

Joint Cambridgeshire and Peterborough Suicide Prevention Three Year Action Plan 2014-2017

The joint Cambridgeshire and Peterborough suicide prevention three year action plan accompanies the Joint Suicide Prevention Strategy 2014-2017. The action plan is a working document and will be adjusted and updated as work proceeds to implement the recommendations.

Implementation of the strategy according to the action plan will be the responsibility of partner organisations as described in the suicide prevention strategy. At present there is a Peterborough suicide prevention implementation group operational for this purpose. An equivalent Cambridgeshire suicide implementation group has yet to be formed and it is recommended that a joint Cambridgeshire and Peterborough Suicide Prevention implementation group is formed from September 2014 to implement the action plan proposed in this document. The joint implementation group will be accountable for delivering the strategy and will report progress on an annual basis to the various partner organisations; the Peterborough Adult Mental Health Stakeholder Group, Public Health Board and Health and Wellbeing Board in Peterborough, the Health Committee in Cambridgeshire and CMET of the CCG.

It is envisaged that the implementation group will use the action plan to identify priority areas to work with initially and over the three year time period. Task and finish sub-groups will be formed to carry out specific areas of work, which may be location based and these sub-groups will report to the implementation group until tasks are completed. The joint suicide prevention strategy document provides detail for each recommendation and should be used for cross-reference when implementing the action plan.

Funding to support recommendations and actions will depend upon on-going support from the partner organisations but in the first instance (year 1), some funding has been secured through the East of England Strategic Clinical Network Pathfinder Programme to support some of the recommendations listed below. In addition, Cambridgeshire County Council is supporting training in mental health awareness raising for organisations within Cambridgeshire.

Peterborough City Council is supporting community initiatives to increase awareness of mental health issues and prevent early stages of mental illness that could lead to risk of suicide.

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility/Involvement of partners
Priority 1 - Reduce the risk of suicide in high risk groups				
Recommendation 1.1 - Suicide Prevention Training	<ul style="list-style-type: none"> • Three Applied Suicide Intervention Skills Training (ASIST) trainers trained • Training programme designed • Target priority organisations identified – ensuring training reaches out to people working or in contact with the most vulnerable or hard-to-reach groups at risk of suicide • Bespoke suicide prevention /Mental health awareness training developed • Delivery of suicide prevention training and mental health awareness in packages to priority organisations • Mixed groups of professionals to be trained to enhance consistency of messages and promote partnership working and better understanding of roles between agencies • Sustainable development of training • Evaluation of training effectiveness – at the end of each course (by survey) and follow-up after 2 months and 6 months? 	<p>Training funded through Strategic Clinical Network (SCN)Pathfinder programme from April 2014-April 2015 and Cambridgeshire County Council (Cambridgeshire only) ongoing funding for mental health promotion</p> <p>April – 2014 – Trainers trained June 2014- March 2015 – delivery of ASIST suicide training and Mental health awareness/suicide prevention bespoke training</p> <p>Evaluation of training – on-going and for write-up in February 2015</p>	<p>Numbers of people trained List of organisations receiving training and numbers of staff trained within each organisation-50% of priority organisations receive training 80% satisfaction with training</p>	<p>SCN Pathfinder Implementation Group to lead CCC Mental Health Awareness Raising CPFT On- going support from Cambridgeshire and Peterborough suicide prevention group</p> <p>Lead support from NHS England for any suicide prevention training in prison settings</p>

