

DRAFT Joint Cambridgeshire and Peterborough Suicide Prevention Three Year Action Plan 2017-2020

The joint Cambridgeshire and Peterborough suicide prevention three year action plan accompanies the refresh of the Joint Suicide Prevention Strategy (2017-2020) and builds upon the work undertaken between 2014-2017. The action plan is a working document and will be adjusted and updated as work proceeds to implement the recommendations. The action plan is split into two tables. The first describes the actions relevant to the overarching 'zero suicide ambition' and the second will detail actions that align with the suicide prevention strategy priorities. The Zero suicide ambition is the overarching focus for suicide prevention and will be overseen by a governance board.

Implementation of the strategy according to the action plan will be the responsibility of partner organisations as described in the suicide prevention strategy. A joint Cambridgeshire and Peterborough Suicide Prevention implementation group oversees the implementation of the action plan and will report progress to the Safeguarding Executive Board as well as the Health and Wellbeing Board in Peterborough and Cambridgeshire.

The 4 key organizations responsible for the commissioning and/or provision of mental health services – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and the Cambridgeshire and Peterborough Foundation Trust (CPFT) have committed to putting achievement of the zero suicide ambition at the heart of mental health care – commissioning and delivery - in Cambridgeshire and Peterborough. While the Suicide Prevention Implementation Group brings together partners responsible for delivering the Plan and for reporting progress with delivery, a number of Boards and Groups will support the group to achieve delivery including the Adult Mental Health Joint Commissioning Group, the MH Delivery Board (Cambridgeshire and Peterborough Crisis Concordat Group) and the OPMH Delivery Board. During the

second half of 2017/18 commissioners will work with CPFT and the Suicide Implementation Group to embed the Suicide Implementation Plan in commissioning and operational plans for 2018/19.

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.

DETAILED ACTION PLAN FOR SUICIDE PREVENTION

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility /Involvement of partners	Progress to date
<p>Zero Suicide Ambition</p>	<ol style="list-style-type: none"> 1. Ensure support for zero suicide through commissioning and delivery approaches: embedded in strategic and operational plans of CPFT, CCG, CCC and PCC, included in contracts. work towards organisations commissioned being required to sign up to the Zero suicide and suicide prevention strategy and develop and report against action plans to support their commitment. 2. Facilitate the development of a learning culture - that looks at what works and what could be done differently to ensure safety and drive up quality of care to prevent suicide 3. To be confirmed upon wider consultation 	<p>To be confirmed after consultation</p>	<p>To be confirmed</p>		

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Priority 1 - Reduce the risk of suicide in high risk groups					
Recommendation 1.1 - Suicide Prevention Training	<ol style="list-style-type: none"> 1. Continue ASIST and STOP suicide training as follows: <ul style="list-style-type: none"> ● ASIST courses delivered to individuals and priority organisations identified (as agreed in contract with CPSL MIND)– ensuring training reaches out to people working or in contact with the most vulnerable or hard-to-reach groups at risk of suicide ● STOP suicide courses delivered with agreed target for participation ● Evaluation of training effectiveness – at the end of each course (by survey) and follow-up. 2. Develop and deliver GP suicide prevention training programme (funded through STP with support from CCC) 3. Continue delivery of MHFA through workplace health – funded by CCC (Cambridgeshire only) 	<p>Training funded through CCC and PCC and contract awarded to CPSL MIND</p> <p>Ongoing delivery of ASIST and STOP suicide training</p> <p>Evaluation of training – on an annual basis</p> <p>On-going training supported by Samaritans</p> <p>GP training in suicide prevention from Autumn 2017 for one year</p>	<p>Numbers of people trained</p> <p>List of organisations receiving training and numbers of staff trained within each organisation-</p> <p>80% satisfaction with training</p>	<p>CPSL MIND – STOP Suicide</p> <p>On-going support from Cambridgeshire and Peterborough suicide prevention group</p>	<p>Three ASIST trainers trained</p> <p>ASIST Courses delivered across Cambridgeshire and Peterborough targeting ‘Gate Keeper’ roles including those working with migrant communities and bereavement support workers.</p> <p>An ASIST course was funded and delivered to peer support workers in Peterborough prison.</p> <p>258 people trained in ASIST between October 2015 and January 2017</p> <p>Locally developed ½ day STOP suicide course has been developed and delivered. 21 STOP suicide workshops have</p>

