

Nottingham City Health Scrutiny Committee report on Suicide Prevention

Thursday 22nd February 2018

Contents

Purpose.....	2
Section 1.....	2
Background information	2
Strategic priorities.....	3
Progress in Nottingham against the 5 priority areas:.....	4
Oversite and quality assurance.....	7
Finance	8
Intended future actions	8
Section 2.....	9
Local progress against the Health Select Committee report recommendations	9
Risks.....	12
Recommendations	12
Appendix 1 Summary of progress against Health Select committee report	14
Appendix 2 Nottingham and Nottinghamshire Suicide Prevention action plan.....	17

Purpose

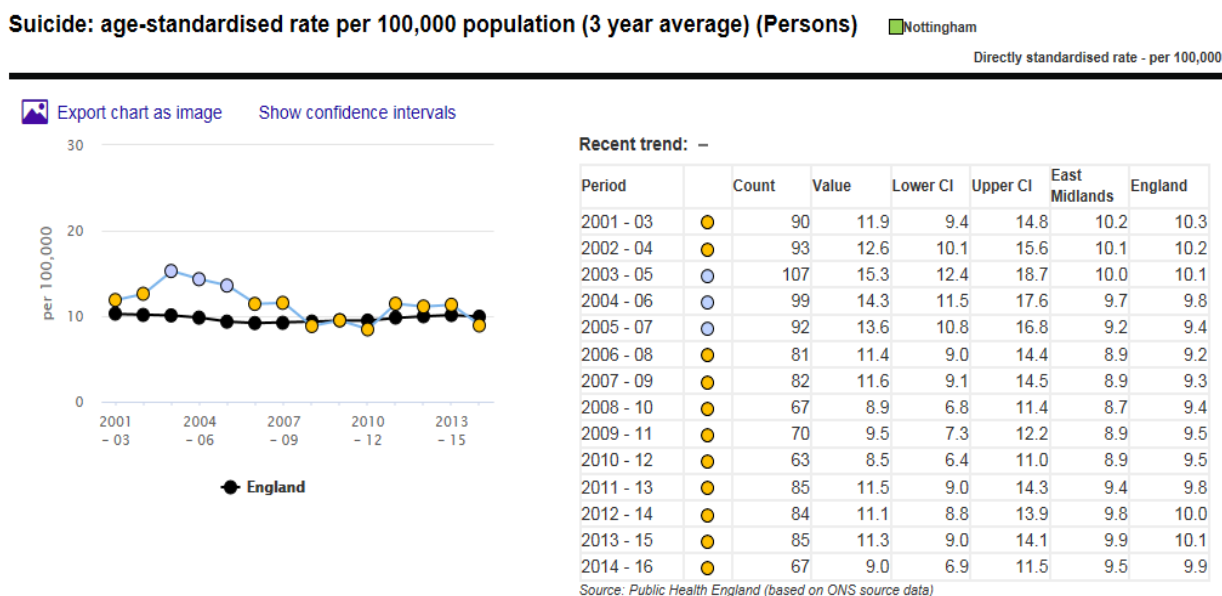
- To provide an overview of Suicide Prevention in Nottingham and progress against national and local strategic plans (Section 1).
- To identify progress and or gaps against the recommendations set out in the House of Commons Health Committee Suicide Prevention report¹ on suicide prevention (Section 2).

Section 1

Background information

The age-standardised mortality rate from suicide and injury of undetermined intent for Nottingham City for 2014-16 was 9.0 per 100,000 for all persons, slightly lower than the regional (9.5 per 100,000) and England average (9.9 per 100,000) but not statistically significantly so. The rate for males is higher at 14.9 per 100,000. During the three-year period there were 67 deaths registered as suicide to people resident of Nottingham, of which 84% were male. This is the lowest number of recorded deaths for a three-year period since 2010-12 (see Figure 1). On average, between 21 and 28 people are recorded as dying by suicide each year in Nottingham.

Figure 1: The age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population for Nottingham 2001 – 2016



Effective prevention of suicide requires a whole system approach including representatives from various agencies operating within Nottingham City. The joint Nottingham and Nottinghamshire Suicide Prevention Steering Group was reformed in 2013. The main responsibility of the group was the development of a multi-agency

¹ [House of Commons Health Committee Suicide Prevention](#) report (March 2017)

Suicide Prevention Strategy (2015-2018) and the implementation of the accompanying action plan (attached in Appendix 2).

