Staffordshire and Stoke-on-Trent Suicide Action Plan 2018-2020

This plan sets out the action that will be undertaken to prevent suicide across Staffordshire and Stoke-on-Trent during 2018-2020. It has been developed by the Suicide Prevention Partnership for Staffordshire and Stoke-on-Trent and informed by extensive stakeholder consultation, including with experts by experience and survivors of bereavement by suicide. The framework for the plan is based on the priority areas for suicide prevention identified by Public Health England in its guidance for the development of local suicide prevention plans.

These priority areas include self-harm. The Partnership recognises the distinction between self-harm and attempted suicide, in that for many people living with mental distress, self-harm is used as a strategy to cope with and continue with life, as opposed to an attempt to end life. The association between self-harm and risk of suicide is however significant. People who self-harm are therefore considered a high risk group by Public Health England and within the local plan.

Suicide prevention is a complex public health challenge and the successful delivery of this action plan will depend on the contribution of a range of partners working effectively together. Implementation will be overseen by the Suicide Prevention Partnership, supported by Staffordshire and Stoke-on-Trent public health departments, and progress will be reported into the STP and the Health and Wellbeing Boards for each area.

Whilst the Partnership is aware of the national target for suicide prevention set by the NHS Five Year Forward View for Mental Health, we are committed to a ‘Zero Suicide’ ambition. This reflects a belief that all suicides are preventable. The actions within this plan are underpinned by this philosophy which the Partnership will actively promote.

The plan covers a three year period of activity, but will be reviewed annually to ensure emerging local issues and national guidance is reflected.

The Partnership encourages all organisations, communities and people in Staffordshire and Stoke-on-Trent to join with us in working to implement this action plan, to prevent avoidable and premature deaths by suicide and to realise our Zero Suicide ambition.

1. Reduce the risk of suicide in key high risk groups (PRIORITY LEADS: Sarah Hankey/Lesley Whittaker) **Men, people who self-harm, people who misuse alcohol and drugs, people in the care of mental health services, people in contact with the criminal justice system, specific occupational groups**			
1.1 Young and middle aged men			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Develop/deliver a county-wide suicide prevention campaign which aims to inform the general public, including children and young people, of the warning signs of suicidal behaviours and the importance of talking and listening and seeking help. This action is universally relevant but takes into account the higher levels of risk amongst men and is targeted accordingly.	Staffs County Campaign January 2018 Read Between the Lines running annually in SOT	Staffs PH/Comms SOT PH	Via Suicide Prevention Partnership meetings
Disseminate/support locally any national-level campaigns that achieve these same aims (e.g. Zero Suicide Alliance, Small Talk Saves Lives and Papyrus on-line training)	Ongoing, ad hoc	Staffs/Stoke PH	
Develop/use a peer communicator/community champions approach to encourage people of all ages to talk about suicide, to tackle stigma and stereotypes and promote openness, help-seeking and relevant services Deliver this by working through a range of 'credible sources' e.g. Staffordshire Football clubs and high profile players, other sports organisations, allotment associations, colleges, relevant digital platforms.	2018-2020	Staffs PH/SOT PH	Via Suicide Prevention Partnership meetings
Develop suicide prevention approaches in work-based settings and targeting specific at risk occupational groups (inc. farming community and industrial/labour/trades	2018-2020	Staffs PH/SOT PH	Via Suicide Prevention Partnership meetings

workforce). This should include a workplace health programme with a robust mental health element, incorporating BiTC/Samaritans guidance and the Time to Change initiative.			
1.2 People in the care of mental health services, including primary and emergency care			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Ensure an effective response within the 4-hour timeframe is provided to people known to services in crisis.	2018-	CCGs/MH Provider Trusts	Contract monitoring processes/service user feedback
Ensure effective and accessible pathways of care for those in crisis (inc out-of-hours)	2018-	CCGs/MH Provider Trusts	Contract monitoring processes/service user feedback
Actively involve family members/significant others in care plans, to include advance directives for information sharing with family members as part of safety planning. Disseminate use of the consensus statement.	2018-	CCGs/MH Provider Trusts	
Routinely audit the quality of follow-up after discharge from in-patient care and the extent to which standards for Home Treatment are being achieved, implementing action plans in response to these audits.	2018-2020	CCGs/MH Provider Trusts	Clinical Quality Governance arrangements
Ensure a standardised approach to risk assessment and management is employed across primary and secondary care for adults and children, supported by appropriate training	2018	CCGs/MH Provider Trusts	Clinical Quality Governance arrangements
Design and implement agreed pathways enabling effective transition between primary and secondary care with regards to information sharing and patient access.	2018-	CCGs/MH Provider Trusts	Clinical Quality Governance arrangements
Audit the quality of the 111 service response to callers who are suicidal, implementing action plans in response to these audits.	2018	CCGs	Clinical Quality Governance arrangements
All patients who present with self-harm must receive a psychosocial assessment in accordance with NICE guidelines. This should incorporate safe discharge procedure, including provision of information appropriate to the individual, and appropriate follow-up.	2018	CCGs/UHNM/Queens Hospital	