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					<p>been delivered reaching 236 people (From Oct 2015 to Jan 2017).</p> <p>Funding to deliver courses to bar staff in Fenland as well as scoping work to assess feasibility of training barbers/hair dressers.</p> <p>ASIST course funded for peer support workers in Peterborough prison.</p> <p>Evaluation forms are completed by participants and feedback is collected following courses (see details in Suicide Prevention Strategy).</p>
<p>Recommendation 1.2 – Develop suicide prevention resources for professionals in contact with vulnerable groups and for self-help</p>	<ol style="list-style-type: none"> 1. Collect and collate available resources and a directory of services 2. Promote and update the directory of services (created by Lifecraft) –through existing apps/websites e.g. Keep your Head, MyDOS, MyHealth and STOP suicide 	<p>Ongoing updates and maintenance to STOP suicide and Keep Your Head (CYP)websites – CPSL MIND, Public Health</p>	<p>Evaluation of STOP suicide and ‘Keep Your Head’ Website visitor statistics and monitoring –</p>	<p>CPSL MIND – STOP suicide resources</p> <p>Public Health and partner organisations – ‘You’re your</p>	<p>STOP suicide website developed. As of January 2017, STOP Suicide had 1,343 twitter followers and 394 facebook fans. The STOP suicide website has had 17,598 visitors and 45,047 page views.</p>

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	<p>3. Provide access to resources and information – via the STOP suicide and Keep Your Head (CYP) website; develop an adult version of ‘Keep Your Head’ website with information and resources for signposting and self-help</p> <p>4. Continue to distribute ‘help is at hand’ bereavement support leaflet through partner organisations</p> <p>5. Work with GP and CPFT 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 (through GP training and CPFT training)</p> <p>6. Continue to promote resources to support people bereaved as a result of suicide – including distribution of ‘Help is at hand’ leaflet and a local information leaflet on bereavement services and support</p>	<p>Keep Your Head (adult version) website to be developed from September 2017 with Launch in spring 2018</p> <p>Autumn 2017 onwards – GP training with promotion of resources for signposting and self-help as well as development of care plans</p> <p>SOBS established from January 2018...</p>	<p>including resource pages ‘hits’</p> <p>Directory of services developed and used by partner organisations</p> <p>Feedback from GP training and bereavement support service – including leaflets disseminated</p> <p>Survey of service users and carers to evaluate</p>	<p>Head’ websites</p> <p>Report to Cambridgeshire and Peterborough suicide prevention implementation group</p>	<p>Further development of resources to enhance STOP suicide (including beer mats in March 2017).</p> <p>In addition the www.keep-your-head.com website has been developed to support children and young people’s mental health. This includes a page designed with, and for, GPs. Crisis information and suicide and self-harm information is included. Wide promotion of this resource has taken place and is continuing.</p> <p>Self-help resources including apps included on the Keep Your Head website for children and young people. In addition Stress LESS</p>

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	<p>7. Facilitate the setting up of SOBS (Survivors of Bereavement due to Suicide) and/or other similar self-help groups managed by bereaved individuals – to link with the bereavement support service</p> <p>8. Continue to promote the 111(2) FRS/Sanctuary service through multiple media connections. Include promotion to BME communities, using the FRS video in other languages</p>		awareness of resources		<p>campaign promoted during exam time in schools.</p> <p>Directory of Services (MyHealth app) and plans to further develop central point of information for adult mental health (linked to Keep Your Head).</p> <p>Update to Lifecraft Directory of services (Spring 2017).</p> <p>GP referral document updated (mental health services) by Claire Harris and promoting to GPs via bulletin. Patient version also updated.</p>
<p>Recommendation 1.3 – Awareness-raising campaigns and promote the Cambridgeshire and Peterborough STOP Suicide</p>	<p>1. Continue to 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</p>	<p>Ongoing through contract with CPSL MIND for STOP suicide</p>	<p>Number of individuals signing pledge Number of organisations</p>	<p>Public health will continue to develop and manage the KYH CH and YP site and oversee the</p>	<p>STOP suicide: As of January 2017 there were 1,220 personal pledges and 51 organisational pledges for STOP Suicide. Website statistics given above.</p>

