



Final version – NOTTINGHAMSHIRE AND NOTTINGHAM CITY SUICIDE PREVENTION ACTION PLAN: 2016-2018

Background:

This action plan has been developed by allocating actions against each priority of the Nottinghamshire County Suicide Prevention Framework for Action (FfA) and the Nottingham City Suicide Prevention Strategy (2015-2018), targeting all ages at increased risk of suicide and/or self-harm.

Prevention of mental health problems by building mental resilience and intervention that aim to improve mental health crisis care is being progressed via the Nottingham City Mental Health and Wellbeing Strategy (2014-2017), the No Health without Mental Health Nottinghamshire’s Mental Health FfA 2014-2017 and the Crisis Care Concordat Action Plan. Although the Suicide Prevention Steering Group does have the responsibility for taking forward the Suicide Prevention actions forward the steering groups role is to feedback on the effectiveness of these actions developments in relation to suicide and self-harm prevention, intervention and post-vention.

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Actions	Progress	Led by	Outcomes	RAG
Priority 1: Identify early those groups at high risk of suicide and self-harm and support effective interventions				
A: For people at high risk of suicide				
A.1: Young and middle-aged men				
Actions	Progress	Responsibility	Outcomes	RAG
Develop health promotion initiatives which are targeted at men and delivered in locations frequented by men (job centres, youth centres, sports venues, music venues, pubs and clubs)	<p>Raise Mental Health Awareness through Men's Health Forums</p> <p>Men in Sheds Project delivered in Nottingham, Blidworth, Daybrook, Worksop, Collingham, Stapleford to bring older men together to put their practical skills to good use and encourage them to be more socially active.</p>	<p>PH – Alison Challenger (City) Jonathan Gribbin (County)</p> <p>Councils (City and County) Communication lead – Abby Jakeman</p> <p>MH awareness providers – Harmless – Caroline Harroe (City) Kaleidoscope – Claire Dale (County)</p> <p>IAPT providers – City and County (incl. Bassetlaw)</p> <p>Men in Sheds – Age UK</p>	<p>More men are able to talk about their problems</p> <p>Reduce loneliness by encouraging men to be more socially active</p> <p>Men's health forum awareness shared https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_mh_v4.1_lr_web_0.pdf</p> <p>Increased access to IAPT interventions and treatment for depression</p> <p>2017/18 Suicide Prevention Delivery plan – targeted approach for men aged 35-64 years</p>	
A.2: People in the care of mental health services, including inpatients				
Provide risk assessment and management as part of routine clinical assessment and care planning provided by front line staff working with high risk groups	<p>NHCT 'Sign up to Safety Plan' in place http://www.nottinghamshirehealthcare.nhs.uk/sign-up-to-safety</p> <p> NHCT_Sign up to Safety - FINAL.docx</p> <p>NHCT staff have access to Connecting to People training as recommended by NICE Guidance</p>	<p>NHCT SP Oversight group- Caroline Carston</p>	<p>Preventing suicide: a toolkit for mental health services http://www.nrls.npsa.nhs.uk/resources/?entryid45=65297 is in place and implemented</p> <p>Programme of audit against standards is undertaken with findings and recommendations shared and implemented</p> <p>Clinical services place priority for suicide prevention and monitoring on:</p> <ul style="list-style-type: none"> -In-patients under non-routine observations - In-patients who are assessed to be at high risk or who are detained and in the first seven days of admission - In-patients who are at high risk and who are sufficiently recovered to allow home leave but whose home circumstances lack support (particularly those who live alone) - Recently discharged patients who are high risk or who were recently detained - Patients who become non-compliant or who miss service contact while under enhanced CPA - All discharged in-patients who have severe mental illness or a recent (less than three months) history of deliberate self-harm should be followed up within one week - NHCT have a Strategic Suicide Group in place, with an ambition of zero suicide quality improvement 	
<p>Improve care pathways between key services:</p> <ul style="list-style-type: none"> - Emergency departments - Primary Care - Secondary Care - Inpatient care - Community care - On hospital discharge 	<p>Pathway development being undertaken by the Crisis Concordat – Working Party</p> <p> Crisis Concordat Task and Finish Action</p>	<p>CCG –Jade Akers (County) Katherine Biddulph (City) BBC Bassetlaw)</p> <p>NHCT</p> <p>NUH</p> <p>SHFT</p> <p>DBFT</p>		