		On-going delivery of training through trained trainers in ASIST and MHFA from April 2015 on a smaller scale and where appropriate within resources On-going training supported by Samaritans		
Recommendation 1.2 – Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups	<ul style="list-style-type: none"> Collect and collate available resources and a directory of services Work with identified organisations to provide resources Offer resources as part of suicide prevention training 	<p>August 2014 scoping of requirements through SCN Pathfinder group</p> <p>Pool and design resources Sept 2014 – April 2015 Liaise with priority organisations to disseminate resources On-going dissemination of resources after April 2015</p> <p>Survey to establish effectiveness Sept 2016</p>	<p>50% of priority organisations receive resources Number of resources disseminated and list of organisations receiving resources Evaluation of effectiveness of resources – one off survey</p>	<p>SCN Pathfinder Implementation Group – task and finish group To be continued by the Cambridgeshire and Peterborough suicide prevention implementation group</p>
Recommendation 1.3 – Awareness-raising campaigns and the Cambridgeshire and Peterborough Pledge to reduce suicide	<ul style="list-style-type: none"> Engage with and consult service users on how to reduce risk in high risk and hard to reach groups – developing appropriate resources and advocacy services ensuring appropriateness to different vulnerable groups. Resources will need to be translated if they are to reach out to the Polish and Lithuanian population at higher risk of suicide. 	<p>August 2014 Design and implementation of Peterborough and Cambridgeshire pledge</p> <p>September 2014- Launch of pledge</p> <p>September 2014 – May 2015 Co-ordinate roll-out</p>	<p>Posters disseminated 1% of people in Peterborough sign pledge 5% of organisations in Peterborough sign pledge Number of posters disseminated Number of individuals</p>	<p>SCN Pathfinder Implementation Group – task and finish group to lead work</p> <p>Include: Service Users Network Peterborough city</p>

	<ul style="list-style-type: none"> • Contact organisations and make use of public events and festivals to promote the pledge and raise awareness of suicide prevention - use of other public health market stall/stand to raise awareness of issues – leaflets could be put on the stall regarding suicide prevention. • Identify localities for specific awareness raising • Website to host awareness raising materials - learn from Grassroots and Papyrus websites and use of social media • Explore use of social media in awareness raising • Include suicide prevention in other mental health awareness campaigns • Include awareness raising and suicide prevention material in bulletins that are sent out to GPs • Link with local media partners and ‘time to change’ campaigns 	<p>of awareness raising at events and within organisations September 10th 2014,15,16 – ensure awareness raising in local media for suicide prevention day</p>	<p>signing pledge Number of organisations signing pledge Survey to assess awareness in the community</p>	<p>council Work to continue through the joint suicide prevention implementation group</p>
<p>Recommendation 1.4 – Resources to aid self-help in those at risk of suicide</p>	<ul style="list-style-type: none"> • Continue roll-out of Crisis card and App • Work with professionals to develop care plans for people known by mental health organisations to ensure up-to-date self-help resources and contact information is included • Resources for self-help for children and young people, including 	<p>November 2014 onwards – continuing roll-out of CRISIS cards and App to service users through partner organisation and promotional events. November 2014 onwards –</p>	<p>Number of Crisis cards disseminated and CRISIS App downloaded. Number of posters to aid self-help displayed Number of self-help resource cards</p>	<p>SUN and SCN Pathfinder group to lead task and finish group Support from suicide prevention implementation group Include Cambridge</p>

	<p>promotion of Centre 33</p> <ul style="list-style-type: none"> • Directory of services should be developed to aid self-help • Include student welfare at Cambridge University and Anglia Ruskin University to promote resources for self-help – see Worcester model of care for preventing suicide in students 	<p>development of resource cards to be used by professionals and agencies to promote self-help, build resilience and enhance follow-up care.</p> <p>January 2015– resource cards available for dissemination to agencies</p>	<p>disseminated through partner agencies</p> <p>Directory of services developed and used by partner organisations</p>	<p>University and Anglia Ruskin University Welfare Officers in developing and promoting material</p>
<p>Recommendation 1.5 – Aspire to develop integrated, appropriate and responsive services for those at risk of suicide</p>	<ul style="list-style-type: none"> • Ensure suicide prevention initiatives work with Crisis Concordat work and include pathways of care for people pre crisis, during crisis and post crisis • Map pathways and ensure all partners are aware of contacts and resources for self-help as well as pathways and how they operate • Encourage professionals and organisations to work together in identifying gaps and opportunities in pathways to prevent suicide – particularly at points where services meet when a person is transferred from one service to another • Support the police in responding to people with mental health problems by promoting pathways enabling contact and rapid access to other agencies that are able to provide advice and support • Develop a cultural view that it should be everybody’s expectation that 	<p>September 2014-January 2015 – Ensure Crisis Concordat compliance – sub group to work with Crisis Concordat team to develop pathways of care</p> <p>Service mapping by the end of March 2015 June 2015 - Report and recommendations to improve pathways of care June 2015 onwards – establish links with partner organisations to ensure flow-through of information between agencies and thresholds are established.</p> <p>September 2015 onwards: Dissemination of information and good</p>	<p>Organisations signing the Crisis Concordat declaration</p> <p>Survey of service users on integrated pathways for suicide prevention.</p> <p>Measure the success of joined up pathways – transfer of information between agencies, use of care plans, distribution and use of self-help resources</p> <p>Audit of pathways used by each service – police, ambulance, A&E, liaison psychiatry</p>	<p>All Partners Groundwork by Crisis Concordat team with Police, CPFT, CCG and public health support.</p> <p>input during 2014-2015 from the SCN Pathfinder Implementation Group</p> <p>Ensure partnership support from Crisis Concordat group</p> <p>Task and finish group to achieve goals</p>

