Better Mental Health Fund Suicide Prevention Project Evaluation

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1 Introduction

Wolverhampton Voluntary Sector Council, working in collaboration with Kai-zen Change for Good CIC, were commissioned to undertake a short evaluation of the suicide prevention projects that form part of the Wolverhampton Mental health Fund (BMH Fund) Programme. A wider evaluation of the whole BMH Fund was being completed separately. The scope of the suicide prevention projects evaluation was to include the following:

- Background on the BMH Fund, suicide prevention work in the City
- Summary of the aims of the suicide prevention projects
- Overview of the procurement process and market review
- Review of the project tender documents
- Interviews with Public Health Officers and providers and survey with stakeholders
- Evaluation of whether the aims were met
- Recommendations for the suicide prevention strategy

1.1 Methodology

A stakeholder engagement plan was developed, which included a plan to undertake qualitative and quantitative research (set out at Annex 1). The interview questions for the qualitative research are set out at Annex 2. Each of the training providers also undertook an evaluation with their attendees, the findings of which are detailed later in the report.

A survey was developed by the evaluation team and circulated to the providers of the three training projects with the request to forward it to the participants of their training courses to complete. This evaluation survey focused on the impact of the training for the participants' work and whether the learning had been shared with anyone. This request was made twice via email by CWC Public Health commissioners. No responses to the survey were received. This was possibly because the participants at the training provided detailed feedback on the training after the activity.

It was hoped that interviews could be undertaken with a small number of participants from each training course. Providers were requested to ask all of the participants of their course(s) if they would consider being interviewed as part of this evaluation. Three individuals came forward to offer to do this, all from the Kaleidoscope Plus training. This is most likely to be due to limited capacity to respond to additional requests. In addition, an interview was arranged with a CWC Public Health commissioner.

- Interviews were held with the following individuals: Ranjit Khular from City of Wolverhampton Council Public Health
- Two participants of Kaleidoscope Plus suicide prevention training

Evaluation success criteria were set as follows:

- Impact – an analysis of the outcomes short medium and long term and intended and unintended, in relation to specific objectives
- Effectiveness – the relationship between the results and purpose
- Process
- Relevance / utility – the problems to be solved and the project objectives in relation to the environment and the context over time
- Quality
- Sustainability

A review of each stage of the commissioning cycle was undertaken to identify the effectiveness of the project:

1. **Needs/ outcomes planning:** What problem/ needs were partners trying to address and therefore what were the defined outcomes? Was there accurate up to date data on the needs/ a good evidence base? Were service-users involved in setting out what their needs were (both people and organisations)?

2. **Activities:** What activities were identified to be delivered to respond to the needs/ outcomes identified? Were service-users involved in shaping the design of the service to be delivered? How/ why was it decided to run an awareness raising/ training programme? What is the evidence that training results in reduced rate of suicide, particularly in men?

3. **Cohort:** Why was this cohort chosen: GPs, universal and barbers for suicide prevention training?

4. **Supply:** What is currently being delivered to prevent suicide and also to educate people and organisations? Therefore what is the gap?

5. **Procurement:** What were the procurement options and what was the procurement process? To what extent was social value considered?

6. **What were the outputs?** Who attended the training (actual against planned)? What was the take up, which demographic groups and which sub-groups? Were they influential and active within communities? Were the training interventions targeted at third sector groups working with marginalised groups such ethnic minorities and refugee and asylum seekers?

2 Background

2.1 Better Mental Health Fund

Funding was received from Public Health England (PHE) which was replaced by the Office for Health Improvement & Disparities (OHID) on 1st October, for approximately six months of delivery for suicide prevention and better mental health projects as part of the Prevention and Promotion Fund for Better Mental Health 2021-22 Expression of Interest.

The Better Mental Health (BMH) Fund 2021-2022 was administered by OHID and was part of the government's Mental Health Recovery Action Plan 2021-2022[1] which sought to ensure the mental health impacts of COVID-19 were rapidly addressed, services could respond quickly and pressures on the NHS were reduced.

The Expression of Interest was approved in principle in June 2021 by PHE, and funding was made available to (CWC) in late August 2021. The Expression of Interest was for the delivery of a number of BMH Fund projects, including the four suicide prevention projects covered by this evaluation between October 2021 and May 2022.

The aim was to prevent mental ill health and promote good mental health amongst the most deprived communities in England. The City of Wolverhampton Council's (CWC) intention to bid to the BMH Fund was shared with the Wolverhampton Mental Health Stakeholder Forum and Wolverhampton Suicide Prevention Stakeholder Forum (WSPS Forum). It was later approved in principle by PHE in June 2021, with funding made available to the local authority in late August 2021. The deadline of delivery was initially March 2022, and this was extended to May 2022.

2.2 Wolverhampton Suicide Prevention Strategy[2]

A mental health and suicide prevention needs assessment was undertaken & co-produced between CWC Public Health and Wolverhampton Samaritans in 2015. Over 20 organisations were involved in the needs assessment, which included an online survey distributed to local primary care staff.

Risk factors and key findings identified were:

- Greatest risk was in **homosexual men** due to discrimination
- **Areas of deprivation** are associated with increased suicide rates, and over half of Wolverhampton residents are in the most deprived 20% of the country. **Homelessness** is higher in Wolverhampton than nationally, and multiplies the risk of suicide by nine.
- **Isolation** increases the risk of suicide
- The risk of suicide is increased by **bereavement**
- Risk of suicide increases with **depression severity**, and in Wolverhampton the incidence and prevalence of depression is higher than nationally. Wolverhampton has a higher **alcohol** related hospital admission rate than nationally, and heavy drinking confers a three-fold increase in suicide risk**. Physical illness** also raises suicide risk, particularly in terminal and chronic conditions.
- **Migrants, men and deprived communities** are at the greatest risk of mental health problems locally.
- The most commonly reported triggers for mental health crisis were **(1) relationships, (2) employment, (3) housing and (4) drugs/alcohol.**
- The biggest gaps in provision were for men and for migrants.

[1] https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-recovery-action-plan
[2]https://wolverhampton.moderngov.co.uk/documents/s110253/Appendix%201%20Suicide%20Prevention%20Strategy%20and%20Action%20Plan.pdf

2.2.1 *Governance*

The Suicide Prevention Stakeholder Forum oversees the WSP Strategy, working collaboratively with the Wolverhampton Mental Health Stakeholder Forum and a range of partners. Both forums work closely with the newly forming mental health work stream of the Integrated Care Programme and report to the Health and Wellbeing Together Board.