Actions	Progress	Led by	Outcomes	RAG
Use the National Patient Safety Agency's (NPSA's) suicide prevention toolkits for community and emergency healthcare (ambulance service, community mental health teams, emergency departments and general practice): http://www.nhsconfed.org/Publications/briefings/Pages/Preventing-suicide.aspx	NHCT 'Sign up to Safety Plan' in place (Community Mental Health Teams) Primary Care Emergency Departments Ambulance	NHCT CCG – Clare Fox(City) Jade Akers (County) TBC (Bassetlaw) NUH SHFT DBFT EMAS – Terry Simpson	- EMAS signed up to Crisis Concordat Mental Health action plan - Ambulance staff have access to MH and SP training - Crisis MH management is available via Street Triage	
Restrict access to means (ligatures, ligature points, medications, windows, places of height) and identify/reduce risk in high risk areas (gardens, bathrooms, balconies) particularly in healthcare buildings used by high risk groups;	NHCT 'Sign up to Safety Plan' in place	NHCT		
Implement policies to protect voluntary mental health patients and manage risk associated with leaving the inpatient setting;	NHCT 'Sign up to Safety Plan' in place	NHCT		
Use the 'Twelve points to a safer service' checklist: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4058243.pdf	NHCT Twelve points to a safer service' checklist in place	NHCT		
Develop initiatives to prevent risk to patients missing from inpatient wards: http://www.nmhd.org.uk/silo/files/a-strategy-to-reduce-missing-patients--a-practical-workbook.pdf	NHCT 'Sign up to Safety Plan' in place	NHCT		
A.3. People with a history of self-harm				
Communicate with and follow up people who seek help from emergency departments after self-harming;	<ul style="list-style-type: none"> - Undertaken within the CAMHS review - Pathway development being undertaken by the Crisis Concordat – Working Party - NHCT 'Sign up to Safety Plan' in place - As part of contractual requirements learning from serious incidents is included within the 6 monthly lessons learned reports for NHCT - NHCT produce a specific Suicide and Self Harm report for Contract meetings that identified themes and trends. 	PH CYP CAMHS Commissioners – Lynn McNiven (City) Kate Allen (County) NHCT – Marie Armstrong + adult nominated person needed CCG Quality leads Janine Fleming (City) Quality leads for	Quality Standards in place: NICE self-harm pathway in clinical practice: http://pathways.nice.org.uk/pathways/self-harm NICE clinical practice guidelines on the short-term management and secondary prevention of self-harm in primary and Secondary Care: http://publications.nice.org.uk/self-harm-cg16 NICE clinical practice guidelines on longer-term management of self-harm: http://publications.nice.org.uk/self-harm-longer-term-management-cg133 Referral to psychological assessment of people who self-harm as routine practice	

Actions	Progress	Led by	Outcomes	RAG
	<p>- Primary Care do not currently produce reports identifying themes and trends however a quarterly serious incident report is submitted to the CCG's Quality Improvement Committee which highlights the number and type of serious incidents and any lessons learnt/changes to practice that have been identified</p> <p>- Training delivered by lead Department of Psychological Medicine Consultant on s.136 and suicide risk at Nottingham University Hospital NHS Trust, on-going teaching of medical students and suicidal patient scenario role play</p>	<p>Nottinghamshire CCGs to be confirmed at Clinical Leads meeting</p> <p>CCG MH Clinical Leads- Safiy Karim (City) Quality leads for Nottinghamshire CCGs to be confirmed at Clinical Leads meeting</p> <p>Hospitals/ A & E and Paediatric Depts for NUH, SHFT, DBFT</p> <p>Harmless- Caroline Harroe</p>		
<p>Improve communication and sharing of information between emergency departments, mental health services and GP practices in relation to patients who present having self-harmed</p>	<p>- Pathway development being undertaken by the Crisis Concordat – Working Party</p>	<p>Crisis Concordat partnership board and working group</p>	<p>Improvement in early access to self-harm interventions NHCFT National Pilot on Vanguard</p>	
<p>Deliver appropriate training on facts and issues behind self-harm including ways that staff can respond in:</p>	<p><u>CAMHS Nottinghamshire</u></p> <p>- Funding identified to provide mental health training to primary and secondary care staff and schools / colleges. To be delivered through School Health Hub (NCC) and Primary Mental Health Workers (CAMHS). Recruitment ongoing.</p> <p><u>Nottingham City</u></p> <p>- SHARP commissioned to provide ongoing training to universal, community, health and social care professionals.</p> <p>Primary Care- Asist</p>	<p>ICH City and County Public Health NCC- Lucy Peel NCC – Educational Psychologies</p>	<p>The Euregenas Toolkit School-based Suicide Prevention, Intervention and Postvention is in place, http://www.euregenas.eu/wp-content/uploads/2014/11/TOOLKIT-School-based-Suicide-Prevention-Intervention-and-Postvention.pdf</p>	
A.4: People in contact with the criminal justice system				
<p>Conduct investigations to learn from deaths in police custody to inform future prevention</p>	<p>- Early identification of those at risk through undertaking a pre-release risk assessment for all detainees in custody- Those being passed to another agency are also accompanied by a PER form with risks highlighted.</p> <p>- Undertaking regular audits of suicides following police custody-</p> <p>This information is not shared to custody at this time.</p>	<p>Nottinghamshire Police – Det Supt Robert Griffin and Insp Mark Whitaker</p> <p>NHCT – Yvonne Bird</p>	<p>Serious lessons learnt and recommendations implemented to further prevent suicide and self-harm in custody</p>	