	<p>people receive appropriate and timely services</p> <ul style="list-style-type: none"> • Refer to Crisis concordat recommendations on partnership working and the gathering and sharing of information about a person in crisis • Encourage systems that allow engagement with other services where appropriate – particularly with drug and alcohol teams • Endorse recommendations from coroner’s reports on deaths as a result of suicide 	<p>working practice to front-line staff – internal promotion and training by each partner organisation for effective support of suicide prevention pathways</p>		
<p>Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide</p>	<ul style="list-style-type: none"> • Ensure Crisis Concordat work aligns with this priority area. Pathways of care to be assessed include those pre crisis, during crisis and post crisis. • Assess pathways to ensure that information is shared across agencies in the patient’s best interest • Assessment of pathways for people who are discharged from psychiatric care and A&E care/liaison psychiatry – review of care plans and information contained within care plan, including consent to share information between agencies • Explore models for strong community and joined-up support at locality level for people post crisis • Engage with service users to establish 	<p>On-going from November 2014 - Work in partnership with Crisis Concordat group and CPFT to identify gaps or weaknesses and areas for improving the care of people Pre, during and post crisis including upon discharge from psychiatric care.</p> <p>January 2015 – decide on whether suicide prevention audit of A&E is a priority for 2015 or later task and finish group will need to be established if it is a priority liaise with A&E depts. to</p>	<p>Report to suicide prevention group</p> <p>A&E audit data Care plans in place for people discharged from services</p> <p>Resources and support offered to those in community settings who do not meet the threshold for secondary mental health services (assessed by survey).</p> <p>Endorsement for ongoing support to people with mental</p>	<p>Crisis concordat sub-group with CPFT as main lead with support from suicide prevention implementation group</p>