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pledge to reduce suicide	<p>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> <ol style="list-style-type: none"> 2. Make use of partnership working when targeting campaigns aimed at reducing suicide in men. Samaritans and STOP suicide share idea and resources in order to maximise benefits. 3. Continue work by STOP suicide to use public events and other community opportunities to promote the STOP suicide pledge and raise awareness of suicide prevention 4. Continue to Identify localities for specific awareness raising and special events such as suicide prevention day (10th September) and world mental health awareness day (10th October) 5. Continue development of the STOP suicide website and create a website 		<p>signing pledge</p> <p>Survey to assess awareness in the community</p>	<p>development of KYH adults with the Service Users Network.</p> <p>CPSL MIND with support from Lifecraft will oversee STOP suicide website, GP training and bereavement support</p> <p>Link with Samaritans' 'We're in your corner' campaign targeted at men</p>	<p>Approximately 3000 one to one conversations with individuals (mental health and suicide) since September 2015. The campaign has recruited a total of 10 new Campaign Makers - four in Peterborough, five in Cambridge and one in St Neots.</p> <p>National recognition has been received for work.</p> <p>Webinars including suicide prevention developed as part of 'keep your head'</p>

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	<p>for adults to promote mental health (Keep Your Head (adults))</p> <ol style="list-style-type: none"> 6. Explore use of social media in awareness raising 7. Include suicide prevention in other mental health awareness campaigns 8. Include awareness raising and suicide prevention material in bulletins that are sent out to GPs 9. Link with local media partners and 'time to change' campaigns 				
<p>Recommendation 1.4 –Aspire to develop integrated, appropriate and responsive services for those at risk of suicide</p>	<p>Link to learning through the ZERO suicide ambition.</p> <ol style="list-style-type: none"> 1. Create a culture of learning from case review of suicides. Embed a cultural expectation that people receive appropriate and timely services. 2. Ensure suicide prevention initiatives link to Crisis Concordat work and include pathways of care for people pre crisis, during crisis and post crisis 	<p>Ongoing work carried over from Suicide Prevention Strategy 2014-2017</p> <p>GP training from Autumn 2017</p> <p>Improvement monitored and exceptions addressed; quarterly reporting to</p>	<p>Survey of service users on integrated pathways for suicide prevention.</p> <p>Consider an audit of pathways</p>	<p>All Partners as part of the Crisis Concordat team, including Police, CPFT, CCG primary care and public health support.</p>	<p>Vanguard/Crisis Care Concordat work including:</p> <ul style="list-style-type: none"> -Integrated Mental Health Team – mental health nurses based in the police control room. -First Response service with crisis telephone number (111 option 2).

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	<p>3. Develop and expand data sharing agreements and protocols (see recommendation 1.6 below)</p> <p>4. Support the development of systems that allow engagement with other services where appropriate – particularly with drug and alcohol teams</p> <p>5. Continue the support for Lifeline in Cambridgeshire</p> <p>6. Ensure that GPs receive core training in suicide prevention (See Recommendation 1.1) and ensure development of guidance for primary care – resources, sign posting and self-referral as well as safety plans and links with PRISM</p> <p>7. Develop bereavement support services for those affected by suicide – see Recommendation 4.1</p> <p>8. Work with the Suicide Prevention Governance Board (Safeguarding Executive board) to monitor delivery and develop the</p>	<p>the Safeguarding Executive board</p> <p>Revised improvement plan agreed: 01.04.18</p>	<p>used by each service – police, ambulance, A&E, liaison psychiatry</p> <p>Consider an audit of information sharing protocols, once agreed</p>	<p>Ensure partnership support from Crisis Concordat group</p>	<p>-The Sanctuaries – non-health based places of safety.</p> <p>-Sharing data – continued work as a system to improve data sharing and establish agreements. Vanguard work and Concordat work has required data sharing protocols. Data flow following a bereavement now being reviewed.</p> <p>This work undertook a range of mapping and pathways work in terms of crisis support.</p>