Actions	Progress	Led by	Outcomes	RAG
	NHCT Criminal Justice Liaison team offer Mental Health screening and signposting in police custody - Undertaking regular audits of suicides following police custody			
Conduct investigations to learn from deaths in prisons to inform future prevention	NHCFT have been involved in all investigations of suicide post police custody	HMP Nottingham -Debbie Langford HMP Whatton HMP Lowdham Grange HMP Ranby NHS England – Anthony Nichols/ Sian Harris NHCT – Dr Kaul Adarsh, Anna Conway	Serious lessons learnt and recommendations implemented to further prevent suicide and self-harm in custody. Mental health pathways in place from reception, on transfer across the prison system and on release back to the community. A specialist mental health teams in prisons to assess prisoners and coordinate care when mental health problems are identified, residential staff Mental health awareness in place for prison staff on how to manage prisoners with mental health issues on the wings as part of their daily routine. HMP Ranby have in place IAPT and Crisis Intervention service offered 7-days, complex case register HMP Nottingham – 5 day a week service HMP Lowdham – 5-day a week service	
Improve understanding of and procedures for identifying and supporting detained persons, at any point in the CJS, at risk of suicide or self-harm;	NHS England have commissioned a Diversion and Liaison service Provision of information/ signposting support for those in police custody with significant risk factors Robust screening and pathways in place within HMPS and SCH	NHS England – Anthony Nichols NHCT – Yvonne Bird	- Pathways in place to improve early identification and access to mental health care for people entering the CJS - Provide mental health support information and/or liaison within police custody and court settings; - Routinely monitor levels of risk amongst people detained in police custody Service commenced on the 20 th of April 2015 – awaiting outcomes data from NHS England to measure the effectiveness of the service ;	
Improve cell design (reduce ligature points);	- NHCT Criminal Justice Liaison team offer Mental Health screening and signposting in police custody- Liaison teams embedded within Nottinghamshire Custody.	Nottinghamshire Police – Det Supt Robert Griffin and Insp Mark Whitaker HMP Nottingham -Debbie Langford HMP Whatton HMP Lowdham Grange HMP Ranby	Means of suicide and self-harm reduced in custody Improved access to Mental Health interventions Samaritans Listening Service in place across Nottinghamshire Prisons	
A.5 People in the workplace and specific occupational groups				
Ensure workplace health programme inclusive of emotional health objectives for workforces	- County has a workplace scheme in place - Improving mental health and wellbeing in the workplace is being delivered	PH – Lindsay Price (County) Sharan Jones/Liz Pierce (City)	- Mental health awareness and champions are in workplaces signed up to the Workplace Health scheme - All staff know who to access support for mental health at work and/or in the community	
Workplaces develop staff emotional health policies and procedures	- City Public Health working with Mental Health steering Group to identify good practice in health and employment. Building health partnerships		Workplaces signed up to the Workplace Health Scheme have policies and procedures in place to: - Support people with mental health problems to find employment - Support those in employment singed off sick due to a mental health problem to return to work	
Delivery of evidence based mental health awareness training for managers which is specific to the workplace where appropriate			- Training challenges myths, stigma and negative attitudes about self-harm and suicidality	
Target approaches at high risk workforces:	- City HWB Strategy includes focus on mental health and employment.		- City - Building Health Partnerships events brings together health and employment on the theme of Mental Health.	

Actions	Progress	Led by	Outcomes	RAG
<ul style="list-style-type: none"> - Young and middle-aged men - Young women - Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers 	<ul style="list-style-type: none"> - City Council are part of Time to Change Alumni programme. - County Workplace Health strategy scheme has Mental Health awareness training and improving mental health and wellbeing in place , -progress as of December 2015 includes 75 workplace health champions have been trained in 'mental health community first responders and basic listening/support skills with 40 more due to be trained by March 31st 2016 		<ul style="list-style-type: none"> -City to continue to commission local health and employment support services with strong emphasis on mental health and employment. - Provide support, information and advice for members of the workforce who are absent from work due to mental health problems - Improve the extent of emotional health support offered in workplaces with a largely male workforce - Provide practical, emotional advice and support within workplaces and accessible via line management, occupational health or self-referral; - Take a pro-active, policy led approach to valuing and supporting a diverse workforce which includes people with experience of mental health problems; 	
B.1: Children and Young People				
<p>Schools and young people's educational settings Devise and deliver school/ university based approaches to help all children/ young people to recognise, understand, discuss and seek help earlier for any emerging emotional and other problems;</p>	<p>Delivered by Harmless and SHARP (City) <i>Nottingham City</i> Delivered by SHARP (City). Funding identified to pilot academic resilience based programmes in schools. <i>Nottinghamshire</i> - Funding identified to commission public mental health and resilience based programmes in school and education settings. Programmes to be commissioned by March 2016.(GE) Nottm University-Bespoke Mental Health Advisory Service supports students experiencing significant mental health problems, and offers liaison with external NHS services and signposting advice. MH awareness events (preventative approach) run via the Healthy U scheme. University Counselling Service offers 1-1 counselling and workshops. Nottm Trent University- Wellbeing service provide- Referral to appropriate NHS services where there is a risk of harm plus and voluntary agency support and self-help A brief model of counselling, brief case work for a range of issues often including emerging or previously un-</p>	<p>PH CYP CAMHS Commissioners – Lynn McNiven (City) Kate Allen (County)</p> <p>SHARP – Sharon O'Love</p> <p>PH City and County CYP CAMHS Lucy Peel ICH</p> <p>Harmless – Caroline Harroe</p> <p>Nottingham University– Farah Humberstone Nottingham Trent University- Alison Bromberg</p>	<ul style="list-style-type: none"> - The Euregenas Toolkit School-based Suicide Prevention, Intervention and Postvention is in place, http://www.euregenas.eu/wp-content/uploads/2014/11/TOOLKIT-School-based-Suicide-Prevention-Intervention-and-Postvention.pdf - Personal, Social, Health and Economic (PSHE) education framework is in place - Systems for identifying and supporting children/young people/vulnerable families where children are at risk of emotional and behavioural problems are in place - Enables young people to know of opportunities to be listened to by someone who is interested in their concerns <p>The Primary Mental Health (PMH) Team has been established as part of Child and Adolescent Mental Health Services (CAMHS) to work with universal services in Nottinghamshire County. The team will be working together with and supporting practitioners working with children, young people and their families in relation to emotional health and well-being. The team will be providing training and consultation to empower and support the universal workforce to extend their range of skills and knowledge in mental health difficulties.</p>	