The steering group comprises of stakeholders from the following organisations:

<ul style="list-style-type: none"> • Public Health City and County (Chair and meeting facilitator) • Nottingham City Crime and Drugs Partnership / substance misuse commissioners • Nottingham City Coroner's Office • Nottinghamshire Police • NHS Mental Health services (Children, Young People and Adults) NHFT • CCG Mental Health Commissioners (Children, Young People and Adults) • Substance Misuse service providers 	<ul style="list-style-type: none"> • Quality and safety leads (CCG and NHFT) • Primary Care GP mental health leads • Network Rail • British Transport Police • East Midlands Ambulance Service • University of Nottingham (Researchers) • Student Counsellors (University of Nottingham and Trent University) • Third Sector Organisation, such as; Samaritans offering bereavement support and Harmless offering support services and workforce development
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Strategic priorities

The overall strategic aim of the Nottingham Suicide Prevention strategy is:

To reduce the rate of suicide and self-harm in the Nottingham City population

In order to achieve this five strategic priorities were established:

Box 1: Nottingham City suicide prevention priorities

Priority 1: *Identify early those groups at high risk of suicide and self-harm* and support effective interventions

Priority 2: Review of ***timely suicide and self-harm data and be informed by national and local evidence based research and practice*** in order to better understand the local needs

Priority 3: Access effective support for those ***bereaved or affected by suicide***

Priority 4: *Engage with media personnel* to agree on sensitive approaches to reporting suicide and suicidal behaviour

Priority 5: Improve the understanding and care for people at risk of suicide and self-harm through ***training of frontline staff*** to deal with those at risk of suicide and self-harm behaviour

Progress in Nottingham against the 5 priority areas:

1. Identify early those groups at high risk of suicide and self-harm and support effective interventions

Actions completed:

- In order to understand local needs better, and identify any additional actions necessary, it was agreed to undertake an audit of information held at Nottingham Coroner's Service. The audit included deaths with a conclusion of suicide and it was also agreed to include 'self-harm' deaths where intention was not determined.

The audit was undertaken in 2015/16 and looked at the two calendar years, 2013 and 2014 for the whole of the geographical county of Nottinghamshire. Therefore the figures below are for Nottingham City and Nottinghamshire County combined. The information was reviewed to identify any common themes or locations and analysed for each year.

The audit identified 250 deaths 76% male, 24% female, this is similar to the national picture. Although the circumstances of each death were different, certain groups were over represented. Men between the ages of 35 and 64 accounted for 46% of deaths in the audit and were more likely to come from the most deprived neighbourhoods. Again this is similar to the national picture.

To reduce the number of deaths by suicide in this group the Suicide Prevention Steering Group agreed to focus action on men in the 2017/18 suicide prevention action plan (appendix 2).

- National awareness campaign focusing on men includes [The Campaign Against Living Miserably \(CALM\)](#)
- Increased Access to Psychological Therapies (IAPT) has been commissioned by the CCG since 2014. Integrated IAPT was rolled out in 2017 in the city across pain, respiratory and cancer. A Health Equity Audit in 2016 identified no disparity in gender or socioeconomic status existed in access to IAPT services indicating that an identifiable vulnerable group from the coroner audit (males from deprived neighbourhoods) were no less likely to access IAPT services for support around common mental health problems.
- Implementation of primary mental health care workers across the city so as to assist with management of mental health disorders in primary care through delivery of interventions that contribute to reductions in local levels of various mental health morbidities e.g. depression, suicide and self-harm.

- Increased support through Wellness in Mind for people experiencing a range of difficulties e.g. advice and support around debt, relationships, past abuse, homelessness, substance misuse etc in order to prevent mental health problems arising or deteriorating through support, advice and advocacy to other services.
- Targeted support for the BMER community through the commissioning of STEPS to forge links, undertake advocacy and enable access to mainstream mental health services.
- Domestic violence is an important cause of mental health problems amongst women that could be alleviated through interventions in primary care. Victims of sexual or domestic violence in adulthood is associated with the onset and persistence of depression, anxiety and eating disorders, substance misuse, psychotic disorders and suicide attempts (CMO 2014). Nottingham City Council, Clinical Commissioning Group and Nottinghamshire's Police and Crime Commissioner jointly invest in Domestic and Sexual Violence and Abuse services in Nottingham.

2. Review of timely suicide and self-harm data and be informed by national and local evidence based research and practice in order to better understand the local needs

Public Health reviews national and local suicide trends and identifies at risk groups. PHE provide a [suicide prevention profile](#) presenting data relating to prevalence and associated risk factors, which is updated annually.