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	improvement plan to achieve the outcomes required				
Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide	<p>Link to learning through the ZERO suicide ambition.</p> <p>1. Create a culture of learning from case review of suicides</p> <p>i) Ensure Crisis Concordat work aligns with this priority area. Pathways of care to be assessed include those pre crisis, during crisis and post crisis.</p> <p>ii) Refer to Crisis concordat recommendations on developing information sharing processes across the mental health system but particularly for people in mental health crisis - across agencies in the patient's best interest</p> <p>2. Ensure that sharing Agreements are in place across organisations to support the Frequent Attenders CQUIN</p>	<p>On-going Work in partnership with Crisis Concordat group - Local Authority - MOSAIC & BTP</p> <p>Link with prisons and Offending, Prevention and Management Strategic Needs Assessment</p> <p>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>Training to GPs and other CRISIS</p>	<p>Evaluation of 111(2), FRS and Sanctuaries by SUN</p> <p>Report use of 111 (2) and Sanctuaries with outcome measures compared with A&E attendances for CRISIS</p> <p>Assess use of Section 136 and places of safety</p>	<p>Crisis concordat Modestas Kavaliauskas</p> <p>CPFT Zero suicide work will assess pathways of support post discharge and learning from case reviews</p> <p>Engagement with service users and carers through the mental health stakeholders group – quarterly</p>	<p>CPFT sub group to develop strategy and action plan under ther4r4 Zero Suicide initiative</p> <p>Work through the Crisis Care Concordat: Information Sharing Agreements are in place across organisations to support the Frequent Attenders CQUIN, in addition to MH and Acute Trusts this includes 111, ambulance service, substance misuse, primary care.</p> <p>the FRS and Sanctuaries have been evaluated by the 'Service User Network' (SUN) against it's 'five values' of Empathy, Honesty, Inclusion, Personalisation and Working Together and have awarded</p>

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	<p>i) 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</p> <p>3. CPFT to review all the ISA's in place or ISA's being established to support MH crisis care pathway and explore how information could be further shared shared between organisations (Cambridgeshire Information Sharing Framework)</p> <p>i) Explore models for community and joined-up support at locality level for people post crisis – and ongoing support for people with mental health issues in the community who do not meet the threshold for secondary mental health services - link with the PRISM service</p>	<p>professionals from October 2017 (as part of STP funding)</p>	<p>GP training evaluation – referrals, awareness of services and avoiding CRISIS</p> <p>Consider an audit of Care plans in place for people discharged from services</p> <p>Consider a survey to assess the resources and support offered to those in community settings who</p>	<p>meetings across Cambridgeshire and Peterborough</p>	<p>the FRS 3 stars (good rating) and Sanctuaries 4 stars (outstanding).</p>

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	<ul style="list-style-type: none"> ii) Continue to engage with service users to establish the strengths and weaknesses in pathways of care in response to crisis – including the FRS service and Sanctuaries – see outcomes (SUN evaluation) iii) Training to GPs, and CRISIS professionals on pathways and risk identification iv) Engage with Rethink Carers group – for carers of people with mental health illnesses – through the mental health stakeholders group 		do not meet the threshold for secondary mental health services		
Recommendation 1.7 - Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody.	Link with prisons and Offending, Prevention and Management Strategic Needs Assessment - understand the screening risk assessment procedure at court and upon reception of prisoners and people taken into custody (including police custody) to include risk of suicide/self-harm.	Ongoing work with police, prisons and probation	Reduction in suicides in people in custody – baseline 2009-2011 Suicide audit of case files to ensure	CPFT, police, probation, Samaritans and custody staff as members of the suicide prevention	ASIST course funded for peer supporters in Peterborough prison. A number of issues were highlighted as part of the Substance Misuse JSNA (criminal justice section) and support is being given to the upcoming needs assessment being undertaken by the