Actions	Progress	Led by	Outcomes	RAG
	<p>reported mental health difficulties. Mental Health Support Team who offer mentoring for diagnosed students to support their studies. Our Student Health Development Officer has a role in promoting positive mental health and suicide prevention via our web site, a range of on line, social media and paper based communication plus wellbeing events.</p> <p>Provision of Mental Health First Aid training to a broad range of NTU staff plus other mental health awareness training.</p>			
<p>Multi- agency shared approach for services that work with young people Devise systems and pathways for identifying and supporting children/young people/vulnerable families where children are at risk of emotional and behavioural problems that includes:</p> <ul style="list-style-type: none"> - Children and Young Peoples Mental Health Services - Children's Social Care - Education – Schools, Colleges, Universities - Primary Care - Health Visitors - School Nurses - Voluntary services 	<p>- Undertaken within the CAMHS service review</p> <p>Progress monitored within the Crisis Care Concordat Action Plan</p> <p><i>Nottinghamshire</i></p> <ul style="list-style-type: none"> - Local transformation plan and funding approved by NHS England, enabling delivery of new model / pathway from prevention through to crisis care (GE) <p><i>Nottingham City</i></p> <ul style="list-style-type: none"> - BEMH pathway piloted from December 2014, with expanded single point of access to services for children with behavioural, emotional and mental health difficulties, and wider service offer including parenting programmes and interventions. Implementation of phase two of CAMHS pathway, now part of the Future in Mind local transformation plan, will focus on the multi-agency support to children with moderate or severe mental health difficulties. NHCFT (Pathway development work undertaken) 	<p>All CCGs Working with: Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire Police, Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Nottingham City & Nottinghamshire County Councils (Children's Social Care/ Children's Services)- PH City and County CYP CAMHS ICH -Lucy Peel</p>	<p>A shared approach that aims to:</p> <ul style="list-style-type: none"> - Enable young people to know of opportunities to be listened to by someone who is interested in their concern - Provides early help to address the impact of abuse and neglect and improve life chances for children and young people is in place - Provides early intervention in psychosis model of community care; - Provides Improved Access to Psychological Therapies (IAPT) services to children and young people; - Delivers supportive interventions in settings that are appropriate and accessible for children and young people is in place- Provide emergency mental health care for children and young people - Individuals in crisis should expect that their needs can be met appropriately at all times - Responses should be on a par with responses to physical health 	
<p>To review information provided to children and young people when coming into contact with services</p>	<p>Progress monitored within the Crisis Care Concordat Action Plan</p>	<p>NHCT</p>	<ul style="list-style-type: none"> - Easily accessible and age appropriate information about facilities - Clearly stated standards about how each service involves or informs children and young people about their care 	

Actions	Progress	Led by	Outcomes	RAG
<p>Criminal Justice Settings Provide accessible and engaging interventions for children and young people who offend, in their area and in custodial or secure settings;</p>	<p>All CYP in police custody have assessments . Developing work for assessments of CYP who have offended in the community and have not formally been in custody (eg first caution or school sanctions)</p>	<p>NHS England – Anthony Nichols (L&D; healthcare in SCH) NHCT – Yvonne Bird Nottinghamshire Police – Det Supt Robert Griffin and Insp Mark Whitaker</p>	<p>- Enables young people to know of opportunities to be listened to by someone who is interested in their concerns;</p>	
B.2: Survivors of abuse or violence, including sexual abuse				
<p>Timely, recorded assessment, identification and referral and commissioning of vulnerable children and adults Referral to and commissioning of specialist agencies</p>	<p>County-DVA services for adults, male and female and teenagers commissioned 2015-18. Service supports children affected by DVA PCC and CCGs undertaking a review of current Survivors of Sexual Abuse Adult Services City -Joint commissioning arrangement between CDP,CCG, PCC, NCC, and Public Health .for DSV. SV services and DV services commissioned from April 2016</p>	<p>County-Public Health and PCC Commissioned. WAIS and NWA are the providers CCG - TBC Theodore Philips/Sandra Morrell (City) PCC – Nicola Wade PH DV commissioners – (County) Gill Oliver CDP (City)Jane Lewis (City) Liz Pierce</p>	<p>Improve access to specialist DSV. support, reduce risk of DSV. in future, improved safety, improved emotional health and wellbeing for adults, improved emotional wellbeing for children. Improve accessing to IAPT and other appropriate counselling and support</p>	
<p>Use the strengths and difficulties questionnaire to identify children and young people for referral to CAMHS.</p>		<p>NHCT</p>	<p>The SDQ is helpful for ADHD but other outcome and assessment measures may be more useful for some other presentations eg RC ADs and PHQ9 – they should never be used in isolation – there is always a need to add/enhance clinical assessment.</p>	
<p>Provide an appropriate police response to any criminal allegations of abuse or safeguarding issues and/or referral onto other agencies.</p>		<p>Nottinghamshire Police – Det Supt Robert Griffin PP- Helen Chamberlain/ Mel Bowden in Public protection</p>	<p>Identify police officer specialists for domestic abuse, child abuse and adults in vulnerable situations;</p>	
B.3: Ex-military service personnel				
<p>Improve access to mental health practitioners with specialist knowledge of the difficulties faced by veterans following active service; Improve access to general support delivered by practitioners with specialist knowledge of the difficulties faced by veterans following active service;</p>	<p>A review of commissioned services has commenced to ensure the inclusion of people who have specific needs County CCGs have developed a veterans' working group to identify specific issues and consider solutions Revised Mental Health JSNA chp to is including the mental health needs of veterans</p>	<p>CCG - Ciara Stuart (City) Jade Akers (County) Susan March - PH County</p>	<p>Provide early intervention and prevention for individuals with specific needs Provide better access to services for individuals who do not regularly access mental health services</p>	