2.2.2 *Approach*

The Wolverhampton Suicide Prevention Strategy approach was for Wolverhampton to:

1. Become a suicide safer community
2. Push for Zero suicide approach in local NHS care – both primary and secondary
3. Establish post suicide support

2.2.3 *Strategy Aims*

- Enhance the multi-agency approach to suicide prevention
- Raise awareness of suicide
- Upskill workforces
- Embed suicide prevention as routine business
- Provide a coordinated suicide support offer
- Support NHS partners to reduce suicides and meet the NHS's 5 year objectives

2.2.4 *Strategy Outcomes*

Measure	**Source**
Reduction in the number of suicides across all age groups	ONS Black Country Coroner
Reduction in emergency hospital admissions for intentional self-harm	HES
Reduction in the number of self-harm instances in young people	Hospital Youth Link, CAHMS (A&E)
Positive changes in mental health prevalence	PHE mental health profile

2.3 BMH Fund Suicide Prevention Programme Aims & Objectives[3]

2.3.1 *Overview*

The Suicide Prevention Stakeholder Forum oversees the programme working collaboratively with the Wolverhampton Mental Health Stakeholder Forum and a range of partners. Both forums work closely with the newly forming mental health workstream of the Integrated Care Programme and report into the Health and Wellbeing Board.

WSPS Forum, in collaboration with Black Country and West Birmingham Clinical Commissioning Group and third sector organisations agreed a programme of awareness raising, education and training on suicide prevention. This consisted of: Suicide prevention training to frontline staff in three different sectors (Primary Care staff; staff in universal frontline settings - including voluntary and community organisations; and barbers, hairdressers & nail technicians) and a public awareness raising campaign for anyone living, studying or working in Wolverhampton, and visitors to our city. Further details about each of these projects are set out below.

[3] Taken from the Expressions of Interest form: Prevention and Promotion Fund for Better Mental Health 2021-22

The programme aimed to reach GPs, other professionals and communities to reduce the risk of suicide, a risk which is increased by 67 per cent in those who are non-consulters with their GP[4].

2.3.2 Sustainability

The activities outlined in the BMH Fund Expression of Interest built on existing work and provision and included a sustainability element such as: Embedding practical tools onto GP systems to ensure sustained support for individuals at risk beyond the project timeline; and education and awareness continuing through working collaboratively with WSPS Forum partners during key campaign dates such as the annual World Suicide Prevention Day.

2.3.3 Intended audiences

The suicide prevention interventions were both universal (awareness campaign) and targeted at those more likely to be at risk of suicide (e.g. marginalised groups such as ethnic minorities, refugee and asylum seekers) by upskilling those that they would come into contact with to enable them to have supportive conversations.

2.3.4 Measuring the difference

The BMH Fund Expression of Interest proposed that the project included impact on individuals measured using tools (such as the Warwick and Edinburgh Emotional Wellbeing Scale (WEMWBS)[5], Personal well-being ONS4[6] measures, PHQ9[7], or GAD7[8] etc.) at baseline and on project completion, with outcomes and outputs delivered as outlined in project plan and qualitative feedback from participants using structured surveys/questionnaires.

In addition, the required quarterly monitoring data was as follows:

- Prevention and promotion projects funded
- Number of staff employed
- Number of referrals
- Number of people who are direct beneficiaries (including by target group, protected characteristic and number living in the most deprived local areas*)
- Number and range of partners engaged
- A short summary of key learning, innovation and wider system change

2.3.5 Return on Investment

The return on investment for health, local authority and police for suicide prevention interventions including education and awareness is estimated to be £2.93 per £1 invested[9]. This particularly related to training GP in the use of psychological assessment.[10]

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[4] Suicide in Primary Care in England 2002 – 2011 (National Confidential Inquiry into Suicide and Homicide by People with Mental Illness - March 2014)

[5] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

[6] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide

[7] https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf

[8] https://www.corc.uk.net/outcome-experience-measures/generalised-anxiety-disorder-assessment-gad-7/

[9] From Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill Health (PHE) page 45

[10] The above document specifies the return investment relates to Psychological Assessments and not education and awareness raising programmes. It also relates to cost savings. To ascertain the correct social return on investment for education and awareness raising activities that includes the value to all stakeholders

2.3.6 Timescales

The implementation timescale was set out as follows:

- Funds received – June 2021
- Project plans agreed with area leads - June- July 2021
- Engagement with stakeholders June-July 2021
- Delivery start - July 2021
- Interim Evaluation October/ November 2021
- Programme Evaluation scope agreed – Dec 2021
- Exit Strategy/ Sustainability Planning- Jan 2022
- Evaluation Jan and Feb 2022
- Programme closure End of March 2022

The proposal highlighted the risk of low GP and other primary care staff participation which was to be mitigated through working with the Clinical Commissioning Group, planning the training at a suitable time, and where possible weaving it into primary care staff development programmes.

Measures of mental wellbeing of participants (e.g.: one of the following: Personal well-being ONS4 measures or WEMWBS scale or PHQ9 or GAD7 etc.) were required at baseline and on project completion.

2.4 Contextual factors

Nationally in England and Wales only **28%** of suicides occur in people who are in contact with services. This means that **72%** of those who died by suicide were **NOT** in touch with secondary mental health services within one year prior to death. Therefore, most people who take their own life are not known to mental health services, or had not had recent contact with services, highlighting the need for a public health approach to suicide prevention.

2.5 Aims of the BMH Fund Suicide Prevention Projects

A summary of the project is set out at Annex 3. A compilation of the aims is set out below:

2.5.1 Aims of the Suicide Prevention Training

To provide comprehensive training on how to identify and respond to early signs of suicide ideation. The training will provide practical tools which will enable support and help for those who need it. The training aims to encompass primary care staff including GPs, a range of professionals working across various sectors within Wolverhampton and community champions and ambassadors who are particularly influential and active within communities. Additionally the project will engage with barbers, hairdressers and beauty technicians across the city, and include training and various tools to help engage and respond, particularly with middle aged men.

Number of beneficiaries

- 50 primary care staff engaged
- 200 professionals engaged in training
- 30 barbers staff engaged

Suicide Prevention Training indicators

Number of people trained in understanding:

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including service-users requires a social return on investment account and evaluation. Best practice in social accounting can be found here: https://socialvalueuk.org

- Signs of suicide ideation
- Protective and risk factors
- Where they can get support for those who need it
- Practical tools available to them to help support people who need it

The following organisations were commissioned to deliver the projects following appropriate procurement process for the value of the projects.

- Kaleidoscope group – universal training
- 4 Mental Health – primary care training
- Black Country Health Care NHS Foundation Trust (BCHFT) – training to barbers
- Wolverhampton Voluntary Sector Council (WVSC) – Suicide Prevention awareness raising campaign

2.5.2 Aims of the Awareness Campaign

Raise awareness of suicide prevention amongst the community of Wolverhampton. The scope of this campaign covers all age groups including children/ young people, adults and older adults from all backgrounds residing or working within the City of Wolverhampton.