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	<ul style="list-style-type: none"> Continue to work with prison managers to promote and train peer support 'prison listeners'. 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 Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problems. 		<p>inclusion of people released from custody</p> <p>Prisons and Offending, Prevention and Management Strategic Needs Assessment</p> <p>Consider evaluation survey to show use of Samaritans in custody suites</p> <p>Numbers of police custody, prison staff</p>	<p>implementation 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>	<p>Office of the Police and Crime Commissioners Office.</p> <p>Work is being done to look into issues around transfer of health information at point of entry to prison.</p>

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			and prison listeners trained in suicide prevention		
Priority 2 - Tailor approaches to improve mental health in specific groups					
Recommendation 2.1 Work in partnership with CPFT to assess pathways of care for children (10-24 year olds) and adults who self-harm	<ol style="list-style-type: none"> 1. Signpost CYP to ‘Keep Your Head’ website and directory of services at the point of contact (through liaison psychiatry). 2. Review the use of follow-up care plans for people discharged from services 3. Assess plans for people who self-harm if mental health services are not involved 4. Review 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>Ongoing work linked with pathway design for suicide prevention and Emotional well-being and mental health group for children and young people.</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</p>	<p>CPFT lead (to be agreed) Input from CCG and voluntary organisations</p>	<p>-Directory of services – Keep Your Head (includes specific information on self-harm) and MyHealth app.</p> <p>-Public Health are currently reviewing self-harm admissions data to establish if there are any data reporting errors (Cams).</p> <p>- Providing a psycho social assessment and safety plan for Emergency Department (ED) patients is at the heart of what the Liaison Psychiatry ED teams provide, and also would</p>

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			prevention group Trends in admission rates recorded		provide through FRS if needed. -Commissioning of Kooth and expansion of face-to-face counselling services for young people.
Recommendation 2.2 Work with partners who are developing the 'Emotional wellbeing and mental health strategy for children and young people'	<ol style="list-style-type: none"> 1. Raise awareness and promote campaigns to address self-harm 2. provide access to self-help resources that focus on building resilience in young people 3. raise awareness and develop resources aimed at preventing bullying in schools and colleges 4. 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 	Ongoing work	<p>Data on self-harm in children</p> <p>Training delivered for emotional wellbeing support of children</p> <p>Partnership working to deliver resources and awareness</p>	CCG, local authority children and family services, Public Health advice and support from suicide prevention implementation group	<p>Holly Gilbert to be a link and provide updates between the two groups.</p> <p>Self-harm initiatives and anti-bullying work being reviewed at CCC and PCC.</p> <p>PCC identified key schools to engage based on self-harm data. A steering group of the emotional health and wellbeing board for Peterborough is taking the actions forward.</p> <p>Videoscribe work on mental health.</p>

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	<p>people with mental health problems</p> <p>5. assess pathways for teenagers and young adults who have attended A&E due to self-harm, particularly upon discharge</p>		<p>raising – Number of workshops and events run and feedback obtained</p> <p>Achieve zero suicides in children</p>		<p>CCC ran a self-harm workshop, primarily focused at school representatives. Actions are being taken forward and include improving communication with schools and improving uptake to training opportunities and supporting whole school approach to mental health.</p> <p>Self-harm support groups for parents have been run by PinPoint and support from Locality Teams (Cams). Training delivered by CPFT (free of charge) – understanding and responding to self-harm.</p>
<p>Recommendation 2.3 Promote early interventions to aid prevention of</p>	<p>Prevention interventions to promote good mental health and avoid decline towards suicidal tendencies.</p> <p>1. Promote ‘Keep Your Head’ website for CYP to raise</p>	<p>Ongoing and continuing work on ‘Keep Your Head’ CYP</p>	<p>Consider survey of service users and the public to</p>	<p>Suicide Prevention implementation group to lead -</p>	<p>-Broader range of information provided through counselling services (advice).</p>