	<p>the strengths and weaknesses in pathways of care in response to crisis – including a review of the use of Police section 136 and the use of places of safety</p> <ul style="list-style-type: none"> • Encourage development of pathways that are comprehensive and organised around the patient – particularly where organisations meet during transition points – acute sector transition into the community, for example • Assess the single point of access (ARC) and identify gaps around risk identification and pathways used by GPs and ARC staff. Training to GPs, ARC and CRISIS resolution team on pathways and risk identification • Engage with Rethink Carers group – for carers of people with mental health illnesses • Suicide prevention audit of Accident and Emergency Departments • Link up suicide prevention strategic group to influence the development of the 5 year mental health strategy to ensure ongoing support for people with mental health issues and for those people in the community who do not meet the threshold for secondary mental health services 	<p>conduct suicide prevention audit</p> <p>November 2014 onwards - Ensure the strategic group links with the CCG and Local authorities in influencing the development of the 5 year mental health strategy as this develops</p>	<p>health issues through the forthcoming 5 year mental health strategy</p>	
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<p>Recommendation 1.7 - Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody.</p>	<ul style="list-style-type: none"> • Liaise with NHS England and Public Health England to work with probation, prison and police staff to understand the screening risk assessment procedure at court and upon reception of prisoners and people taken into custody to include risk of suicide/self-harm. • Liaise with prison managers to promote the use of prison listeners. • Work with police partners to assess pathways of care for people in police custody and in prisons at risk of suicide • Broaden and promote access to the Samaritans in custody suites and in courts by raising awareness and supporting partnerships, learning from good practice • Promote access to support from drug and alcohol services for people in custody with mental health and drug/alcohol problems. Raise awareness and promote partnership working • Suicide prevention training of custody and court/probation staff and aspire to train prison listeners • Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problems. Recognise the need to promote joined-up 	<p>January 2015 – Decide whether this is a priority area Ongoing from 2015 -2017</p>	<p>Reduction in suicides in people in custody – baseline 2009-2011 Report on pathways and support for prisoners and people taken into custody.</p> <p>Survey to show use of Samaritans in custody suites</p> <p>Numbers of police custody and prison staff trained</p>	<p>Suggested lead organisations:</p> <p>CPFT, police, probation, Samaritans and custody staff as members of the suicide prevention implementation group to develop task and finish group</p> <p>NHS England to lead on suicide prevention initiatives in prisons with support from the suicide prevention implementation group</p> <p>Engagement with Public Health England for support</p>
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	<p>services with an understanding of the roles and responsibilities of other organisations</p> <ul style="list-style-type: none"> • Build on the work done to establish forensic services in Peterborough (ONE service). Assess links with partner organisations and discharge pathways 			
Priority 2 - Tailor approaches to improve mental health in specific groups				
<p>Recommendation 2.1 Work in partnership with CPFT to assess pathways of care for children (10-24 year olds) and adults who self-harm</p>	<ul style="list-style-type: none"> • Results from suicide prevention audit at Accident and emergency departments • Monitor admissions to the Accident and Emergency departments for self-harm to assess any impact on service developments. • Directory of services to signpost and share at the point of contact (through liaison psychiatry). • Review the use of follow-up care plans for people discharged from services • Assess plans for people who self-harm if mental health services are not involved • Review good practice in resources to help people who self-harm or have a history of self-harm, for example; 'Harmless' http://www.harmless.org.uk A national organisation based in Nottingham 	<p>November 2014 onwards – task and finish group linking with pathway design for suicide prevention and Emotional well-being and mental health group for children and young people.</p> <p>January 2015 – decide whether A&E audit should be prioritised</p>	<p>Report on pathways available to children and adults who self-harm Including recommendations for improvements</p> <p>Admission rates for self-harm reported to suicide prevention group Trends in admission rates recorded</p>	<p>CPFT lead (to be agreed) Input from CCG and voluntary organisations Liaise with Accident and Emergency staff</p>
<p>Recommendation 2.2 Work with partners who</p>	<ul style="list-style-type: none"> • Raise awareness and campaigning around self-harm 	<p>January 2015 onwards Workshops and events to</p>	<p>Data on self-harm in children</p>	<p>CCG, local authority children and family</p>

<p>are developing the 'Emotional wellbeing and mental health strategy for children and young people'</p>	<ul style="list-style-type: none"> • provide access to self-help resources that focus on building resilience in young people • raise awareness and develop resources aimed at preventing bullying in schools and colleges • assess pathways for support for children who are at risk of self-harm, particularly in vulnerable groups of children and young people – youth offenders, children in care, children under the care of people with mental health problems • assess pathways for teenagers and young adults who have attended A&E due to self-harm, particularly upon discharge • Support and promote the Bounce! project in Peterborough – working with families through workshops to encourage health and wellbeing including mental wellbeing • Provide support and ensure links are made to the proposed public mental health strategy for Cambridgeshire 	<p>be scoped for awareness raising around self-harm and support to the Bounce! Project in Peterborough</p>	<p>Training delivered for emotional wellbeing support of children</p> <p>Partnership working to deliver resources and awareness raising – Number of workshops and events run and feedback obtained</p> <p>Achieve zero suicides in children</p>	<p>services, Public Health advice and support from suicide prevention implementation group</p>
<p>Recommendation 2.3 Promote early interventions to aid prevention of mental health problems that could lead to suicide</p>	<p>Prevention interventions to promote good mental health and avoid decline towards suicidal tendencies.</p> <ul style="list-style-type: none"> • Review access to support in the community before crisis situations arise. • Work with communities and community liaison teams to raise awareness of 	<p>January 2015 – decide whether this is a priority</p> <p>If priority confirmed:</p> <ul style="list-style-type: none"> • workshop with service users • Communication and 	<p>Survey of community liaison team staff and health professionals to assess dissemination of advice</p>	<p>Suicide Prevention implementation group to lead - task and finish group with established Links to PCC and CCC</p>