Completed actions

- 2015/16 Coroner's suicide and self-harm coroner's audit.

Ongoing actions

- Completion (early 2018) of a Nottingham City Joint Strategic Needs Assessment on Suicide. The JSNA will include recommendations for consideration by commissioners of services in Nottingham City.
- Continued data collection, analysis and delivery of Coroner's Audit.
- Establish a data surveillance sub group of the Suicide Prevention Steering Group so as to routinely understand trends arising through studying operational services data on suspected suicides e.g. NHFT, Police, substance misuse services and other key partners such as Harmless that hold relevant data.

3. Access effective support for those bereaved or affected by suicide

Support for those bereaved as a result of suicide is identified in national and local strategies and is reinforced as a priority in the Health Select Committee report.

Currently in place

- Harmless, a third sector organisation is currently commissioned by the East Midlands Academic Health Science Network to provide a support service in order to promote emotional wellbeing and reduce the risk of further suicide to those bereaved by suicide in Nottingham and Nottinghamshire. The funding of this project is time limited and due to end in March 2018.

In place and ongoing actions

- At the time of a suicide death, Nottinghamshire Police give the families of the deceased person the Samaritans 'Help is at Hand'² that offers advice and where to get support. The Coroner's office also provide relatives with the Samaritans 'Help is at Hand' at the coroner's inquest.
- Samaritans provide a national free phone confidential helpline 116 123
- Local Samaritan counsellors work in partnership with Network Rail to offer advice and support to those that have witnessed or are affected by a death on the railway.
- Network Rail offer suicide prevention awareness and training to all rail staff. The training offers skills in ways of detecting those at risk of suicide and intervening to support the person to access mental health interventions.

4. Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour

The media have a role to play in suicide prevention, by limiting certain aspects of reporting, providing details of local support organisations and helplines that are available and by portraying suicide in ways that may discourage imitation.

Completed actions

- Nottingham City Council's Communication team has implemented the Samaritans guidance with the local media on the reporting of suicide: www.samaritans.org/media_centre/media_guidelines.aspx

Ongoing action

- A local suicide prevention communication plan accentuating the responsible reporting of suicide in the media is being developed. City and County Communications team will reissue the Samaritans guidance to the local media at timely intervals.

5. Improve the understanding and care for people at risk of suicide and self-harm through training of frontline staff to deal with those at risk of suicide and self-harm behaviour

² Samaritans 'Help is at Hand' (2015) <https://www.gov.uk/government/news/you-are-not-alone-help-is-at-hand-for-anyone-bereaved-by-suicide>

Completed actions

- For the period 2015-17 £100,000 of Nottingham City Council and CCG budget was invested in suicide prevention and mental health first aid training. This training was created to better equip staff from universal services to respond to those they are working with who may be at increased risk of suicide and self-harm. The contract for this work ended in June 2017. However, the provider (Harmless) of the training reports further unmet need for such training.

Ongoing actions

- Self-harm Awareness and Resource Project (SHARP) is an established citywide service, funded by CCG. The SHARP Team provide support to front-line service providers and professionals to intervene and manage young people who present with self-harm and suicidal behaviours.
- SHARP offers training and consultation to professionals working with children and young people in Nottingham City. SHARP offers support to parents/carers through SHARP 4 Parents an information and support workshop for parents and carers to gain peer support, gather information from facilitators and build confidence.
- Self-harm consultation and advice is provided to universal staff by specialist CAMHS staff with NHFT.
- Nottingham Trent University delivers training to students (an age group of the population at increased risk of suicide) on “looking after yourself” which includes a focus on mental health and suicide.
- There was a dedicated session to Suicide Prevention at the Public Health Forum during Every Colleague Matters Mental Health week in 2017.

Oversite and quality assurance

- NHFT conducts a monthly suicide prevention audit. Each month all in patient areas undertake a self-audit of their records. Part of the audit considers a series of standards based on the National Audit for Suicide Prevention.
- In 2015, NHFT produced a 3 year ‘Signup to Safety Plan’. The plan aims to ensure processes are in place in order to meet the aspiration of no incidents of suicide (or suspected suicide) among people with recent clinical contact and a 50% reduction in overall severity of self-harm incidents by 2018. The latest developments include 24/7 access to Greater Nottingham Crisis Teams including the provision of a Crisis House, suicide awareness training, the development of Crisis Care plans, implementation of audit C in to the assessment process, thematic review of Serious Incidents to identify themes, NICE guidance, MDT working Greater Nottingham Crisis Teams, improved Pathways with Drug and Alcohol teams, bespoke training for Crisis Team support workers-in house.
- Substance misuse services have governance and quality procedures in place to review all cases of service user suicides and make recommendations on actions to prevent any further suicide deaths.