Include the mental health trust action plans/strategies	2018-2020	MH Provider Trusts	MH Trust Board reporting arrangements; via Suicide Prevention Partnership meetings
Ensure all NICE guidance is being routinely followed across primary and secondary care, including suicide risk assessment and robust follow-up plans, using clinical audit and Quality Improvement programmes as appropriate.	2018-2019	CCGs, General Practice, MH services	Clinical Quality Governance arrangements
Ensure robust protocols are in place to monitor and enable the engagement in treatment of patients referred to secondary care, including appropriate follow-up arrangements	2018-2019	CCGs, General Practice, MH services	Clinical Quality Governance arrangements
Introduce routine root cause analysis in primary care to examine all deaths by suicide where the patient was not known to secondary services and support the implementation of any lessons learned	2019-2020	CCGs, General Practice, MH services	Clinical Quality Governance arrangements
Utilise RCGP toolkit and deliver training for GPs in depression recognition and treatment, recognition and management of suicide risk and crisis management. Extend training to wider primary care staff as appropriate and ensure effective triage to GPs for patients at risk.	2018-2020	CCGs, PH	Via Suicide Prevention Partnership Meetings
Ensure medication reviews are conducted a minimum of 6 monthly and safe prescribing of painkillers and anti-depressants	2018	CCGs	Clinical Quality Governance arrangements
Provide information/materials to encourage help-seeking behaviour in those at risk of suicide (e.g. waiting room posters) and for patients, families and the wider community on suicide awareness and prevention, including sources of support	2018-2020	CCGs, general practice	
Encourage sign-up to the QIF suicide prevention exemplary standard by those practices that have not undertaken a suicide prevention review process, and strengthen the requirements attached to this standard re to provision of a complete data set and a clearer definition of best practice standards.	2018-2020	CCGs	

Introduce effective processes for monitoring in primary care of changes in pattern of attendance, particularly in patients with a history of mental health problems and at risk of suicide (inc patients with LTCs)	2018-2020	CCGs, general practice	
Introduce more proactive opportunistic identification of mental health issues and suicidal ideation/hopelessness, particularly in patients with LTCs, a history of mental health problems/self-harm, alcohol/drug dependence, tiredness/sleep disturbance, or bereavement.	2018-2020	CCGs, general practice	
1.3 People with a history of self –harm			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Promote more consistent, compassionate care of people who self-harm and improve awareness of the support available to them through education and training for primary care, A&E staff and front-line responders	2018	CCGs/UHNM/Queens Hospital	
Ensure self-harm care pathways comply with NICE guidelines	2018	CCGs/UHNM/Queens Hospital	
Review Places of Safety to ensure the needs of this group are met	2018	CCG	
Promote a heightened awareness of risk of self-harm at the transition between adult and children's services, and explore means/measures to address this risk	2018	CCGs	
Provide peer support, and help in developing alternative coping strategies, to people who self-harm	2018-	CCGs, MH service providers	
Counteract the dangerous representations and myths about self-harm on social media and in young people's settings through positive messages promoting awareness, understanding and access to support. This may be through mental health (peer?) education in schools, which flags the importance of positive social as well as professional support	2018-	Staffs and SOT PH, others TBC	
Recognise the incidence of self-harm among specific population groups, inc people with learning disability and	2018	Staffs and SOT PH	

middle-aged women, and monitor levels across the wider population (inc men) to inform targeting of support and interventions.			
Facilitate specialist training and supervision in the management of self-harm across counselling services, and to other providers in contact with people who self-harm	2018-	Counselling service providers, CAMHS, MH, PH commissioners	
CAMHS to appropriately assess and manage suicide risk associated with self-harm as part of self-harm assessment			
1.4 People in contact with the criminal justice system			
Introduce specialist services in the management of self-harm within the prison service. This will involve exploring existing support provision for people who self-harm (inc. SHARP) within the local prison and wider criminal justice services and the potential replication/roll-out of this	TBC	TBC	
Develop and implement information sharing pathways between prison service and health at all transition points and improve planning prior to release, to support access to appropriate mental health care	TBC	TBC	