Aim is to foster a collective appreciation of risk and protective factors and will equip those who engage with the campaign to better respond to those in our community who are at risk of suicide ideation.

Objectives

- Create a common brand
- Develop dedicated campaign resources made accessible in both digital and non-digital format to help raise awareness
- A dedicated Social Media campaign to engage local communities and encourage participation
- Share details of local sources of support and advice for people with suicidal thoughts and those who care for them
- Signpost anybody who wishes to undertake training on suicide prevention and awareness towards relevant training opportunities

Outcomes

- Co-produce campaign
- Develop resources
- Disseminate resources
- Social media campaign
- Promote training opportunities for all members of every community

3 Evaluation Questions & Answers

3.1 Needs & outcomes planning

What problem/ needs were partners trying to address and therefore what were the defined outcomes? Was there accurate up to date data on the needs/ a good evidence base? Were service-users involved in setting out what their needs were (both people and organisations)?

The project design was based on a mental health and suicide prevention needs assessment in 2015. Over 20 organisations were involved in the needs assessment. The needs and outcomes were defined by organisations but it was not clear if service-users (people that have attempted suicide) were present. Whilst the needs today may be the same as in 2015, an understanding of the recent needs of local people may have resulted in better defined outcomes and interventions, especially as the COVID-19 pandemic significantly impacted on mental health.

In terms of co-production with people with lived experience, CWC Public Health reported that timescales meant that co-production with service users was limited. Wolverhampton Suicide Prevention Stakeholder Forum is made up of organisations that work with people at risk of suicide (WSPSF). A number of members of the WSPS Forum have relevant lived experience including people who have been bereaved by suicide or had suicidal thoughts. WSPSF was involved in designing the four elements of the suicide prevention programme. CWC Public Health reported that if it had time it would have ensured more stakeholder participation at every stage of the commissioning cycle.

Conclusion & recommendations

- Given the timescales and the experience of the WSPS Forum, the data used was acceptable.
- Undertake an update of the needs assessment with all stakeholders, ensuring that the voice of people that experience mental health challenges and suicide are heard.
- Based on the needs assessment develop outcomes based pathways setting out short, medium and long term outcomes.
- Wherever possible consider outcomes based commissioning so that providers can propose activities and interventions that meet the outcomes to ensure creative new solutions to problems and needs.

3.2 Activities

What activities were identified to be delivered to respond to the needs/ outcomes identified? Were service-users involved in shaping the design of the service to be delivered? How/ why was it decided to run an awareness raising/ training programme? What is the evidence that training results in reduced rate of suicide, particularly in men?

A programme of awareness raising, education and training around suicide prevention, led by the WSPS Forum, in collaboration with the Black Country and West Birmingham Clinical Commissioning Group and third sector organisations was proposed and agreed (set out in 2.5 above).

CWC Public Health reported that the projects were a short term public mental health and wellbeing Covid-19 recovery programme of work of which suicide prevention was one component. The activities and outcomes and activities were chosen because CWC Public Health was asked to mobilise these very quickly, in recognition of the short timescales for project development and delivery. A decision was made to focus on awareness raising and training in suicide prevention because there was an already well established Suicide Prevention Stakeholder Forum and it was logical to use existing mechanisms. There was already a clear need and appetite for training and

awareness-raising and community engagement, and one of the aims of the SPSF was to upskill the workforce. This funding was an opportunity to deliver training to meet this aim.

3.2.1 Conclusion and recommendations

The programme of work was decided by all stakeholders. A decision was made to focus on an area of work where the mechanisms and systems were already in place in terms of a defined needs and possible interventions. This was because Public Health was required to mobilise projects quickly to fit in with short time scales. This means that the social impact may not have been maximised by delivering these particular outcomes and activities.

In terms of evidence, we found evidence that school-based education interventions are effective in preventing suicidal ideation and suicide attempts. In clinical practice, as well as in research, it is recommended that the development and implementation of educational interventions should focus on participants' individual characteristics[11].

Other research found that suicide prevention training for primary healthcare professionals did increase the self-perceived competence of the participants in all areas covered by the training. Regular follow-up training is required in order for these improvements to be further developed and retained[12].

- Deliver follow up suicide prevention training to new and existing beneficiaries to ensure that learning is embedded.
- Consider delivering bespoke training to different sub-groups e.g. BAME, disability.
- To maximise impact consider an options appraisal to identify the most effective mental health outcomes and activities. Maximum impact can be identified through co-production with people with lived experience: providing the space and encouragement to identify which outcomes and activities deliver the most impact in terms of improving their mental health and preventing suicide.

3.3 Cohorts

Cohort: Why were the chosen cohorts for suicide prevention training GPs, universal services, and barbers for suicide prevention training?

The training aimed to provide practical tools to enable support and help for those who need it. The training aimed to encompass primary care staff including GPs, a range of professionals working across various sectors within Wolverhampton and community champions and ambassadors who are particularly influential and active within communities. Additionally the project aimed to engage with Barbers and Hairdressers across the city, which was to include training and various tools to help engage and respond, particularly with middle aged men.

Public Health reported that the Suicide Prevention Stakeholder Forum previously identified that there was a real demand from front-line employees and volunteers in the voluntary and community sector, as well as in education, health services, council services and other partners for suicide prevention work.

In terms of the Primary Care cohort, Clare Dickens (Chair and trustee of the WSPS Forum) and Parpinder Singh (Principal Public Health Specialist and now also a trustee of the Wolverhampton Suicide Prevention Stakeholder Forum Charitable Trust) did a presentation to Team W (the

[11] https://pubmed.ncbi.nlm.nih.gov/31159627/
[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8475147/

Wolverhampton GPs learning forum) on suicide prevention. This feedback indicated that there was real interest from staff in primary care settings including GPs in more in-depth suicide prevention training.

In terms of the Barbers, this cohort was identified through finding out about what had worked elsewhere and that had an evidence base. Table top research discovered the Lions Barber Collective in London which was built on the understanding that men let their guard down in a protected time and space with the barber who they give certain level of trust because of the nature of the process. The Collective was set up to: Raise awareness for mental wellbeing and suicide prevention; encourage barbers to create a safe place for men to open up and offload; and signpost men to already existing charities and organisations. This informed the identification of the barbers as a cohort to support and this was extended further by conversations at a Health and Wellbeing Together[13] board meeting to include hairdressers, beauticians and nail technicians (the Personal Care sector).