- Being within the criminal justice setting, including the prison setting is associated with increased risk of suicide and self-harm. HMP Nottingham are a member of the local suicide prevention partnership and there are a number of risk reduction initiatives on-going in this setting. Access to means has been reduced through the 'safer cells' initiative and the Samaritans support the Listener Scheme and train prisoners to provide emotional support to other prisoners by becoming 'Listeners' In HMP Nottingham the Samaritans are training an additional 14 prisoners who have volunteered to provide this support
- Nottinghamshire Police are also looking at reducing risk in relation to custody and are working with other force areas to identify models of best practice. Nottinghamshire Police have also had a bereavement pathway in place since 2016.
- The Nottinghamshire Suicide Prevention Steering group meet quarterly and review progress against the suicide prevention action plan. The Suicide Prevention Steering Group reports to the Mental Health Steering Group a subgroup of the Health and Wellbeing Board. An annual update is also provided to the Adult Safeguarding Board's Board Management Group.

Finance

- The NHS Five Year Forward View for Mental Health makes specific reference to allocated funding (£25m nationally) being made available via CCGs for Suicide Prevention for the period 2018/19-2020/21. How this is to be allocated to local areas remains undecided nationally. The Health Select Committee report welcomes the allocation of funding for suicide prevention from the NHS 5YFVMH but expresses concern that unless it is supported by other funding already committed by the Government to Mental Health it will not be sufficient to meet the Government's target of a 10% reduction in suicides.
- Nottingham City Council and CCG invested £100,000 in suicide prevention and mental health first aid training during 2015-17. However, this contract ceased in June 2017. There remains unmet training needs amongst the universal workforce especially within adult services (note the Children's workforce can access SHARP training).

Intended future actions

- The Suicide Prevention strategy is due to expire in 2018. A refresh of the strategy will be led by Public Health colleagues and involve all partners from the Suicide Prevention Steering Group. Intended areas of priority for the next strategy will include:
 - Self-harm
 - The formation of a data surveillance group
 - Suicide prevention interventions

- Training
- Men
- Alcohol
- Bereavement support
- An audit of psychosocial assessment in local emergency department
- A comprehensive list of support services available via an accessible platform e.g. AskLion

Section 2

Local progress against the Health Select Committee report recommendations

The March 2017 House of Commons Health Committee report on Suicide Prevention makes a number of recommendations/ conclusion (pages 41-46), some of which are applicable to local areas. This section of the report informs the Health Scrutiny Committee of where local progress/gaps exist against 14 of the recommendations. (This information is summarised in a table in appendix 1).

1. Each LA to have a suicide prevention plan in place

- Nottingham City has a suicide prevention strategy (2015-18) and a joint action plan with Notts County. These are due to be refreshed in 2018.

2. There is a strong and clear quality assurance (QA) process and suicide prevention plans should meet agreed quality standards

- The Health Select Committee report states that the government should establish the QA process and it recommends that PHE develop the quality standards.
- Local plans are aligned to national and local strategies.
- Where national quality standards are produced these could be implemented through the joint suicide prevention steering group.
- Involvement of Health Scrutiny Committee as part of an agreed QA process locally to be discussed at the meeting on 22nd February 2018

3. Local health overview and scrutiny committee should ensure effective implementation of suicide prevention plans

- Nottingham City has begun this process with suicide prevention going to Health Scrutiny Committee on Thursday 22nd February 2018

4. Funding is guaranteed for suicide prevention via the NHS MH 5YFV from 2018/19 to 2020/21.

- It is unclear at this stage how much funding will be available or how this will be allocated.