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mental health problems that could lead to suicide	<p>awareness and promote early interventions and signpost to support</p> <ol style="list-style-type: none"> 2. Develop 'Keep Your Head' adult website to raise awareness of sources of help, for example, debt management, relationship counselling, housing organisations parent/children centres 3. Training and Information to health professionals including GPs and health visitors to promote resources and advice services 4. Engage with service users and public to understand gaps in service provision and focus efforts on improving the system to support individuals where appropriate 5. Consider the potential to provide a tangible presence of a mental 	<p>Autumn 2017 – development of 'Keep Your Head' adult mental heal website</p> <p>Debt and money management services to be developed from Sept 2017</p> <p>Ongoing preventative work in schools</p>	<p>assess awareness of prevention resources.</p>		<p>-In 17/18 there will be debt management (preventative) work funded with care leavers as well as those with mental illnesses in Cambridgeshire.</p> <p>-Preventative work in schools includes training to improve understanding of Mental Health in teaching/pastoral staff. Aiding identification of those who need support.</p> <p>Drop in services for young people in Huntingdon and Peterborough and Cambridge as part of Centre 33 and local authority partnerships. Delivering broad support as well as counselling.</p>

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	health drop-in facility in Peterborough city centre				
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	See recommendation 1.1 as this is a subset of 'suicide prevention training' 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	Training for professionals including GPs is ongoing	Number of people trained in Mental Health Awareness and suicide prevention	CPSL MIND and CCC	-ASIST training and Stop Suicide workshop training delivered to a range of professionals (delivered by Mind). Also Children's Mental Health training delivered to a range of professionals, delivered by CPFT. GP training funded through STP with support from CCC
Priority 3 – Reduce access to the means of suicide					
Recommendation 3.1 – In line with regulations, ensure the removal of potential ligature points – particularly in places of custody and in-patient settings	<ol 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 Audit of ligature points in places of custody 	This is ongoing - on a yearly basis	Audit of potential ligature points is conducted annually in inpatient wards and	CPFT lead for inpatient audit Police lead for audit of police custody suites NHS England lead for audit in prisons	

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	<ol style="list-style-type: none"> 3. Share information on identifying potential ligature points between agencies (CPFT, Coroners, Police and Prisons) 		places of custody Potential ligature points removed or made safe		
Recommendation 3.2 – Reduce the risk of suicide by jumping from high buildings accessible by the public including multi-storey car-parks	<ol style="list-style-type: none"> 1. Support training provided by Samaritans to identify risk of suicide in people on high buildings 2. Work with coroners to continue to lobby car park owners where there is still a risk of suicide to erect barriers as a mechanism to restrict the means to suicide 3. Assess information designed to offer help to those at risk to prevent suicide - posters displayed in car parks and shopping centres to aid self-help (to Samaritans for example) 	<p>Ongoing work following the success of barriers at Queensgate shopping centre in Peterborough.</p> <p>Advocate for construction of barriers at remaining car parks where there is a risk of suicide</p>	<p>Achieve zero suicides at car parks in Cambridge and Peterborough</p> <p>Barriers to be erected at multi-storey car parks with suicide risk</p>	<p>Joint suicide prevention Implementation group to lead.</p>	<p>Barriers erected at Queensgate shopping centre in Peterborough following discussions and lobbying by the suicide prevention implementation group, including the coroner.</p> <p>No suicides reported from Peterborough car parks since the work began to construct barriers</p>

