# Coventry and Warwickshire Real-Time Surveillance

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With thanks to Frederica Longfoot

Coventry and Warwickshire
Integrated Care System

# How it started and how it's going

**2019**

- **Used NHSE transformation funding to trial an RTS model using Public Health Insights Team**
- Engagement with local Police Forces and Coroner's Office

**2020**

- Funded **a dedicated RTS Coordinator post sat within the Coroner's Office closer to the data source**

**2021**

- RTS Coordinator in post - Leads on data collection and processing, Learning Panels, and proposed referral link into postvention service
- Received NHSE funding for postvention support – service in place September 2021

**2022**

- Review of RTS alongside other death review Panels
- Mobilisation of postvention service and embedding into local system

# How it's going - Operation of RTS

- The RTS coordinator is based in the Coroner’s Office and collects data on deaths which occur in Coventry and Warwickshire where the circumstances indicate the individual may have died by suicide.
- This enables collection of data in a timely manner which allows for potential trends, patterns, or clusters to be identified.
- This data is analysed and shared with colleagues in public health via weekly notifications of deaths that week.
- The process has been in full operation since January 2021 with a bereavement support offer since September 2021.

# Operation continued

- Data captured through the RTSS is presented once a quarter to colleagues through learning panels. These panels provide an opportunity for colleagues to hear the most recent trends in the data and facilitate discussion around these trends and possible responses.
- This is supplemented through monthly insight meetings which are stood up in response to particular groups that have been identified as being at increased risk.

# Procurement of a Postvention Service – steps involved

- Agree who will lead on Procurement
  - Collaboration Agreement
  - Funding arrangements
  - Data Protection Impact Assessment (DPIA!)
- Market testing – whole market
- Specification development with stakeholders – added referrals and community response
- Sign-off – joint commissioning arrangements
- Publish full Tender and Evaluation panel
- Mobilisation: Data Sharing Agreements and Privacy Notices (check if partners need to do their own)

# Operation

- Amparo has been operating in Coventry and Warwickshire for just over a year.
- We initially thought the majority of our referrals would come through the coroner's office but the data we get from Amparo has shown that self-referrals are very popular.
- The coroner's staff make next of kin aware of the service when they make initial contact but do advise they can self-refer at any point should they wish to.
- We have had one community response in this time as well on a university campus which included drop in sessions for students and staff as well as provided more one-on-one support to those closer to the deceased.

# Successes

- The data provided at the learning panels has been well received by colleagues. We have adapted to the requirements of colleagues to include data which is most beneficial for them e.g. blood alcohol levels on toxicology reports.
- Local support and interest through our multi-agency group.
- Strong buy in from local partners.
- Data updates are well received.
- Monthly insight meetings and weekly notifications have been useful.

# Challenges

- DPIAs, particularly around postvention bereavement support and working with partners' existing processes
- Capturing data which is not required for coronial functions has proved challenging e.g. data on ethnicity

# Future plans

- We hope to introduce a suicide deaths review process to run alongside the statutory review processes which will assist in capturing learning missed by these review processes and suggest recommendations for the future.
- Secure a case management system to monitor deaths by suicide in Coventry and Warwickshire.
- Embed a streamlined referral route from a frontline referral via the Coroner's Office