Actions	Progress	Led by	Outcomes	RAG
B.4: People living with long-term physical health conditions				
Support awareness of self-management and self-care (e.g. in managing chronic pain) to increase sense of choice/confidence/control about managing health and health needs;		CCG (County) - TBC City IAPT services- Katherine Biddulph	-Increased suicide risk and response awareness in key settings, including general hospitals is in place - Extend the local Improving Access to Psychological Therapies (IAPT) services to people with long-term physical health conditions and people with medically unexplained symptoms according to Talking Therapies: A four year plan of action (2011). - Provide routine assessment for depression as part of personalised care planning in health and care services	
Use the National Patient Safety Agency's (NPSA's) suicide prevention toolkits for community and emergency healthcare (ambulance service, community mental health teams, emergency departments and general practice): http://www.nhsconfed.org/Publications/briefings/Pages/Preventing-suicide.aspx	Crisis Care Concordat action plan	CCG (County) -Jade Akers CCG (City)- Ciara Stuart	Multi-agency approach to developing pathways to local support and opportunities for improved wellbeing as access to 24 hour crisis care not meeting demand.	
B.5: People with untreated depression				
Identify people early and provide effective and appropriate treatments based on evidence-based practice (systematic reviews and NICE guidance);	IAPT pathways in place CQUINN in place to increase uptake of IAPT in the 65+ age group Rushcliffe CCG undertaking a pilot to increase IAPT uptake in older people	CCGs Primary Care IAPT services	Early access to IAPT services for psychological therapies and anti-depressant prescribing	
Utilise a range of interventions for depression (self-help, social interventions, psychological therapy, medications);	Books on Prescription (BoP) in place in the City and County libraries with good uptake	Public Health – Alison Challenger (City) Jonathan Gribbin (County)	BoP promotes people to manage their own wellbeing	
	Social prescribing services in place Bassetlaw Delivered by Co-production in the County Health Lifestyle referral service in the City to refer as appropriate to IAPT providers. City CCG commissioning community mental health support services to complement treatment services to support the pathway Awareness raising through the Wellness in Mind MH training programme. Need further links with LAEO and connected care in the City	Bassetlaw CCG – TBC Public Health (County) Jonathan Gribbin (City) Alison Challenger	Promotes mental well-being by accessing activities in the community and connecting people to non-medical sources of support. IAPT target increased from 15% to 25% 2017/18	

Actions	Progress	Led by	Outcomes	RAG
Devise standardised approaches to identifying and assessing common mental health problems and use recognised depression assessment tools (e.g. PHQ 9) in response to known risk factors;	This is possibly not universally and consistently completed by all Gps and may use more subjective than objective measures.	CCG MH clinical Leads Dr Karim Safiy CCG quality leads – Janine Fleming (City CCG) Primary Care		
Develop initiatives to address loneliness and social isolation	County - Connecting communities through grant aid funds Pilot scheme in Mansfield/Ashfield 'Together we are better' Implement 'Together we are better' scheme across all Nottinghamshire districts Nottingham City - has a 'loneliness group' focussed on older people - Signed up to 'age friendly' city scheme - Nottingham Circle commissioned to support older people to access a network of helpers	PH - Susan March (County) Sharan Jones (City)	Promotes mental wellbeing and prevents mental health problems	
B.6: People facing difficult social and economic circumstances				
Develop interventions that improve independent financial capability;	Referral to relevant organisations advertised on the City and Council website giving details organisations that offer financial advice support via a central point of access City financial exclusion review and community mental health support services review both stress the importance of effective links across the advice and mental health sectors.	Staff in regular contact with people facing difficult social and economic circumstances (e.g. people working in housing associations, welfare, Jobcentre Plus, advice and support agencies and the financial sector)	Provision of public information to signpost people to information, support and useful contacts in relation to debt; Provision of public information on the impact of the economic crisis (e.g. advice on maintaining wellbeing during difficult times and guidance on where to go for further help); Pathways to financial support and guidance for people identified as emotionally distressed due to financial difficulties are in place	
B.7: People who misuse drugs and alcohol				
Provide prompt access to holistic treatment, including psychosocial support, and appropriate aftercare;	Community pathway to substance misuse recovery interventions and treatment is in place Dual Diagnosis pathways need to be agreed between NHCT and CRI City taking into account DD needs within the substance misuse	County PH SM Commissioners - Lindsay Price/ Tristan Snowdon-Poole City CDP- Ian Bentley New Directions (ND) – Andy Ambler	- Deliver treatment strategies that identify and respond appropriately to people suffering from mental health problems; - Effective links between treatment, housing services, welfare, employment support, criminal justice bodies, and the wider support that is needed; -Staff are appropriately trained in: - Understanding and responding to emotional distress - Supporting people to keep emotionally well and/or seek support	