- Locally processes are in place to commission a service and there are providers who would be able to deliver essential training.
 - There is concern regarding insufficient funding via this route to deliver prevention activities to meet the nationally set 10% reduction in suicides target.
- 5. Government is to clarify who is ultimately responsible for suicide prevention (CCGs, Directors of Public Health or another body)**
- It remains unclear nationally how the 5YFV for Mental Health funding will be distributed and accounted for owing to uncertainty at central government whether this is to be via NHS or Local Authorities.
- 6. Local Authorities to keep and maintain a record of services that individuals can be signposted to for practical and emotional support.**
- Services exist but some are at risk due to funding pressures.
 - A number of local services are listed on www.asklion.co.uk search "suicide"
 - Comprehensive list of mental health, suicide and self-harm support services to be compiled and circulated across HWBB partnership and be searchable via AskLion
- 7. Local Authorities should have a joined up, multi-agency collaborative approach to suicide prevention**
- Nottingham City has a multi-agency suicide prevention steering group joint with Notts County. Nottingham City has a suicide prevention strategy (2015-18) developed with multi-agency representation and input. Plans are in place to refresh the strategy in 2018.
 - In addition suicide prevention has been the focus of a recent Public Health Forum which has over 2000 individuals subscribed to receive information on various Public Health issues.
- 8. Police and Network Rail should be involved in developing and implementing suicide prevention plans**
- Police, Network Rail, Samaritans, Nottinghamshire Healthcare NHS Foundation Trust are amongst the agencies involved in the suicide prevention steering group and they will be actively involved in refreshing the strategy.
- 9. Local Authorities should include in their suicide prevention plans a strategy for how those at increased risk of suicide but are unlikely to access traditional services will be reached**
- The current strategy includes a section on those who are at increased risk of suicide.
 - The current joint suicide prevention action plan includes a focus on men e.g. work via Samaritans on how to talk to someone that is suicidal

- A recent Health Equity Audit of IAPT services established equity of access in relation to socio economic status and gender there by confirming unmet need does not disproportionately impact on people from more deprived areas or men (two groups in the population who are at increased risk).
- A Joint Strategic Needs Assessment is due to be published on suicide in 2018 which includes a section on risk factors.
- Partners involved in working with specific high risk group e.g. prisons are involved in our suicide prevention work locally.

10. Patients that present with self-harm – use of psychosocial assessment with those presenting SH in ED, patients should have a co-produced safety plan and properly followed up

- Plans are underway to do an initial audit of psycho-social assessment against NICE standards in NUH emergency department.
- Subsequent audits e.g. quality of plans and % followed up to be considered

11. LA suicide prevention plans should include high quality support for those bereaved by suicide. (Bereavement support will be a key component of QA process going forward).

- Third sector organisation - Harmless deliver bereavement support via the Tomorrow Project currently operating in Nottingham. Independently funded with some additional research grant funding via East Midlands Academic Science Network until March 2018.

12. Those bereaved by suicide should be issued with a copy of Help is at Hand (PHE booklet)

- This booklet is in place locally and is distributed to bereaved families by Nottinghamshire Police. A PDF version is available [on line](#).

13. LA should work with local media to ensure good practice in reporting suicide is followed and discussions are had when guidelines are not followed.

- Samaritans have produce media guidelines with advice on safe reporting of suicide in the media. Local Authority communications teams have links with local media and have previously had contact when the strategy was launched.
- To be revisited when new 2018 strategy is developed.

14. Training for Coroners to include importance of information sharing with Public Health teams so as to identify possible clusters of suicides

- Whilst this is a national recommendation to all coroners from the Health Select Committee; locally City and County Public Health has worked with the Coroner's office to develop a Public Health Audit of suicide. This approach can continue alongside establishing more up to date data

surveillance system to inform suicide prevention across the East Midlands until a more accurate and detail data profile is established.

Risks

The following risks exist within the suicide prevention programme

- Suicide rates have reduced locally however overall these data are small in number and have the risk of fluctuating year on year. A small change can result in what appears to be an increase when viewed over a short time period.
- Following a two-year period 2015-17 of commissioned suicide prevention training. There is currently no commissioned suicide prevention training for the adult workforce. Children's workforce can access suicide prevention training.
- It remains unclear nationally how 5YFV for Mental Health funding for suicide prevention will be allocated to local areas and who will be responsible/lead for the commissioning of any service.
- Support for those bereaved by suicide is an integral part of suicide prevention. There is no specific commissioning arrangement locally that is addressing this issue.
- Harmless' Tomorrow Project currently provides support to those bereaved by suicide. However, funding for the service is reliant on independent funding sources beyond March 2018.

Recommendations

It is recommended that:

1. The committee note the risks relating to suicide prevention training and bereavement support.
2. An update is provided to the committee in 6-12 months.
3. The refreshed suicide prevention strategy and action plan are shared with the Health Scrutiny Committee in late 2018.
4. Note that the local suicide prevention partnership is developing the strategy and action plan in line with the national strategy - placing a particular emphasis on self-harm as it is one of the greatest predictors of suicide risk.
5. Suicide and self-harm in prisons is a major issue. The committee note that we are working with NHFT, PHE and HMP Nottingham to look at ways to understand the issues and minimise risk. A specific project looking at risk factors is being developed by Public Health and Public Health England to begin in March 2018.