3.3.1 Conclusion and recommendations

The cohort was identified based on demand, good practice and evidence based research. The training feedback identified other cohorts that require support and training.

- Consider expanding the training so that it is accessible to other cohorts who members of the public spend time with and already have a level of trust for.

3.4 Market review

Supply: What is currently being delivered to prevent suicide and also to educate people and organisations? Therefore what is the gap?

Wolverhampton Information Network
https://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/advice.page?id=Y7VPVKP3qSQ
This page was created by the Suicide Prevention Forum and lists organisations that provide suicide awareness / prevention support.; a number of downloadable documents (around suicide safety planning, signs, conversation starters and e-learning opportunities); as well as related services. The information from this page was used in the new Look Out for Wolverhampton campaign website (see www.lookoutforwolverhampton.net).

A range of other mental health service providers in Wolverhampton can be found at: https://wolverhamptonmentalhealth.net, and on WIN

Other possible training providers include:

- Mental Health Midlands
- Wolverhampton University
- City of Wolverhampton College
- The Recovery College (part of BCHFT)
- Base 25

CWC Public Health reported that the WSPS Forum members identified the market need/ gap, and that it had considered the WIN platform and signposting people to those services and sources of support.

WSPS Forum was where key messages were agreed, and commitment was given to cascade these through their workforces and networks. CWC Public Health recognised that work needed to be on-going beyond any time-limited funded campaigns.

[13] http://www.wellbeingwolves.co.uk/

3.4.1 Conclusion and recommendations

Kaleidoscope is an existing provider of suicide prevention training in the City. The feedback from the Kaleidoscope training highlighted that people were inspired and motivated by the trainer – who had lived experience herself. The training was impactful due to the trainer's knowledge and delivery style. Participants valued the trainers experience and personal knowledge, her passion, her engaging style and the tools and resources that she shared. Feedback from the trainings was also positive.

- Roll out the suicide prevention training that was delivered by the existing providers to avoid reinventing the wheel, saving time and cost.
- Consider commissioning specialist providers to deliver to different audiences e.g. people who are deaf or hard of hearing, ethnic minority groups, and young people.

3.5 Procurement processes

Procurement: What were the procurement options and what was the procurement process? To what extent was social value considered?

CWC Public Health reported that it did a desk-top exercise to identify potential providers for the Suicide Prevention training and that it put out a request for quotations. In terms of the Primary Care training the supply market was limited. For the Barbers / Hairdressers cohort the Lion's Barbers Collective was identified through research as a national example of good practice and this avenue was explored. CWC Public Health also identified another provider - Black Country Healthcare NHS Foundation Trust which had experience in delivering mental health and suicide first aid and was already delivering locally. An assessment of the proposals was made against evaluation questions, and moderated by a small panel. This was overseen and guided by the corporate procurement team.

Public Health reported that overall the procurement process was a smooth process. Parameters were set by procurement but there was also a level of flexibility to enable the tenderers to be creative.

In terms of social value, the specification included a question about social value but during the interview with Public Health this could not be recalled. Despite this Public Health reported that its goal was wherever possible to commission local providers because of the added value this is likely to bring. The Black Country Healthcare bid included sustainability and long-term support which ensured that the relationships and support could continue, and maybe even deepen, offering a good degree of sustainability.

3.5.1 Conclusion and recommendations

The procurement process was proportionate to the programme. It did result in delivery by local organisations in all but the Primary Care cohort training, where sustainability and on-going relationships added value, but more of a focus on the social value question would have concentrated minds on the wider impact of the funding. A set of social value principles have been agreed in Wolverhampton and could have been used.

- Consider using the City social value principles at all stages of the commissioning process.
- Consider training in social value to improve skills and knowledge in social value and how to maximise social impact[14].

[14] Kai-zen has Advanced Accredited Social Value Practitioners for social value training.

3.6 Delivery

What were the outputs? Who attended the training (actual against planned)? What was the take up, which demographic groups and which sub-groups? Were they influential and active within communities?

The training outputs were as follows:

	Targets	Actual
Number of primary care staff engaged	50	67
Number of professionals engaged	200	266
Number of barbers staff engaged	30	24

3.6.1 Overview of delivery against the specifications

This is set out in the table below.

	Provider 1 4MH – primary care	Provider 2 Kaleidoscope – universal	Provider 3 Black Country Healthcare NHS Foundation Trust	Provider 4 WVSC – Look Out For Wolverhampton awareness campaign
Did the training cover: • Overview of the national suicide prevention strategy • Local context to include local demographics prevalence, trends and patterns • Protective and risk factors • Identifying early signs • How to approach a conversation with a patient and how to respond (assessment, referral and ongoing support). • Targeted and specialist services that patients can access • Train the Trainer model	Covered: • Overview of the national suicide prevention strategy • Local context • protective and risk factors • identifying early signs to suicide ideation • how to approach a conversation • Targeted and specialist services that patients can access	Covered: Personal and societal attitudes around suicide - Suicide language matters - Challenges around Suicide - Signs of Suicide - Asking about Suicide - Suicide Safety Plan review - Suicide support in our community	Covered: • The impact and value of personal and professional experience with suicide • Barriers that prevent people at risk seeking help • Prevalence of suicide thoughts and suicide behaviours • The Signs of Suicide and the Suicide-Safety Guide • Partnership working and community resources	The campaign covered the following: Coproduced campaign Campaign branding Resources A website Social media campaign Poster campaign Public engagement It include information on: Support and help Resources and posters Events How to get involved The campaign relied on partners to get the information out through their networks. According to the Chair of WSPS Forum (Clare Dickens) the campaign has broken new ground in asking members of communities and families across the city to look out for people they care about or know, not on the individual in distress to look for or ask for help. Clare considered this to be an extremely positive development.