2. Tailor approaches to improve mental health in specific groups			**(PRIORITY LEADS: Kate Edwards, Vicky Rowley)**
2.1 Children and young people (under 25), including those who are vulnerable such as looked after children, care leavers and children and young people in YJS			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
As part of a whole school approach and building on the attachment –aware schools model - • Support children and young people to develop life skills, build their resilience and self-esteem through evidence-based initiatives/programmes e.g. Living Life to the Full. • Promote an effective and robust approach to the	2018-2020	Public Health/ Local Authority Education Depts.	

prevention of bullying, including homophobic and gender-based and social media-based/on-line bullying. • Ensure school staff have the knowledge and skills to identify and respond to mental distress, to include self-harm and risk of suicide, cumulative risk factors and "final straw" stresses. • Support schools to become mentally healthy workplaces • Ensure wider population campaigns/suicide prevention information reaches CYP through this setting			
Working with further and higher education settings and specific young people's groups/services – • Support young people to develop life skills, build their resilience and self-esteem through evidence-based initiatives/programmes e.g. Living Life to the Full. • Promote awareness of available support among young people and those supporting them • Provide suicide alertness and intervention training for staff and all in student support roles in Colleges and Universities and for staff in services supporting young people at particular risk, inc. small group home providers for looked after children. • Ensure staff have the skills necessary to identify and respond to mental distress, to include self-harm and risk of suicide, cumulative risk factors and "final straw" stresses. • Incorporate an advance directive into new student health assessments in FE/HE with regard to the involvement of family members in the event a student becomes unwell.	2018-2020	Public Health, Stoke-on-Trent College, Staffordshire University, Keele University	Level of uptake and participant feedback re application/outcomes of learning

• Support further and higher education establishments to become mentally healthy workplaces			
Promote local services which support the mental wellbeing of young people at particular risk e.g. the MACCA's project in North Staffordshire, groups for LGBT young people and young people who self-harm.	2018-	CYP services/ commissioners, CCGs	
Deliver attachment aware, adverse childhood experiences (ACEs) aware and emotion coaching training to 1,000 professionals in Stoke-on-Trent and Staffordshire, enabling them to develop a trauma-informed approach to working with children and young people.	2017-2020	Public Health SOT	
Introduce a Stoke-on-Trent pilot, Routine Enquiry about Adversity in Childhood, to ensure appropriate support for people 16+ affected by ACEs	2017-	Public Health SOT	
Explore opportunities to promote RCN toolkits for working with LGB and trans young people, including as part of training in suicide prevention.	2018	CCGs	
Ensure looked after children (local and placed locally) and elective home educated children and their carers are reached by these/other appropriate suicide prevention initiatives, working with PRUs/educational psychology/social care as appropriate	2018	PH Staffs and SOT and CDOP	
Explore opportunities within Health Visiting and School Nursing Services to support these/deliver other suicide prevention initiatives	2018	PH Staffs and SOT	
Promote use of the You're Welcome Quality Criteria to ensure CYP mental health services are accessible by these standards.	2018-2020	CCGs/CAMHS Commissioners	
Ensure robust protocols are in place to assess and manage the risk of extended suicide, supported by high quality training for health visiting staff		HV service leads/commissioners	