Appendix 1 Summary of progress against Health Select committee report

Table 1. Summary of progress against Health Select committee report (March 2017) recommendations that can be applied to local areas.

Item	Recommendation from Health Select Committee report March 17	Comment / In place locally	RAG
1.	Each LA to have a suicide prevention plan in place	Nottingham City has a suicide prevention strategy 2015-18 and a joint action plan with Notts County. This will be refreshed in 2018.	G
2.	There is a strong and clear quality assurance (QA) process and suicide prevention plans meet set quality standards	The Health Select Committee report states that the government should establish the QA process and it recommends that PHE develop the quality standards. Local plans are aligned to national and local strategies. Where national quality standards are produced these could be implemented through the joint suicide prevention steering group. Involvement of Health Scrutiny Committee as part of an agreed QA process locally to be discussed at the meeting on 22 nd February 2018.	A
3.	Local health overview and scrutiny committee should ensure effective implementation of suicide prevention plans	Nottingham City has begun this process with suicide prevention going to Health Scrutiny Committee on Thursday 22 nd February 2018	G
4.	Funding is guaranteed for suicide prevention via the NHS MH 5YFV from 2018/19 to 2020/21.	It is unclear at this stage how much funding will be available or how this will be allocated. Locally processes are in place to commission a service and there are providers who would be able to deliver essential training. There is concern regarding insufficient funding via this route to deliver prevention activities to meet the nationally set 10% reduction in suicides target.	R
5.	Government is to clarify who is ultimately responsible for suicide prevention (CCGs, Directors of Public Health or another body)	It remains unclear nationally for how the NHS 5YFV for MH funding will be distributed and accounted for owing to uncertainty at central government whether this is to be via NHS or LA.	R

6.	LA to keep and maintain a record of services that individuals can be signposted to for practical and emotional support.	Services exist but some are at risk due to funding pressures. A number of local service are listed on www.asklion.co.uk search "suicide" Comprehensive list of mental health, suicide and self-harm support services to be compiled and circulated across HWBB partnership and be searchable via AskLion	A
7.	LA should have a joined up, multi-agency collaborative approach to suicide prevention	Nottingham City has a multi-agency suicide prevention steering group joint with Notts County. Nottingham City has a suicide prevention strategy (2015-18) developed with multi-agency representation and input. Plans are in place to refresh the strategy in 2018. In addition suicide prevention has been the focus of a recent Public Health Forum which has over 2000 individuals subscribed to receive information on various Public Health issues.	G
8.	Police and Network Rail should be involved in developing and implementing suicide prevention plans	Police, Network Rail, Samaritans, Nottinghamshire Healthcare NHS Foundation Trust are amongst the agencies involved in the suicide prevention steering group and they will be actively involved in refreshing the strategy.	G
9.	LA should include in their suicide prevention plans a strategy for how those at increased risk of suicide but are unlikely to access traditional services will be reached	The current strategy includes a section on those who are at increased risk of suicide. The current joint suicide prevention action plan includes a focus on men e.g. work via Samaritans on how to talk to someone that is suicidal A recent Health Equity Audit of IAPT services established equity of access in relation to socio economic status and gender there by confirming unmet need does not disproportionately impact on people from more deprived areas or men (two groups in the population who are at increased risk). A Joint Strategic Needs Assessment is due to be published on suicide in 2018 which includes a section on risk factors. Partners involved in working with specific high risk group e.g. prisons are involved in our suicide prevention work locally.	A
10.	Patients that present with	Plans to undertake an initial audit of psycho-	A

	self-harm – use of psychosocial assessment with those presenting SH in ED, patients should have a co-produced safety plan and properly followed up	social assessment against NICE standards in NUH emergency department. Subsequent audits e.g. quality of plans and % followed up to be considered	
11.	LA suicide prevention plans should include high quality support for those bereaved by suicide. (Bereavement support will be a key component of QA process going forward).	Third sector organisation - Harmless deliver bereavement support via the Tomorrow Project currently operating in Nottingham. Independently funded with some research grant funding via East Midlands Academic Science Network until March 2018.	A
12.	Those bereaved by suicide should be issued with a copy of Help is at Hand (PHE booklet)	This booklet is in place locally and is distributed to bereaved families by Nottinghamshire Police. A PDF version is available on line .	G
13.	LA should work with local media to ensure good practice in reporting suicide is followed and discussions are had when guidelines are not followed.	Samaritans have produce media guidelines with advice on safe reporting of suicide in the media. LA comms teams have links with local media and have previously had contact when the strategy was launched. To be revisited when new 2018 strategy is developed.	A
14.	Training for Coroners to include importance of information sharing with Public Health teams so as to identify possible clusters of suicides	Whilst this is a national recommendation to all coroners from the Health Select Committee; locally City and County Public Health has worked with the Coroner's office to develop a Public Health Audit of suicide. This approach can continue alongside establishing more up to date data surveillance system to inform suicide prevention across the East Midlands until a more accurate and detail data profile is established.	G