	Provider 1 4MH – primary care	Provider 2 Kaleidoscope – universal	Provider 3 Black Country Healthcare NHS Foundation Trust	Provider 4 WVSC – Look Out For Wolverhampton awareness campaign
Number of training sessions delivered	3 webinars	13 sessions were held (6 online)	3 sessions	The campaign was delivered for the period Monday 23rd May to Sunday 5th June 2022. The website and resources are available beyond the project.
Number of participants targets: 50 primary care staff engaged 200 professionals engaged in training 30 barbers staff engaged Middle aged men	**Number of beneficiaries:** Attendance rate/ DNA rate Session 1 31/36 Session 2 18/26 Session 3 18/26 Video produced shared across all GPs The provider produced a short video , 6 weeks' notice given. CCG Clinical Chair wrote to GPs. Clinical leaders informed. Information included in GP bulletins.	266 people	24 attended	• Two events were held where over 200 people were spoken to. • Posters were placed on ten public sites • The Look Out For Wolverhampton website Users: 227
Breakdown of participants by: I. Employing organisation II. job role III. Gender IV. Age band V. Ethnicity	Gender Male 10 Female 34 Ethnicity White British 21 Indian 8 Pakistani 3 Other Asian 1 Caribbean 1 Black African 2 Other Black 3 White/ Black Cuban 1 White other 1 3 Age band 18-25 5 26-35 8 36-45 12 46-55 14 56-65 5 >65 0	209 female 55 male 1 other 1 void 239 aged 26-64yrs 18 18-25yrs 9 65yrs + 146 white Most individuals worked as a community worker or support worker role – _supporting those in the community in a professional capacity. 46% worked within the voluntary sector through charities or community groups. The range of charities was very varied.	Gender Male 5 Female 19 Ethnicity White 15 Black 5 Asian 2 Mixed 2 Age band 16-24 1 25-39 15 40-54 7 55-64 1	Not possible to determine

	Provider 1 4MH – primary care	Provider 2 Kaleidoscope – universal	Provider 3 Black Country Healthcare NHS Foundation Trust	Provider 4 WVSC – Look Out For Wolverhampton awareness campaign
How was the budget spent? • Engagement with the sector including promotion of the training • Preparation of training • Trainer costs including ancillary costs • Evaluation • Attendance at up to two partnership meetings to present evaluation findings	Detailed budget breakdowns not available.	Detailed budget breakdowns not available.	Detailed budget breakdowns not available.	digital and physical campaign resources
Outcomes	• 98% reported that they agreed or strongly agreed that they knew more about the myths suicide. • 98% reported that they had a better understanding • 100% understood the role of empathy & compassion • 93% said that they know how to talk to someone in distress • 91% said that they knew how to overcome barriers to patient disclosure • 94% said that they know more about where to seek help and find resources • 92% reported that they knew how to use the Continuum of Suicidal Thoughts • 95% reported that they understood the value and limitations of risk factor	• 96% extremely satisfied • 98% would recommend to others • Knowledge increased from 43% to 91% • Confidence in talking to someone went from about suicide went from 41% to 91% • 96% found the training to be practical for work • 93% found the training beneficial • 93% found it beneficial for their personal lives • 98% were extremely satisfied with the trainer's knowledge • 97% were extremely satisfied with the trainer's engagement • 97% felt empowered to protect their personal wellbeing in times of crises .	The following question was asked after the training: Following the suicide prevention training, as well as being more prepared to help others, do you feel more able and empowered to protect your own personal wellbeing in moments of crisis A total of four responses were received, Three responded 'yes' and one was 'unsure.	Campaign delivered – but only reach measures available no data that shows improved awareness amongst the general public is available. Twitter 32 tweets were posted by WVSC. These gained 4,112 impressions and had 177 engagements Other accounts that posted or re-posted content on the hashtag include @wolvescouncil, @drpauldarke, @communityoffer, @ashmoreparkhub, @recoverycolleg3, @mayfieldmedical, @recoverynearyou, @P3SOT_Wolves. Facebook 39 posts & stories were posted on the WVSC Facebook page. These reached 3,110 people and resulted in 211

	Provider 1 4MH – primary care	Provider 2 Kaleidoscope – universal	Provider 3 Black Country Healthcare NHS Foundation Trust	Provider 4 WVSC – Look Out For Wolverhampton awareness campaign
	identification and the importance of red flag warning signs • 87% reported that they felt equipped to use the Classification of Suicidal Thoughts as part of a suicide risk assessment • 89% reported that they felt equipped to use the Classification of Suicidal Thoughts to support and prioritise referrals to Mental Health colleagues • 83% reported that they felt confident that they could co-produce a Safety Plan with someone in distress • 86% reported that they felt more able and empowered to protect their own personal wellbeing in moments of crisis			Engagements. Posts were also shared on the Wolverhampton VCS Headspace Facebook group. Other accounts that posted or re-posted content on the hashtag include @paul.darke.9, @jamesdcalrke, @ashmoreparkhub, and @therecoverycollegeBCHFT Instagram 26 posts & stories were posted on the WVSC Instagram account. These reached 926 people and resulted in 39 engagements Other accounts that posted or re-posted content on the hashtag include: @ashmoreparkhub, @community_support, @wolvescarers. Total reach (people) across platforms: 8,148 Total engagements: 427 WVSC was approached by BBC Midlands who are interested in doing a piece on the LookOut ForWolverhampton campaign. The two public engagement events involved prolonged conversations and signposting people to help and support.

3.6.2 Feedback and testimonials from the training

KALEIDOSCOPE PLUS

Significant number of individual comments and feedback were made from participants in this training, and it is not possible to capture them all in this report. The feedback overall was excellent and positive. We have only picked out the main points and recommendations here relating to improvements in relation to future training:

Information dissemination

- Dissemination of information about suicide needs improving
- Community groups, business and charities need posters and literature rather than just emails and social media because it does not always reach the right people or get put on notice boards for the right people to see the information
- More promotion of existing services is needed i.e. Sanctuary Cafe, BCHFT's Black Country 24/7 helpline

Service improvement

- Waiting times for support need improving and there is a lack of early intervention. Need better accessible and available mental health support and treatment earlier to prevent suicide and attempted suicide, otherwise we are only treating the symptoms not the cause

Suicide prevention training

- More support for those who communicate in different ways e.g. Deaf and hard of hearing, Blind and visually impaired, those for whom English is not their native language, as well as other language and cultural barriers
- Challenges of Zoom delivery versus face to face
- More understanding is needed about the connection between mental health, offending and suicide
- Need more in-depth training for professionals that are in healthcare
- The training needs to be constantly rolled out to reach more people. It needs to be an ongoing requirement for all front-line staff. More awareness of suicide in our communities - everyone would benefit from this training. More suicide prevention awareness and training is needed in schools
- More awareness is needed in religious venues like mosques, churches etc.

Qualitative research with two participants also confirmed the quality of the training with reports that the content was excellent, pitched at the right level and that the style of the trainer was excellent.

It was too early for the learning to be shared but both participants reported that they would share the learning in informal conversations through their networks. One reported that they would display the information around their buildings.

One participant reported that they felt equipped to deal with anything around suicide and suicide ideation if it ever comes up.

4MH – PRIMARY CARE TRAINING – An individual's feedback

The only individual feedback that was provided in the evaluation report was as follows:

"Although it was 3.5 hours long, the engaging nature of the presentation kept one awake. A good overview of suicide, involving both patients & amongst us colleagues. Use of graded tools (better than common tools such as PHQ-9) provide an ideal way of monitoring progress, good or bad. The

'water system' very useful in daily GP life, to recognize between those in the stream, river, estuary & the sea." GP from a practice in the South West of the City.