Comment [GH]: Definition of children used in EWB&MH strategy document: 'all children and young people and their families in Cambridgeshire and Peterborough, from conception to their 18th birthday or their 25th year if disabled or have complex needs'

	<p>sources of help, for example, debt management, relationship counselling, housing organisations parent/children centres</p> <ul style="list-style-type: none"> • Information to health professionals including GPs and health visitors to promote advice services • Engage with service users and public to understand gaps in service provision and focus efforts on improving the system to support individuals where appropriate <p>Review the potential to provide a tangible presence of a mental health drop-in facility in Peterborough city centre</p> <p>Explore the Worcester model of care to reduce suicide and promote mental health in students</p>	<p>resources for community liaison teams and health professionals</p> <p>March –Sept 2015 Scope business proposal for mental health drop-in facility in Peterborough city centre</p>		
<p>Recommendation 2.4 Promote training in mental health awareness, particularly with professional groups such as GPs to recognise mental health issues and risk of suicide</p>	<p>See recommendation 1.1 as this is a subset of ‘suicide prevention training’</p> <p>Training for GPs to include awareness around risk assessment for mental health issues by assessing patient histories, particularly around a past history of self-harm</p>	<p>Training for professionals including GPs included in training resources available from September 2014</p>	<p>Number of people trained in Mental Health Awareness and suicide prevention</p> <p>At least 100 people provided with Mental Health Awareness and suicide prevention training</p> <p>Number of GPs trained - 4 per LCG</p>	<p>Suicide Prevention Training task and finish group</p>
<p>Priority 3 – Reduce access to the means of suicide</p>				
<p>Recommendation 3.1 – In line with regulations, ensure the removal of potential ligature points – particularly in places of</p>	<ul style="list-style-type: none"> • CPFT audit of ligature points and other suicide risks in inpatient settings and residential care settings in line with regulations 	<p>On a yearly basis</p>	<p>Audit of potential ligature points is conducted annually in inpatient wards and</p>	<p>CPFT lead for inpatient audit Police lead for audit of police custody</p>

<p>custody and in-patient settings</p>	<ul style="list-style-type: none"> • Audit of ligature points in places of custody • Share information on identifying potential ligature points between agencies (CPFT, Coroners, Police and Prisons) 		<p>places of custody Potential ligature points removed or made safe</p>	<p>suites NHS England lead for audit in prisons</p>
<p>Recommendation 3.2 – Reduce the risk of suicide by jumping from high buildings accessible by the public including multi-storey car-parks</p>	<ul style="list-style-type: none"> • Extend training provided by Samaritans • Risk assessments of car parks – work with agencies that own car parks • Work with coroners to fully endorse the erection of barriers as a mechanism to restrict the means to suicide • Posters displayed in car parks and shopping centres to aid self-help 	<p>August 2014 onwards – work with the support of partners in the suicide prevention implementation group - coroner, police and PCC to assess risk and promote the use of barriers in Peterborough car parks Sept 2014 onwards Advocate for construction of barriers at car parks where there is a risk of suicide</p>	<p>Number of staff trained in suicide prevention Training of car park and shopping centre staff in suicide prevention Achieve zero suicides at car parks in Cambridge and Peterborough Barriers to be erected at multi-storey car parks with suicide risk</p>	<p>Joint suicide prevention Implementation group to lead. Task and finish group for Peterborough and Cambridge with support from local authority, Coroner, police and Samaritans</p>
<p>Recommendation 3.3 – Reduce the risk of suicide on railway lines in Cambridgeshire and Peterborough</p>	<ul style="list-style-type: none"> • Training available to rail staff • Review of availability of information to aid self-help – Samaritans’ posters or others • Assessment of suicide prevention initiatives by British Transport Police 	<p>January 2015 Decide whether this is a priority</p>	<p>Training of rail staff in suicide prevention Posters available to aid self-help in railway locations Achieve zero suicides on railway lines</p>	<p>Joint suicide prevention Implementation group to lead. Task and finish group with lead from Samaritans and British Transport Police</p>
<p>Recommendation 3.4 – Work with Medicines Management team at the CCG to ensure safe prescribing of some toxic</p>	<ul style="list-style-type: none"> • Work with the CCG medicines management team chief pharmacist to ensure that there is a focus on suicide prevention as part of implementation of forthcoming NICE 	<p>January 2015 – Decide timescale for this recommendation and whether it is a priority for 2015. If a workstream is</p>	<p>Prescribing data to reflect safe prescribing guidance</p>	<p>Suicide Prevention Implementation Group to join with Sati Ubhi (Chief pharmacist at the</p>