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Recommendation 3.3 – Reduce the risk of suicide on railway lines in Cambridgeshire and Peterborough	<ol style="list-style-type: none"> 1. Support the national railway Suicide Prevention plan and initiatives by British Transport Police to reduce suicides on railways 2. Use the annual suicide audit to assess whether there are any ‘black spots’ for suicide on railway lines locally. An assessment of any requirements for physical barriers should be made at any location with heightened risk of suicide. 3. Continue to promote STOP suicide at local railway stations 	Ongoing work	Training of rail staff in suicide prevention Posters available to aid self-help in railway locations Achieve zero suicides on railway lines	Joint suicide prevention Implementation group to lead. Link with British Transport Police	-A range of work is being undertaken nationally as part of the railway Suicide Prevention plan – Samaritans, Network Rail and British Transport Police. -Samaritans/Network Rail campaign on the railway including printed messages on tickets and posters at stations. -Some local stations are also displaying Stop Suicide resources. -Staff training has been provided to railway employees to look out for and offer support to people who may be considering taking their own life on the railway (provided by Network Rail nationally). -Rail505 app – enables other passengers/anybody to report someone they are

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					worried about or to seek help themselves on the railway. https://www.rail505.com/
Recommendation 3.4 – Work with Medicines Management team at the CCG to ensure safe prescribing of some toxic drugs	<ol style="list-style-type: none"> 1. Continue to make contact with the CCG medicines management team chief pharmacist to ensure quality standards 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) 2. Promotion of suicide prevention through pharmacies and with pharmacists is recommended to raise awareness of suicide risk due to some forms of prescription medication. 	Update on an annual basis to the Suicide prevention implementation group	Prescribing data to reflect safe prescribing guidance	Suicide Prevention Implementation Group to liaise with Chief pharmacist at the CCG	-Following Child Death Overview Panel reports there was a communication to GPs regarding safe prescribing to young people, this was also re-circulated.
Recommendation 3.5 - Whenever possible, medical professionals should be	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	Ongoing through training of professional staff and GP training in suicide prevention	Number of GPs trained Consider an audit of safety plans	CPFT and CPSL MIND	Some training of GPs and mental health specialists through the training offered by CPSL MIND and CPFT

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reinforcing safety plans for individuals with mental health problems	been in secondary care services – see section 1.1 – GP training				
Priority 4 – Provide better information and support to those bereaved or affected by suicide					
Recommendation 4.1 - Ensure bereavement information and access to support is available to those bereaved by suicide	<ol style="list-style-type: none"> 1. Ensure availability of 'Help is at hand' booklet 'for those bereaved as a result of suicide (GP surgeries, coroners offices, police and funeral directors). 2. Create and disseminate a local bereavement support leaflet to signpost people to services and self-help support information. 3. Develop and implement a bereavement support service for people affected by suicide. Link this to existing groups such as CRUSE bereavement services 4. Facilitate the formation of Survivors of Bereavement due to Suicide (SOBS) groups in Cambridge and Peterborough – run by people with 	<p>Ongoing work to disseminate 'Help is at Hand' leaflet</p> <p>Funding approved through STP to create a bereavement support service for people affected by suicide. This should be available towards the end of 2017</p> <p>SOBS groups to be set up from the end of 2017</p>	<p>Help is at hand leaflets are available to police, coroners, funeral directors and GP practices</p> <p>Establishment SOBS groups and numbers attending meetings</p> <p>Bereavement support</p>	<p>Joint suicide prevention Implementation group to lead</p> <p>CPSL MIND and Lifecraft to lead bereavement support service implementation</p>	<p>Help is at hand booklet shared with Coroners Office. Feb15.</p> <p>Electronically shared with Funeral directors.</p> <p>Information circulated via the GP bulletin in 2015 and 2017.</p> <p>Help is at Hand booklets circulated to all GP practices in Cambridgeshire and Peterborough with instructions on how to re-order them.</p>