Actions	Progress	Led by	Outcomes	RAG
	procurement	NHCT – Dave Manley	- Recognising and responding to risk of suicide or self-harm safely and effectively - Sources of support for mental health problems	
B.8: Lesbian, gay, bisexual and transgender people				
Conduct equity initiatives within mental health and other support services, involving LGBT people in the identification of issues within services that provider barriers to access.	Better links with IAPT and counselling services required to influence LGBT needs NHCFT received No 1 status from Stonewall	PH - Carl Neal (City) CCG – E & D leads NHCT – E and D lead	Participation in PRIDE – positive messages and engagement Welcoming services, embrace differences – information about services available Routine collection of data on sexual orientation that informs services about needs and service uptake	
B.9: Black, Asian and minority ethnic groups and asylum seekers				
Commission and design local services in response to recommendations generated through local needs assessment, qualitative research and consultation on cultural differences in understanding mental health and accessing support;	City commissioned 'STEPS BME mental health service Access to healthcare for refugees and asylum seekers through the 'Into the mainstream' project	City CCG Mental Health Commissioners – Simon Castle Robert Stephens (PH Coty)	Equity initiatives in place within mental health and other support services, involving people from BME groups in the identification of issues within services that provider barriers to access Accessibility protocols in place within mental health and other support services, inclusive of procedures for providing translation where necessary	
C.1: People who are recently released from custody				
Provide health and treatment services in the criminal justice system that are equal to those provided in the community (staff training, therapeutic quality, coverage rates and treatment alternatives)	NHCT 'Sign up to Safety Plan' in place Outcome achieved for NHCFT community forensic services in the criminal justice services, Transitions out of Prisons still challenge for Offender Health Services. NHSE Health & Justice commission integrated healthcare services to individuals in prison and SCH; and assessment and referral only in police custody – not any services within the community	NHS England – Anthony Nichols NHCT – Yvonne Bird		
Provide inter-agency partnerships between corrections-based and external service providers with appropriate referral systems	NHSE commission integrated healthcare and SMS services in HMP's and SCH and assessment and referral in police custody – continuity of care pathways and agreements in place along with robust Strategic Partnership Board arrangements	NHS England – Anthony Nichols NHCT – Yvonne Bird	Programmes meet the physical, practical and/or psychosocial needs of released persons	
Provide standardised risk assessment and screening to identify detained persons who are at an increased risk of drug-related post-release mortality and who would benefit from specialised programmes and support.		NHS England – Anthony Nichols NHCT – Yvonne Bird		

Actions	Progress	Led by	Outcomes	RAG
Provide comprehensive and specialist services for drug dependant people in the criminal justice system which is continued upon release	L&D services would identify, though not provide treatment for individuals - This is the responsibility of PH and PCC. In prisons, NHS E commission services to provide treatment whilst in prison/SCH, continuity of care pathways in place for release into community though LA/PCC responsible for commissioning SMS services in the community. These services are delivered in the city and county by Framework and CRI and not NHCFT	NHS England – Anthony Nichols NHCT – Yvonne Bird	Provision of drug or support services on first contact with the criminal justice system or when targeted as being at-risk of becoming a drug offender Provision of services for drug-dependent people while they are in police custody, pre-trial detention, prison, on release and in the community Provision of links between pre-release prison drug services and appropriate after-care	
C.2: High-risk means and locations – Samaritans and BTP				
Ensure multi-agency working to discourage suicides at high risk locations, especially following a death;	<p>SP Steering group considering implementing the PHE's best practice guidance for identifying suicide clusters and contagion https://www.gov.uk/government/news/new-resource-to-prevent-linked-suicides-in-local-areas 24/7 emergency help-line, via email, phone, SMS or face to face. Outreach projects : festivals, school/colleges,/ universities and within the workplace if invited. close links with HMP Nottingham and Whatton supporting and training the Listeners Scheme, attendance at safer custody meetings. National and local links with Network Rail.</p> <p>Schools project, work in progress to have named person to develop this.(CK) NWR have ongoing project teams with different priorities and remits dependant on work required – for more urgent concerns use control.derby@networkrail.co.uk for less urgent concerns use Hayley.bull@networkrail.co.uk or lisa.bruce@networkrail.co.uk. For BTP contact use edward.carlin@btp.pnn.police.uk</p>	<p>Public Health Alison Challenger (City), Susan March (County) Network Rail – Carol Kingston Samaritans – Chris Keen British Transport Police – Edward Carlin Nottinghamshire Police – Det sup Rob Griffin Local Authority and Town Planners EMAS- Terry Simpson</p>	<ul style="list-style-type: none"> - Identify issues based on the Coroners's Suicide audit and police intelligence - Barriers or nets installed on suicide hot spot areas such as on bridges, high risk buildings and car parks including motorway bridges, where suicide has occurred; - Suicide risk in health and safety considerations included by Local Authority planning departments and developers when designing high structures that may offer suicide opportunities (railways, multi-storey car parks, bridges and high-rise buildings, structures close to facilities for particularly vulnerable people) - Hotspots identified through Coroners Audit process and police intelligence - Suicides avoided by share lessons learnt such as; NSPA 	
Provide emergency telephone numbers (e.g. Samaritans) at high-risk locations;	Launch of Freecal Sep 15. New resources now available.(CK)	Samaritans- Chris Keen		