BLACK COUNTRY HEALTH CARE NHS FOUNDATION TRUST – Barbers, Hairdressers, Nail Technicians feedback

- Brilliant opportunity, I hope I never have to use this knowledge but if I do, I feel I could deliver the correct care needed
- Very well delivered by both tutors a great insight to helpful situation that I now feel more confident at spotting signs of suicide
- Good course delivered by experienced professionals in a timely manner to which all knowledge was received eloquently. Initially, I was a little apprehensive about it all as this topic can be quite dark and low-mooded. But after learning about all the statistics and the routes that can be taken by individuals to prevent suicide, I feel very privileged to have the opportunity to be taught this, get a qualification and more importantly, save a life
- I feel more informed and equipped
- Thank you for the opportunity to take the course. Although quite a harrowing subject it was less upsetting than I thought it would be
- Thank you both for today, I will take the skills and knowledge from today and keep these with me for the rest of my life
- Thoroughly enjoyed taking part I would take part again

3.6.3 Conclusion and recommendations

- Feedback from the Kaleidoscope training identified that training in sign language for deaf or hard of hearing would be beneficial.
- Wolverhampton profile indicates that around 35% of the population are from ethnic minority communities and 20.5% of the city's population have some form of disability. The attendance demographics of the Kaleidoscope training is roughly reflective of the local demographics.
- Most individuals worked as a community worker or support worker role – supporting those in the community in a professional capacity
- It is not clear form the individual training evaluations if third sector organisations working with marginalised groups such as ethnic minorities and refugee and asylum seekers attended the training, but the demographics of the participants suggest that take up was representative for this sector
- Utilise the existing campaign and awareness raising on a continuous basis
- Follow up with a survey to identify the long-term impact of the activities
- Provide literature and resources in different formats, use a variety of channels and ensure accessible
- Invest in more community preventative mental health services to treat the causes and not just the symptoms of suicide
- Consider more support those who communicate in different ways e.g. Deaf, Blind, English second language and in different formats i.e. online and face to face
- Constantly rolled out the awareness raising and training to reach more people
- Improve data collection and response rates from the barbers, hair dressers and nail technicians to better understand the level of skills and knowledge before and after the training.

3.7 Monitoring and evaluation

The overall BMH Fund Suicide Prevention project outcomes set out in the Wolverhampton Suicide Prevention Forum Action Plan (2019-20) were identified as follows:

Measure	Source
Reduction in the number of suicides across all age groups	**ONS, Black Country Coroner**
Reduction in emergency hospital admissions for intentional self-harm	**HES**
Reduction in the number of self-harm instances in young people	**Hospital Youth Link, CAHMS (A&E)**
Positive changes in mental health prevalence	**PHE mental health profile**

No data was collected on these outcomes because the results will be seen in the medium to long-term.

3.7.1 Training evaluation reports

These were received from the three training providers: Kaleidoscope Plus, 4MH and BCHFT. These covered:

- Training sessions delivered
- Number of participants
- Breakdown of participants by:
  - Employing organisation
  - job role
  - Gender
  - Age band
  - Ethnicity

Data on the impact of training on participant's own wellbeing (using tools such as WENWBS) was not collected because it was not deemed suitable for this type of intervention. A wellbeing question was asked in all of the individual training interventions except for the training delivered by the Black Country Healthcare Trust.

As the 'Look Out For Wolverhampton awareness campaign finished in early June an evaluation report was not yet available, so an interview was held with WVSC to identify the impact and lessons learnt in delivering the awareness raising campaign in lieu of the report.

3.7.2 Conclusions and recommendations

CWC Public Health reported that it holds a wide range of public health data in relation to suicide prevention. A baseline assessment of the current outcomes and costs on an annual basis would help to identify the impact of the suicide prevention projects over time.

It is challenging to attribute the impact of the training on suicide prevention because there will be many other projects and interventions that also impact on the suicide prevention outcomes.

A future survey to stakeholders capturing long term data could ask questions about the relative importance of the outcomes and interventions against each other to identify which ones had the greatest impact on mental health.

4 Evaluation Conclusions

Impact: The project delivered the outputs on time and to the required quality standard. The individual training evaluation reports were excellent. The impact could be increased and maximised by asking stakeholders, especially people that are at greater risk of poor mental health, what outcomes and inventions they value the most.[15]

The impact of the awareness raising campaign can be increased if partners invest time in disseminating the campaign materials and the messages through their networks.

Effectiveness: The projects contributed to the overall aims of the Better Mental Health Fund, and the Suicide Prevention Strategy and Plans. It achieved the aims and objectives set out in the specifications. To improve efficiency and effectiveness the suicide awareness campaign could be combined with mental health awareness campaign to reduce stigma. A clear pathway should be created such as the one above.

Process: The process was smooth, efficient and effective given the timescales.

Relevance: The activities were relevant for all stakeholders.

Quality: The quality of the training and awareness raising campaign was high. Quality improvements include offering the training online and face to face, and a targeted approach to different sub-groups e.g. BAME, disability.

Sustainability: The awareness raising campaign can be used on an on-going basis and in the long term, the impact of the training will be long-lasting subject to a continuous campaign to ensure that awareness is maintained.

5 Recommendations

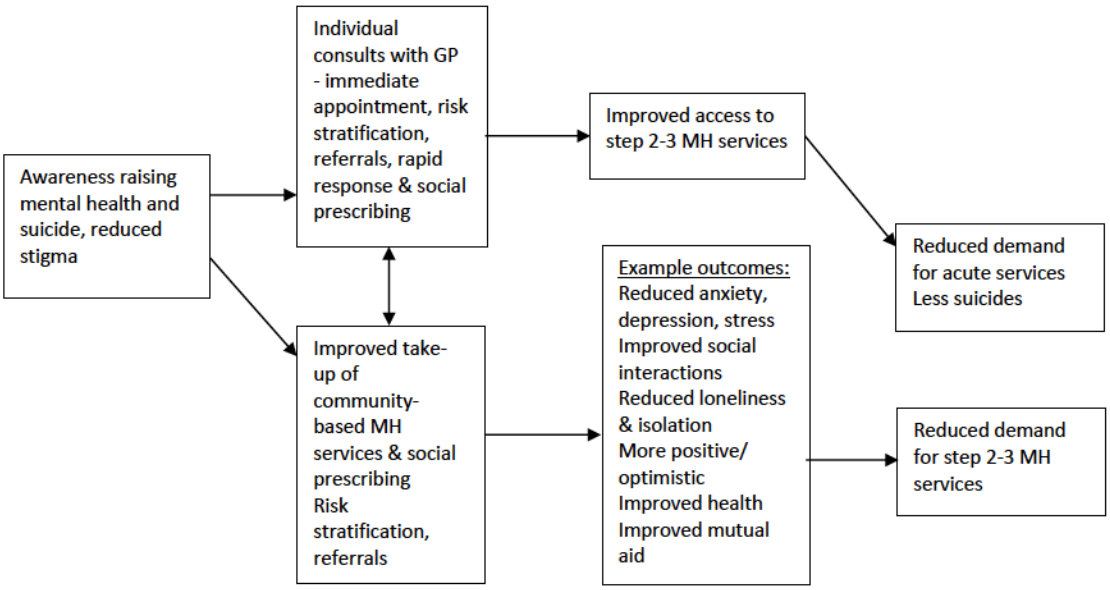
Key recommendations for consideration for the next suicide prevention strategy:

