparo offered?	X	X	X
	Referral to Amparo accepted	X		
Name of Coroners officer completing form?		X		
Date form sent to Public Health Intelligence		X		



**Champs**  
Public Health  
Collaborative

Working together to improve health and wellbeing in Cheshire and Merseyside



**Thank you for attending**  
**Please look out for the evaluation form**  
**A recording of the webinar will be**  
**available at [www.champspublichealth.com](http://www.champspublichealth.com)**  
**Stay safe and well**



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