drugs	<p>guidance – quality standard on safe prescribing. Further consideration needs to be given to the prescribing of some toxic drugs, where safer alternative medicines are available. (Hawton et al 2010)</p> <ul style="list-style-type: none"> Promotion of suicide prevention through pharmacies and with pharmacists is recommended to raise awareness of suicide risk due to some forms of prescription medication. 	<p>established, connect with chief pharmacist at CCG to ensure safe prescribing by pharmacists and training of GPs to include safe prescribing</p> <p>Include an evaluation of the evidence to support alternative prescription drugs that may reduce suicidal ideation</p>		CCG)
<p>Recommendation 3.5 - Whenever possible, medical professionals should be reinforcing safety plans for individuals with mental health problems</p>	<p>Education and training for health professionals including General Practice staff on use of personal safety plans for patients with mental health problems. This includes plans for those who have never been in secondary care services.</p> <p>Dialogue between health professionals (GPs in particular) and patients about eliminating access to the means of suicide with reference to the individual's safety plan. This should include exploring and adopting best models for reducing hanging in the community.</p>	<p>Education and training to be included in wider training programme – see 1.1 and 2.4</p> <p>Aspire to train General Practice staff from January 2015 onwards</p> <p>March 2015 Disseminate information about safety plans to GP networks – link with CCG to achieve this</p>	<p>All GP practices in Cambridgeshire to be offered general training over a 3 year period</p> <p>Target of 50% uptake over 3 years</p> <p>At least 4 GPs per LCG to receive bespoke training in suicide prevention and use of safety plans with the expectation they attempt to disseminate the learning throughout their LCG</p> <p>Education of GPs through CCG GP network – information disseminated to GPs</p>	<p>Suicide Prevention Implementation Group to work with CCG GP leads and mental health commissioners to disseminate educational material on ensuring safety plans for people with mental health problems.</p> <p>Advice from Sohrab Panday</p>
<p>Priority 4 – Provide better information and support to those bereaved or affected by suicide</p>				
<p>Recommendation 4.1 - Ensure bereavement information and access to support is available to</p>	<p>Ensure availability of 'Help is at hand booklet' for those bereaved as a result of suicide (GP surgeries, coroners offices, police and funeral directors).</p>	<p>January 2015, January 2016, January 2017– check availability of 'help is at hand' leaflets and list of</p>	<p>Help is at hand leaflets are available to police, coroners, funeral directors and GP</p>	<p>Joint suicide prevention Implementation group to lead</p>

<p>those bereaved by suicide</p>	<p>. Information should be available to signpost bereaved people to organisations best able to help them:</p> <ul style="list-style-type: none"> • CRUSE – a charity dealing with bereavement in general – supported by the CCG • Survivors of bereavement by suicide • Compassionate Friends – a charity dedicated to helping families of children who have died <p>Link with other East of England suicide prevention groups to develop a self-help group or network for people bereaved by suicide.</p> <p>Bereavement services offered suicide prevention training Suicide prevention training used as a platform to disseminate resources on bereavement services</p> <p>Review support available to families and carers of people known to mental health services who have died by suicide</p> <p>Review support for carers who are bereaved</p> <p>Review resources available to young people affected by suicide – social media and websites</p>	<p>organisations to distribute leaflets.</p>	<p>practices</p> <p>Establishment of a self-help group or network</p> <p>Number of people trained from bereavement services</p>	<p>Sub-group to act as a task and finish group for this purpose</p>
<p>Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior</p>				
<p>Recommendation 5.1 –</p>	<p>Liaise with local media to encourage</p>	<p>January 2015 – May 2015</p>	<p>Sensitive and</p>	<p>Joint suicide</p>