2.2 Survivors of abuse or violence, including sexual abuse, Veterans, People living with long-term physical health conditions, People with untreated depression, People who are especially vulnerable due to social and economic circumstances and Lesbian, gay, bisexual and transgender people			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Ensure primary care and other front-line staff are compliant with mandatory training to improve identification and referral to appropriate support of people experiencing domestic violence.	2017-2020	Safer City Partnership (SOT), Staffs TBC	
Provide targeted training in suicide awareness, intervention and prevention for front-line staff in services which support/reach vulnerable groups, including primary care	2018-2020	Public Health Staffs and SOT	
Develop and implement fast-track treatment routes, in line with national guidance, and to address delays in referrals and contact between primary care and secondary care support	TBC	CCGs	
Develop and implement pathways for communication and information sharing between acutes, secondary care i.e. mental health, and primary care, as well as Prisons in order to enable continuing of care and follow up.	TBC	CCGs	
Use care pathways/medication review to identify and respond to mental distress and suicide risk	TBC	CCGs	
Commissioners to develop links with future partnership hubs	TBC	TBC	
Implement learning from Staffordshire Police and implement the same information sharing concerning people with higher levels of vulnerability (VIP scheme)	TBC	TBC	
Ensure availability of information, advice and support concerning mental wellbeing, mental ill-health and suicide awareness/intervention within the community which is accessible to all. Utilise a range of methods to ensure reach inc community champions/messengers	2018-2020	Public Health Staffs and SOT with VCS partners	
Develop approaches which provide vulnerable communities with the tools to remain well and build	2018-2020	Public Health Staffs and SOT with VCS	

resilience		partners	
2.3 People who misuse drugs and alcohol			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Implement Better Care for People with Co-occurring Mental Health and alcohol/drug use conditions. This will entail delivering services on a “no wrong door”/”joint responsibility” basis and assessing people on the basis of individual need rather than a broad policy approach.			
Improve the response of and access to primary care/IAPT level mental health services for people with co-occurring conditions.			
Explore the co-commissioning of mental health and substance misuse services as a potential means of resolving these issues.			
Improve response times of secondary care mental health services to people with drug and alcohol dependency.			

3. Reduce access to the means of suicide			
3.1 Reducing the numbers of suicides as a result of hanging and strangulation			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Mental health services to complete their reducing suicide action plans	TBC	MH Trusts/CCGs	
Share safety guidelines and measures used by mental health services with other services supporting people at risk e.g. drug and alcohol services	2018	Relevant commissioners/ providers	
3.2 Reduce the number of suicides at high-risk locations			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Design out suicide risk in all new developments, esp. high rise e.g. carparks, and bridges as per PHE guidance and	2018-2020	Local authority planning	

Highways England national approach. This will contribute to creating suicide-safer communities and avoid the challenges and costs attached to retrofitting at priority sites which may emerge.		departments	
Implement PHE guidance for the prevention of suicide in public places when frequently-used locations are identified – this will entail the development and implementation of site-specific action plans by a multi-agency partnership with membership appropriate to the site.	In response to emergence of priority sites	PH Staffs and SOT	Priority site task groups; Suicide Prevention Partnership Meetings
Implement Rail Network specific guidelines for high risk stations/locations identified on the network. This will entail delivery of a specific action plan for that area in order to create additional safeguards within the station/location and to understand ways in which the community can be better supported.	In response to emergence of priority sites	Network Rail and relevant partners	Network Rail internal systems; Suicide Prevention Partnership Meetings
Use available data to identify any emerging/potential future location of concern			
Liaise with highways and built county teams within local authority concerning any possible changes that would be made to the built environment to promote prevention and reduce risk			

4. Provide better information and support to those bereaved or affected by suicide			
4.1 Provide effective and timely support for families bereaved or affected by suicide			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Offer support to bereaved families using a single point of contact approach, e.g. an independent family liaison officer, including practical assistance through the period following the death. This should cover finances, informing official bodies and others of the death and understanding the role of the coroner	2018-2020		