Actions	Progress	Led by	Outcomes	RAG
Work with pharmacies and retailers to support safe medicine management	<p>City Trading Standards undertaking an audit on Paracetamol sales to young people-awating report</p> <p>CCG prescribing reviews</p>	<p>Local authority Trading standards</p> <p>Public Health – Liz Pierce (City)</p> <p>CCGs</p>	<p>Reduce paracetamol overdoses in young people</p> <p>Overdose identification of prescribed medications through Primary Care Serious lesson learnt reviews</p> <p>City trading standards undertook a Paracetamol sales audit in 2016</p>	
Train rail staff training on identifying and engaging people who may be considering suicide.	<p>Network Rail - I Journey to Recovery programme in place training train drivers and line managers on identifying those at risk and supporting those rail workers affected by someone else's suicide</p> <p>Learning tool for the industry already operational – access via NWR internal website –</p> <p>Managing Suicidal Contacts course run by the Samaritans to train industry staff and BTP officers – Operational and ongoing.</p> <p>BTP/NWR – Interventions introduction 30 minute workshop for delivery to front line industry staff – Operational and ongoing</p>	<p>Nottingham Samaritans – Chris Keen</p> <p>Network Rail – Caroline Kingston</p> <p>British Transport Police – Edward Carlin</p> <p>NCC Public Health - Susan March</p>	<p>2016 Nottinghamshire Rail Network – identified hotspots. Planning meeting with Network Rail, BTP, Samaritans and Nottinghamshire Public Health planned for April 2018.</p> <p>Prevention of rail suicides – for action within the 2017/18 Delivery Plan</p>	

Priority 2: Review of timely suicide and self-harm data and be informed by national and local evidence based on research and best practice in order to better understand local needs.			
D.1: Improve timely suicide and self-harm data			
<p>Undertaking regular reviews of national and local suicide and self-harm trends and conducting local regular suicide audits.</p> <p>Sources of data used to complete the annual audit in order to gain insights and identify areas to prioritise are:</p> <ul style="list-style-type: none"> - The Coroners' Office suicide verdict data - Public Health Mortality Files (main source) - Compendium of Clinical and Health Indicators - Nottinghamshire Healthcare Trust suicide audit - Prisons (HMP): Nottingham, Whatton, Lowdham Grange and Ranby - Police, ambulance and fire service data - Safeguarding of Children and Adult data - Suicide and self-harm prevention and interventions evidence based research 	<p>Refresh of the Nottinghamshire Suicide and Self-harm JSNA chapter commenced with sign-off October 2015</p> <p>Refresh of the Nottingham City Suicide and Self-harm JSNA chapter commenced with sign-off October 2015</p> <p>Undertake a Coroners' Office suicide audit – draft to next SP steering group – December 2015</p>	<p>PH - Susan March (County)</p> <p>PH - Liz Pierce (City)</p> <p>Nottinghamshire Police – Det Sup Rob Griffin</p>	<p>Data compared with findings from previous suicide audits in order to evaluate the effectiveness of previous prevention strategies</p> <p>Comparison of local data and trends with national and regional data and trends</p> <p>Identify local risk factors, groups at risk or localities of higher incidence so that early and effective targeted support and interventions are offered</p> <p>Informs future prevention strategies to ensure prevention is effectiveness</p> <p>Have baseline data for monitoring future trends and evaluate future prevention strategies</p> <p>Develop a sustainable system for future data collection</p> <p>Able to demonstrate the full extent of suicide and self-harm amongst asylum seekers and refugees</p>
<p>Assess the feasibility in implementing the PHE 'real times' reporting/ surveillance model of unexplained deaths</p>	<p>Public Health and Nottinghamshire Police in discussions with PHE</p>	<p>Susan March/Liz Pierce/Rob Griffin</p> <p>NHCT/Nottinghamshire Police/Network Rail/British Transport Police/</p>	<p>Identify local risk factors, groups at risk or localities of higher incidence</p> <p>Those bereaved or affected by someone's suicide have early access to effective advice and support</p> <p>Multi-agency referral arrangements for those vulnerable to suicide and self-harm.</p>
<p>Sharing of lessons learnt to make service developments to prevent future suicides</p>	<p>NHCT developing 'Sign up to Safety' Plan</p> <p>CCGs developing 'Sign up to Safety' Plan in Primary Care</p>	<p>CCG/NHCT/ Coroner's Office</p>	<p>Coroner's office alert local services to inquest evidence that suggests areas for service development to prevent future suicides</p> <p>Suicide and self-harm incidents are reduced by sharing of lessons learnt</p> <p>Implement service delivery changes in response to the lessons learnt</p>
<p>Coroner's office alert Public Health to inquest evidence that suggests patterns and suicide trends.</p>	<p>Scope the feasibility as part of the REAL time surveillance discussions with PHE</p>	<p>Coroners Office</p> <p>PH City - Alison Challenger</p> <p>/PH County - Susan March</p>	<p>Risk of copycat suicides is reduced</p> <p>Early Post-vention suicide processes are be put in place</p>