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility /Involvement of partners	Progress to date
	<p>experience of bereavement due to suicide.</p> <p>5. Link with other East of England suicide prevention groups to develop a self-help networks for people bereaved by suicide.</p>		<p>service in place.</p> <p>Number of contacts made.</p> <p>Evaluation survey</p>		<p>Focus in 2017 will be establishing a bereavement support pathway post-suicide.</p> <p>Bereavement support resources are promoted via the Stop Suicide Pledge website and Keep Your Head website. These resources include specific sites for young people who are bereaved.</p>
Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior					
<p>Recommendation 5.1 –Encourage appropriate and sensitive reporting of suicide</p>	<p>Continue to liaise with local media to encourage reference to and use of guidelines for the reporting of suicide. Ensure the involvement of Comms teams in LAs and CCG.</p>	<p>Ongoing work initiated in 2014. Ad hoc contact with local media</p>	<p>Sensitive and responsible reporting of suicide by local media based on Samaritans guidelines</p>	<p>Joint suicide prevention Implementation group</p>	<p>Liz Robin has liaised with Editor of Cambridge News, looking at how engage other local papers with the comms team.</p> <p>Two visits were made to Radio Cambridgeshire to promote the responsible reporting of suicides and to</p>

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility /Involvement of partners	Progress to date
					ensure that discussions around Peterborough car park suicides were handled sensitively. Guidelines on suicide reporting were provided to the editor.
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	<p>1. Form sub-group to ensure data collection and audit.</p> <p>Audit on a yearly basis to report changes to suicide numbers, methods, demographics, risk factors.</p> <p>Report on suicide rates in relation to public health outcome: ‘Reduce the rate of suicide in the population’</p> <p>2. 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</p>	<p>On-going quarterly collection of data and full audit on a yearly basis</p>	<p>Public Health Indicator 4.10 – Baseline period = 2009-2011 Achieve 10% reduction in suicide rate by 2020</p> <p>Suicide statistics on three year rolling basis</p>	<p>Joint suicide prevention Implementation group to lead Sub-group Public health data analysts to lead Coroners to supply data</p>	<p>Suicide Audit undertaken for 2014 and 2015 with case files reviewed for all those available in 2015. This audit has shaped targeting of local work. The audit will be undertaken annually, although the detailed case review will be of a sample of files.</p> <p>Work has been carried out together with the Coroner’s Office to improve the standardised regular information received on deaths throughout the year.</p>

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility /Involvement of partners	Progress to date
	3. As part of the zero suicide ambition – consider reviewing a sample of suicide case files on a quarterly basis to create a culture of learning				<p>The quality of the information received has improved.</p> <p>Data is now received from BTP through an annual report and a warning system (national system).</p> <p>A local real-time surveillance system has been established – This shares information from Police/Coroner to Public health on suspected suicides as they occur.</p>
Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations	<p>Ensure membership of implementation groups by all partners with correspondence list kept up to date for sharing resources</p> <p>Agenda item for suicide prevention implementation group</p>	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	Relevant national publications and evidence is circulated via group distribution list.

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility /Involvement of partners	Progress to date
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	Ongoing updates to the suicide prevention strategic group by the coroners as required	Ongoing	Data is sent on a quarterly basis to public health lead analyst in Cambridgeshire	Coroners to lead – liaising with the Suicide Prevention Strategic Group	The Coroner flags any notable patterns with the group or public health. The ‘real time’ surveillance system will also help with this in terms of geographic/temporal patterns.
Recommendation 6.4 Evaluate and report on the suicide prevention implementation plan	Evaluation methods created for each area of suicide prevention as listed in the recommendations above. Evaluation of suicide audit data – changes to suicide methods or risk of suicide. Changes to rates of suicide	Report to Health Committee and HWB as requested	Collation and analysis of any evaluation and survey data Analysis of suicide audit data	Public Health to lead	See columns above

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility /Involvement of partners	Progress to date
			Evaluation and outcomes from all recommendations listed above		

* When referring to 'children and young people', the definition from the emotional wellbeing and mental health of children strategy is used; "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".

This is a live action plan that was last updated on 5th October 2017.