- Roll out the suicide prevention training across the City to all stakeholders. Focus on sub-groups schools, older people, people with disability, people hard of hearing (training in sign language)
- The feedback from the Kaleidoscope training highlighted that people were inspired and motivated by the trainer – who had lived the experienced herself. The training was impactful due to the trainer's knowledge and delivery style. Participants valued the trainers experience and personal knowledge, her passion, her engaging style and the tools and resources that she shared. Consider commissioning the same provider to save time on procurement processes
- Improve the quality of the training by delivering it online and face to face
- Deliver follow up suicide prevention training to new and existing beneficiaries to ensure that learning is embedded
- Maintain the awareness campaign using a variety of formats and channels
- Co-produce an updated and needs assessment with people with lived experience of mental ill health (refresh the 2015 needs assessment) and connect it to the mental health needs and outcomes of the population. From this develop clear measurable outcomes, short term, medium and long term (an example is below)

[15] This can be done through linking the evaluation outcomes of projects to business improvement planning bringing together stakeholders to analyse data and identify what strategic, tactical and operational changes need to be made to increase the impact (see Kai-zen Change for good CIC for more info).

- Consider outcomes based commissioning wherever possible in future, building on the flexibility that this programme provided to allow local providers the freedom to propose solutions and interventions that address the identified needs and deliver the outcomes
- Invest in suicide prevention by investing in mental health services and reducing GP waiting lists
- To maximise impact consider an options appraisal to identify the mental health outcomes and activities that deliver the most impact. Maximum impact can be identified through consultations with people with lived experiences and asking them which outcomes and activities deliver the most impact in terms of their mental health.
- Consider training in social value and how to optimise social impact and develop business improvement plans that are based on evaluation data[16]. Consider using the city's social value principles at all stages of the commissioning process.
- Utilise the existing campaign and awareness raising on a continuous basis to maintain momentum and ensure that the messages reach communities far and wide. Ensure that all partners invest time in getting the messages out through their networks.
- Follow up with a survey in one year (perhaps the one that was designed (but not used) for this evaluation) to identify the impact of the training in the medium to long term.

Example outcomes pathways model



This could be further improved by adding target numbers at each stage, service-users preferred community-based mental health services and outcomes and costs, and any saving targets.

[16] WVCS/ Kai-zen can support this.

Annex 1: Stakeholder Engagement Plan

Stakeholder and how they affect or are affected by the activity	What we think happens to them, positive and negative (outcomes)	Method of involvement	How many?
Primary care/ GPs	Improved awareness about suicide prevention. Improved understanding of the risk and protective factors Improved ability to better respond to and support patients at risk of suicide	Interview Survey	2-3 All participants
Barbers	Improved awareness about suicide prevention. Improved understanding of the risk and protective factors Improved ability to better respond to and support patients at risk of suicide	Survey	2-3 All participants
Public Health	Positive change in mental health Reduced suicide risk (from 67 per cent in those who are non-consulters with their GP), particularly in men who historically make up 75-80% of all suicides. Value for money KPIs met	Interview	1-2
Organisations/ community organisations/ support workers	Improved awareness about suicide prevention. Improved understanding of the risk and protective factors Improved ability to better respond to and support patients at risk of suicide	Interview Survey	1-2 All participants
General public	Raise awareness of suicide prevention amongst the community of Wolverhampton. The scope of this campaign covers all age groups including children/ young people, adults and older adults from all backgrounds residing or working within the City of Wolverhampton.	Online poll	All

Annex 2: Qualitative & Quantitative Research Questions

Interview & survey questions with primary care providers, community, and barbers

1. How has your understanding of suicide ideation changed since attending the training?
2. Do you feel more able to play a part in preventing suicide having attended the training?
3. What challenges do you anticipate in supporting your clients/ service-users with issues relating to suicide? (e.g. systems, insufficient time, poor referral options)
4. What do you intend to do differently in terms of suicide prevention now that you have attended the training?
5. Have you had any conversations with customers / service users / patients in relation to suicide since attending the training?
6. If yes, please tell us about any conversations you have had and whether they made, or seemed to make, a difference to their mood, perspective or situation.
7. Have you shared the learning you took from the training with anyone you know or work with?
8. If yes, who have you shared it with?

Interview questions with CWC Public Health

1. What was the background to the application for suicide prevention funding from the Better Mental Health Fund
2. Why were the target cohorts chosen?
3. How will you measure the impact of the training long term?
4. Was there accurate up-to-date data on the needs / a good evidence base? Were service users and organisations involved in setting out what their needs were?
5. Were service –users involved in shaping the design of the services being delivered?
6. How / why was it decided to run an awareness-raising / training programme?
7. What is the evidence base that training results in reduced rates of suicide, particularly in men?
8. What is currently being delivered to support mental health, prevent suicide and educate people and organisations?
9. What were the procurement options and what was the procurement process?
10. To what extent was social value considered?
11. The return on investment for suicide prevention interventions is £2.93 for every £1 spent. How was this worked out?
12. Anything else

Annex 3: Project Specifications

SUICIDE PREVENTION EDUCATION SPECIFICATION

Aim

To provide comprehensive training on how to identify and respond to early signs of suicide ideation. The training will provide practical tools which will enable support and help for those who need it. The training aims to encompass primary care staff including GPs, a range of professionals working across various sectors within Wolverhampton including community champions and ambassadors who are particularly influential and active within communities. Additionally, the project will engage with barbers across the city, which will include training and various tools to help engage and respond, particularly with middle aged men.

£40k total budget.