Appendix 2 Nottingham and Nottinghamshire Suicide Prevention action plan



















Nottinghamshire
County and Notting

Nottinghamshire County and Nottingham City Suicide and Self-harm Prevention Priority Actions - 2017/18

Rate	Target
All persons suicide age-standardised rate per 100,000 population (3 year average) 2013-15.	NHS - The Five Year Forward View for Mental Health (Feb 2016) – Target reduce suicide by 10 per cent by 2020/21.
Nottingham City rate 11.3 per 100,000 population or 85 suicide deaths/ or average of 28 suicide deaths per annum.	10% reduction in suicide by 2020/21 – reduction of 2 suicide deaths per annum/or 8 suicide deaths by 2020/21
Nottinghamshire County rate 9.3 per 100,000 population or 200 suicide deaths/ or average of 66 suicide deaths per annum.	10% reduction in suicide by 2020/21 – reduction of 7 suicide deaths per annum/or 20 deaths by 2020/21
Emergency Hospital Admissions for Intentional Self-harm: Directly age-sex standardised rate per 100,000 2014-2015	
Nottingham City rate 225.2 per 100,000 population/or 786 admissions	
Nottinghamshire County rate 175.3 per 100,000 population/or 1,383 admissions	

At risk group	Rationale	Actions	Led by	Progress/Outcomes	RAG
1. Males aged 35-64 years	From 2010-2014 (City and County combined) 58% of all suicide deaths occurred in the males aged 35-64 years. This rate is over twice as high of any other age group	1.1. Undertake a HEA of IAPT services to ascertain if men are accessing support	City CCG David Johns	- City IAPT report completed – uptake of men accessing IAPT services is	
		1.2. CCGs to review current contracts to ascertain if they are targeting at risk men	City and County Mental Health CCG commissioners		
		1.3. CCGs to raise suicide awareness within primary care GPs	Dr Nick Page	Rushcliffe CCG offering GP Primary Care in Suicide Prevention training using the Connect Safe-tool	
		1.4. Employment links to DWP	Nottinghamshire D2N2 City employment – local business	- targeting and supporting those with mental health problems to get back to employment	
		1.5. Debt advice	Citizens Advice	- Promote access to Citizens Advice Bureau as part of the MECC approach	
		1.6. Marketing campaign targeting areas men go – i.e. promote State of Mind Sport at sporting venues, workplaces, benefits, housing associations, hostels, pubs, University and Colleges	City and Counties Samaritans leads	- Promote Samaritans literature - Public Health Workplace Health Schemes promoting mental resilience and ways to maintain good mental health	
		1.7. Population awareness – how to talk to someone who is suicidal?	CGL/Samaritans	- CGL Suicide toolkit - Samaritans offer 24/7 confidential emotional support,	
			Notts HC Trust	- C-SSRS  Training Resources.pptx	
			Harmless	ASIST Suicide Prevention Training Review training programmes and outcomes Dec 2017 meeting	
		1.8. Implement a programme of awareness campaigns targeting men i.e. Campaign Against Living Miserably (CALM) awareness and National Suicide Prevention awareness campaigns such as ‘It's okay to Talk’	Public Health	Vets – Mind Matter Initiatives https://www.rcvs.org.uk/news-and-views/news/mind-matters-initiative-new-veterinary-mental-health-and/ Permission give for the ‘It safe to Talk’ leaflet develop by Exeter University to be implemented in City and County	
		1.9. Promote Time to Change campaigns to tackle mental health stigma	Public Health and Councils	- Time to Change campaigns are supported and shared - Each council signed up a Time for Change champion - County HWB refresh to be launched early 2018. Mental health champion to be confirmed	
		1.10 Effectiveness review of criminal justice pathways in identifying and accessing mental health interventions for offenders/prisoners at risk of self-harm and suicide	HMP Ranby, Lowdham, Whatton and Nottingham prisons (Safety Leads)	- Prison pathways in place, following the ‘ACCT’ procedures. - Monitoring and support offered for those prisoners at risk - Automatic mental health referrals are activated when a prisoner is identified as being at risk	
			CGL & Samaritans Samaritans	CGL Suicide toolkit, Samaritans listener scheme	
		1.11 Linked to Crisis Concordat CCGs - ensure good access to mental health crisis care	Clare Fox – City CCG	- Crisis Concordat operational across City and County - Working to a joint action plan that includes Suicide	
2. All ages	Preventing and responding to Self-harm	2.1. County Self-harm JSNA chapter to identify areas of CCG commissioning priorities	Jane O'Brien (County Public Health)	- Progressing – in the process of writing up	