Identify/offer provision of bespoke support for families where a parent has been lost to suicide for the bereaved parent and their children.	2018-2020		
Provide resources for schools to offer appropriate support for children bereaved by suicide, as part of a whole school approach (see CYP section above) Explore the current/potential role of educational psychology in relation to this.		CAMHS Commissioners/ PH Staffs and SOT	
Primary care to review the vulnerability of family members and provide follow-up and more consistent support for patients bereaved by suicide in addition to the practice staff that were involved in the care of the person that died.	2018-2020	CCGs, general practice	
Provide education to the public concerning warning signs for suicidal ideation and how to offer support	2018-	PH Staffs and SOT	
Review current practice across Stoke-on-Trent and Staffordshire and compare with best practice guidance for postvention support following a suicide	2018	Relevant members of SP Partnership	
Ensure the effective and appropriate dissemination of the Help is at Hand booklet	2018	Relevant members of SP Partnership	
Provide opportunities for families and/or friends who have been bereaved by suicide, to share their story and contribute to ongoing awareness raising and prevention activities, including suicide prevention training within mental health services.	2018-2020	Mental health Trusts	
4.2 Have an effective local response to the aftermath of a suicide			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Develop a protocol to facilitate information sharing across stakeholders when a known incident has taken place.	2018-2020	All	
Work with local organisations to develop appropriate Community Action Plans when required, including with a view to preventing imitative behaviour e.g. in schools,	As required	PH/Network Rail and relevant	Site specific task groups; via Suicide Prevention Partnership meetings

workplaces, health and care settings		partners	
Development/introduction of support/signposting materials for witnesses to a suicide and those bereaved by suicide	2018	CHCT; Staffordshire Police	Suicide Prevention Partnership meetings
4.3 Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
For families of people who have survived a suicide attempt, provide information and advice on strategies to keep their loved one safe, warning signs to be alert to, and emotional support for themselves, inc via apps.	2018-	MH/acute Trusts, general practice	
Make suicide awareness and intervention training/messages widely available across the community, e.g. through Safetalk, MHFA and Connect 5 training and a range of communications approaches	2018-2020	Staffs and SOT PH	

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour			**(PRIORITY LEAD: TBC)**
5.1 Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Offer training to the local media in relation to safe reporting	Revisit periodically, and when reporting raises particular concerns	All	Monitoring of media coverage of suicidal behaviour/incidents by SP Partnership members
Provide national Samaritans training on safe reporting to communications departments of key agencies that share information on suicidal behaviour/incidents with the press (e.g. Staffordshire Police)	2018	Samaritans	Via Suicide Prevention Partnership meetings
Challenge the media in cases of inappropriate reporting that poses a risk of imitative behaviour	Ongoing	All	Via Suicide Prevention Partnership meetings
Work proactively with the media to promote positive	Ongoing	All	Via Suicide Prevention Partnership meetings

messages in relation to mental distress, suicide and recovery, and campaigns such as Read Between the Lines.			

6. Support research, data collection and monitoring			
6.1 Expand and improve the systemic collection of and access to data on suicides			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
UHNM to share results of self-harm audit exercise			Via Suicide Prevention Partnership meetings
PH Suicide prevention leads to attend CDOP when a death of a child or young person by suicide is reviewed and ensure any lessons for population-level suicide prevention are reflected in the action plan and appropriate measures taken	Ongoing	CDOP/SOT and Staffs PH	Via Suicide Prevention Partnership meetings
Consolidate the data sharing arrangement with Staffordshire Police/Section 136 Group to better inform an understanding of attempted suicide and identify/monitor suicidal behaviour at frequently-used locations	2018	CHCT/ Staffordshire Police	Via Suicide Prevention Partnership meetings
Review Public Health England/NCI data and summary data reports from NS Coroner, Staffordshire County Council Intelligence Team (drawing on monthly mortality data), Network Rail, CDOP and Section 136 group/Staffordshire Police to inform an understanding of any changes in the suicide rate, any emerging patterns/local issues/frequently-used locations	2018	Staffs PH, Network Rail, CDOP, CHCT, Staffs Police	Via Suicide Prevention Partnership meetings
Address gaps within North Staffordshire Coroner's data	2018	SOT PH	Via Suicide Prevention Partnership meetings
Share data/learning available to inform suicide prevention through Serious Case Review and Serious Adult Review	2018		Via Suicide Prevention Partnership meetings

processes			
Share information in relation to unexpected deaths		CCGs	Via Suicide Prevention Partnership meetings

7. Wellbeing Promotion			
Description of intervention	**Timescale**	**Lead**	**Monitoring**
Staffordshire County Council to develop a Staffordshire Public Mental Wellbeing Strategy (including signing up to the Local Authority Mental Health Challenge and identifying a lead member to champion mental health)	2018-2020	Staffs PH	
Implement the Stoke-on-Trent Public Mental Health Strategy "Feeling Good and Doing Well" to promote population wellbeing	2017-2020	SOT PH	Quarterly reports to Health and Wellbeing Board on progress against key outcomes