Encourage appropriate and sensitive reporting of suicide	reference to and use of guidelines for the reporting of suicide Ensure the involvement of Comms teams in LAs and CCG	Review and update situation with media reporting. March 2015 onwards – continue to connect with media editors to ensure task is achieved. Review task in January 2017	responsible reporting of suicide by local media based on Samaritans guidelines Media reports collated for evaluation report	prevention Implementation group to lead Sub – group or individual task
Priority 6 - Support research, data collection and monitoring				
Recommendation 6.1 Collect detailed suicide data on a quarterly basis from Cambridgeshire and Peterborough coroners and carry out an annual audit of local suicides	Form sub-group to ensure data collection and audit Quarterly collection of data Audit on a yearly basis to report changes to suicide numbers, methods, demographics, risk factors. Report on suicide rates in relation to public health outcome: ‘Reduce the rate of suicide in the population’ Encourage data gathering and consent to collect and share data – self harm in A&E Departments. Audit of self-harm data if available to identify those at risk	2014-2017 On-going quarterly collection of data and full audit on a yearly basis February 2016 and 2017 - Annual report/update to be written by public health and presented to partner organisations	Reduction in suicides year on year Public Health Indicator 4.10 – Baseline period = 2009-2011 Achieve 10% reduction in suicide rate for 2014-2016 Suicide statistics on three year rolling basis	Joint suicide prevention Implementation group to lead Sub-group Public health data analysts to lead Coroners to supply data Use information obtained from the newly created ‘mental health information network’ to understand local issues
Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations	Ensure membership of implementation groups by all partners with correspondence list kept up to date for sharing resources Agenda item for suicide prevention implementation group	On-going sharing of information with partner organisations	Implementation group meeting minutes and email records	Public health to lead, collate and ensure dissemination of evidence as part of role in chairing strategic group

<p>Recommendation 6.3 Coroners should notify the Suicide Prevention Strategic Group about inquest evidence that suggests patterns and suicide trends and evidence for service development to prevent future suicides</p>	<p>Ongoing updates to the suicide prevention strategic group by the coroners as required</p>	<p>Annual report to include coroners recommendations to the strategic group</p>	<p>Data is sent on a quarterly basis to public health lead analyst in Cambridgeshire</p>	<p>Coroners to lead – liaising with the Suicide Prevention Strategic Group</p>
<p>Recommendation 6.4 Evaluate and report on the suicide prevention implementation plan</p>	<p>Surveys to evaluate effectiveness of interventions such as training, dissemination of resources, use of suicide prevention pathways, access to support, use of careplans. Survey of GPs (awareness and use of careplans, resources for self-help, partnership working) Survey of mental health professionals and other professionals involved in crisis care and follow up – to assess pathway design, gaps in crisis care provision and improvements to crisis care. Use of care plans and resources to aid self-help. Assessment of partnership working Survey of people who have received training in SP. Assess effectiveness and usefulness of training Survey of service users – awareness of resources/website. Use of careplans. Gaps in service provision. Use of services and improvements</p> <p>Evaluation of suicide audit data – changes to suicide methods or risk of suicide. Changes to rates of suicide</p> <p>Collation of soft data and evidence relating to</p>	<p>Annual report to include annual evaluation of implementation plan</p> <p>Autumn 2015 – design of surveys to be used for evaluation</p> <p>Surveys to be used on an annual basis where appropriate (GPs and health/other professionals). Otherwise surveys to be used as agreed and depending on completion of actions/plans</p>	<p>Collation and analysis of survey data Analysis of audit data Collation and analysis of other data sources and ‘soft’ data collected by each sub-group as described above</p>	<p>Public Health to lead Evaluation sub-group similar to data group</p>

	each recommendation			
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This is a live action plan that was last updated on 25/11/14.

Evaluation of the suicide Prevention strategy will need to be carried out in year 3. Progress reports should be written on a yearly basis – year 1 (Sept 2015), Year 2 (Sept 2016), Year 3 (Sept 2017)

The suicide prevention strategy will not operate in isolation, but will support and complement other relevant strategies including:

- The Cambridgeshire and Peterborough Joint Commissioning Strategy for Adult Mental Health Services 2013-16⁴
- The Cambridgeshire Emotional well-being and mental health strategy for children and young people 2014-2016⁵
- The Cambridgeshire Public Mental Health Strategy, which will be developed during 2014/15
- The Cambridgeshire and Peterborough Clinical Commissioning Group 5 year Mental Health Strategy, which will be developed in 2014/15