	Improved identification in primary care of those at risk of suicide and self-harm	2.2. City and County Suicide JSNA chapter to identify areas of CCG commissioning priorities	Susan March (County Public Health) Jane Bethea (City Public Health)	- County Suicide Prevention JSNA completed 2016 - City Suicide Prevention JSNA works has commenced	
		2.3. CCG to review effectiveness of the Liaison Psychiatry services to ensure those who self-harm and assessed and referred appropriately	CCG	- CCG to provide update for March 2018 meeting	
		2.4 Improve access to suicide awareness training in primary care	CCGs and Public Health	- Limited training resource funding available - Promote free training – MindEd, C-SSRS, Samaritans,	
		2.5. Access the feasibility on implementation of the Safetool in primary care	Dr Nick Page – Rushcliffe CCG	- Rushcliffe CCG secured funding for Safetool training – GP uptake of the training low.	
3. Quality review	Review means hotspot and methods to ensure targeted prevention is reaching those most at risk	3.1. Review all suicide deaths – CCG undertake serious case reviews and quality visits	CCG quality and safety leads	- Process in place in CCG to review all suicide deaths and ongoing - Review monthly – in-depth report. - Indicated spike of suicide deaths in October 2016.	
		3.2. Review 2013/14 coroner data on means and location	Nick Romilly (City Public Health) Susan March (County Public Health)	- Public Health (City and County) met with Coroner in May 2017 - Outcomes – Coroner office agreed to send inquest transcripts on suicide deaths to PH for review with the aim to receiving timely suicide data	
		3.3. Nottinghamshire Public Health work with Network Rail, BTP and Samaritans to reduce rail deaths on Nottinghamshire Rail.	Public Health(Susan March – County/Nick Romilly – City)	- 2016 -Overall, 11 railway locations out of the 27 saw either a suspected suicide or an injurious attempt. - 2016 – 10 suspected suicide across Nottinghamshire County Rail Network. - BTP to provide County Public Health with daily suspected suicide and/or injurious attempts – delay due to Public Health gaining access to a secure email address - Six month contact to be set up to review data and share what work has been undertaken from both the LA and the Rail Industry - Suicide trend data to be reviewed to assess Samaritan signage - Mental Health awareness days to be held at stations and could be linked in with LA's and CCG's - Network Rail to check access to the right departments/people in relation to when changes of use are made buildings/ properties near rail stations and assets - 6 months follow-up once Nottinghamshire have had the opportunity to review the BTP data with their CCG's and Health Trusts to review and consider other actions that may need to be undertaken	
		3.4. Set up data group with PH, EMAS			
		3.5. Implement Derbyshire data processes on suicide and self-harm	Public Health(Susan March – County/Nick Romilly – City)	- Share cross county border suicide death information with Derbys/Leicester/Lincolnshire visa versa. E.g person lives in Nottinghamshire but death occurs outside of the city/ county - Inform relevant services of suicide death that occurs outside of Nottingham City and County	
4. Bereavement support	Ensure those who are affected by a person's suicide have access to timely interventions	4.1 Review lessons learnt from the Tomorrow Project and feed into CCG commissioners	Harmless	- Harmlessness Tomorrow Project Pilot implemented across City and County - Pilot targeting those recently bereaved by suicide – offering early intervention and support	
			Samaritans	- Offer support and information materials for those affected by suicide	
	Guidelines in place to encourage health professionals to share information about someone at risk of suicide with family members and friends	4.2. Assess the feasibility for Nottingham and Nottinghamshire implementing the Information Sharing and Suicide Prevention Consensus Statement			

	Completed – work has been successfully completed to deadline		On schedule – work has started and is meeting milestones
	Happening but behind schedule – work has started, activity is not meeting milestones, but is expected to by the deadline if adjustments are made		Behind or not happening – work has not started when scheduled or has started but activity is not meeting or unlikely to meet its milestones
	No information received		