Target group

Middle-aged men, professionals working in the city, community champions/ambassadors

Number of beneficiaries

- 50 primary care staff engaged
- 200 professionals engaged in training
- 30 barbers staff engaged

Timescales for delivery

Promotion/engagement: June-August
Delivery of activity: September-March

Success factors

Number of people trained in understanding:

- Signs of suicide ideation
- Protective and risk factors
- Where they can get support for those who need it
- Practical tools available to them to help support people who need it

Procurement

Request for quotations. 30th September 21, deadline 22nd October

Delivery organisations

Kaleidoscope group – universal training
4 Mental Health – primary care training
Black Country HealthCare NHS Foundation Trust – training to barbers
Wolverhampton Voluntary Sector Council (WVSC) – Public awareness raising campaign

BARBER SHOP SPECIFICATION

Aim

To deliver a training session on suicide prevention to barbers and hairdressers working in barbershops and hair salons within the city of Wolverhampton.

The aim is to upskill workforces and communities through information and knowledge enabling them to better understand and respond to poor mental wellbeing and suicide ideation.

The Mental Wellbeing in Wolverhampton Needs Assessment (2017) identified the following groups as being at increased risk of poorer mental health:

- unemployed,
- lesbian, gay, bisexual and transgender (LGBT+),
- homeless,
- Black and Minority Ethnic (BAME)groups,
- refugee and migrants,
- students, ex-offenders,
- carers

The training is to cover:

- Overview of the national suicide prevention strategy and approaches outlined within
- Local context to include local demographics, prevalence, trends and patterns within the city of Wolverhampton.
- Protective and risk factors
- Signs and symptoms of poor mental health in individuals
- Identifying early signs to suicide ideation
- How to respond to an individual with thoughts about suicide ideation
- Overview of universal, targeted and specialist services

Service description/outcomes

The Provider shall provide the following service:

- Engage with the local barbershops and hair salons to inform them of the training and encourage participation
- Offer a suicide prevention training package
- Deliver a number of training sessions, to a total of 30 people employed within barbershops or hair salons within the city of Wolverhampton.
- Provide suitable materials for attendees
- Have mechanisms in place to ensure the emotional safety of delegates
- Ensure feedback from participants is captured following delivery of the training
- Provide an evaluation of the training within agreed timescale of delivery
- Attend the Wolverhampton Suicide Prevention Stakeholder Forum to provide feedback on the training

Monitoring

Fortnightly discussions will be held between Funder and Provider, or as required, to review progress and agree remedial action if required to ensure outcomes are achieved. A brief quarterly report (or at intervals agreed otherwise) should be provided by the service followed by a final report outlining outcomes.

Quarterly reports (or at intervals agreed otherwise) minimum data set to include:

a) Training sessions scheduled
b) Training sessions delivered
c) Number of participants
d) Impact of training on participant's own wellbeing (using tools such as WENWBS)
e) Breakdown of participants by:
    a. Employing organisation
    b. job role
    c. Gender
    d. Age band
    e. Ethnicity

The contract should commence no later than 01 December 2021 and complete by 30 May 2022

PRIMARY CARE SPECIFICATION

This service aims to raise awareness amongst primary care staff, particularly GPs, on their knowledge of suicide prevention. Specific aim is to strengthen the understanding of risk and protective factors and equip participants to better respond and support patients who are at risk of suicide ideation. Additionally, a Train the Trainer model is to be offered whereby selected GPs can receive additional training and support to champion this area of work within wider Primary Care Services.

The objectives of this project are to deliver a training package (virtual or in-person) which will upskill Primary care staff and GPs in their knowledge of suicide prevention which should cover as a minimum:

- Overview of the national suicide prevention strategy
- Local context to include local demographics prevalence, trends and patterns
- Protective and risk factors
- Identifying early signs to suicide ideation
- How to approach a conversation with a patient and how to respond (assessment, referral and ongoing support).
- Targeted and specialist services that patients can access
- Train the Trainer model

Service description/outcomes

- Offer a range of training sessions, to up to 140 GPs from the City of Wolverhampton
- Provide suitable materials for GPs following the training to be used as a convenient reference point to the key messages conveyed during the training
- Support GPs who have taken the Train the Trainer option with relevant materials and advice,
- Have mechanisms in place to ensure the emotional safety of delegates participating in the training
- Attend the Wolverhampton Suicide Prevention Stakeholder Forum to provide feedback on the training
- Ensure participants information can be shared with the Funder, in line with GDPR, for follow up evaluation
- Engage with primary care services to inform them of the training and encourage participation
- Offer a suicide prevention training package, which is suited to primary care services. This could be virtual or in-person, whichever would gauge more interest and engagement.

Monitoring

Fortnightly discussions (or at intervals agreed otherwise) will be held between Funder and Provider, to review progress and agree remedial action if required to ensure outcomes are achieved. A brief quarterly report (or at intervals agreed otherwise) should be provided by the service followed by a final report outlining outcomes. Additional meetings will be requested as required.

Quarterly reports (or at intervals agreed otherwise) minimum data set to include:

a) Training sessions scheduled (general training and Train the Trainer)
b) Training sessions delivered (general training and Train the Trainer)
c) Number of participants
d) Breakdown of participants by:
    - Employing organisation
    - Job role

- Gender
- Age band
- Ethnicity

The contract should commence no later than 01 December 2021 and complete by 30 May 2022.

PUBLIC AWARENESS CAMPAIGN SPECIFICATION

Aims

To raise awareness of suicide prevention amongst the community of Wolverhampton and foster a collective appreciation of risk and protective factors and will equip those who engage with the campaign to better respond to those in our community who are at risk of suicide ideation.
. The scope of this campaign covers all age groups including children/ young people, adults and older adults from all backgrounds residing or working within the City of Wolverhampton.

Objectives

- Create a common brand
- Develop dedicated campaign resources made accessible in both digital and non-digital format to help raise awareness
- A dedicated Social Media campaign to engage local communities and encourage participation
- Share details of local sources of support and advice for people with suicidal thoughts and those who care for them
- Signpost anybody who wishes to undertake training on suicide prevention and awareness towards relevant training opportunities

Outcomes

- Co-produce campaign
- Develop resources
- Disseminate resources
- Social media campaign
- Promote training opportunities

Monitoring

Fortnightly discussions (or at intervals agreed otherwise) will be held between Funder and Provider, to review progress and agree remedial action if required to ensure outcomes are achieved.

A brief monthly report (or at intervals agreed otherwise) should be provided by the service followed by a final report outlining outcomes. Additional meetings will be requested as required.

Financial Information

This fund should be used for all associated costs with the campaign (not exhaustive):

- Engagement with local stakeholders
- Distribution of campaign materials to key sites and locations across the City of Wolverhampton
- Preparation of resources including printing costs
- Co-ordination/ management time
- Attendance at up to two partnership meetings to present evaluation findings