Priority 3: Access effective support for those bereaved or affected by suicide			
E.1: Early identification and access to effective support and information			
Improve identification and support offered in primary care and mental health services	Support information for those bereaved is part of the ASIST training NHCFT has developed an internal leaflet – that also signposts to Help is at Hand Healthtalkonline Survivors of Bereavement by Suicide and The Compassionate Friends.	Alison Challenger (City Public Health) Susan March (County Public Health) Caroline Harroe (Harmless – City) Rachael Thompson (Kaleidoscope County) NHCT	GPs and Primary Care practitioners are better aware of the potential vulnerability of family members when someone takes their own life, and how to respond; Families or those affected by someone else's suicide have improved access to practical support in primary care such as: an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Signpost information to bereavement support services in place i.e. CRUSE ?
Coroners and services involved in suicides (e.g. Police, Pathologists) in supporting those bereaved provide accessible, concise information on the processes and standards in a Coroner Inquiry to family members	- Scope what is being delivered at the coroners office - Assess the role of police in providing information for those bereaved as part of the REAL time surveillance scoping	Ghazala Mumtaz – Nottingham's Coroner's Office Rob Griffin - Nottinghamshire Police	Good quality family liaison is offered with bereaved families with signposting to appropriate information and support Provide appropriate information, on bereavement through suicide, to bereaved families eg Help is at Hand service
E.2: Those who are concerned about someone who may be at risk of suicide			
Deliver community awareness which enables families and friends to play a role in preventing suicide:	Support information for those bereaved is part of the ASIST training	Alison Challenger (City Public Health) Susan March (County Public Health) Caroline Harroe (Harmless – City)	Community better informed on the ambiguous nature of warning signs and focus on helping people to acknowledge and overcome their fears about intervening; Form April 2017 there will be no commissioned by Public Health Suicide Prevention awareness and training services
Promote The Samaritans' Facebook page (advice on how to support vulnerable friends, how to spot when someone is distressed, how to start a difficult conversation & a mechanism for asking Samaritans to contact someone who is cause for concern) www.facebook.com/samaritanscharity	Network Rail - I Journey to Recovery programme in place training train drivers and line managers on identifying those at risk and supporting those rail workers affected by someone else's suicide	Nottingham Samaritans – Chris Keen Network Rail – Caroline Kingston British Transport Police – Edward Carlin	Advice on how to support vulnerable friends, how to spot when someone is distressed, how to start a difficult conversation and a mechanism for asking Samaritans to contact someone who is cause for concern) and alert app is in place
Mental Health services provide information to family, carers and friends of people being cared for by mental health services on how to contact services at all times including when concerned or in a crisis;		NHCT	Involve family, carers and friends of people being cared for by mental health services in care planning;
Mental Health services allocate a named professional to everyone with a care plan, to hold an overview of the case and take responsibility for answering any questions they or their family might have		NHCT	Respond to concerns of family, carers and friends of people being cared for by mental health services in a timely and appropriate way

Priority 4: Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour			
F.1: Promote responsible reporting in the media			
Implement Samaritans guidance for the media on the reporting of suicide: www.samaritans.org/media_centre/media_guidelines.aspx	City and County Council Communications teams work closely with the local media offering advise on responsible reporting	City Council – Steve Thorn County Council – Abby Jakeman Samaritans - Chris Keen	<ul style="list-style-type: none"> - Local/regional newspapers and other media outlets provide information about sources of support and helplines when reporting suicide and suicidal behaviour - Avoids insensitive and inappropriate graphic illustrations accompanying media reports of suicide; - Avoids use of photographs taken from social networking sites without relatives' consent; - Avoids the re-publication of photographs of people who have died by suicide when reporting other suicide deaths <p>Details of local support organisations and helplines are included with any coverage of suicide deaths</p>
Develop a local suicide prevention communication plan that promotes responsible reporting of suicide in the media and ensures effective local responses to the aftermath of a suicide			<ul style="list-style-type: none"> - Local media are alerted to examples of both poor and excessive reporting of suicide - The publication of harmful or inappropriate material with reference to the updated laws on promoting suicide are challenged - The internet is utilised to reach out and offer support to vulnerable individuals - The internet industry to remove content that encourage suicide and provide ready access to suicide prevention services.
Ensure agreements are in place for joint working and especially sensitive reporting when there is any evidence that a cluster of suicides may be occurring or when a specific location for suicide is causing concern;	To be addressed through REAL time surveillance	Alison Challenger (City Public Health) Susan March (County Public Health)	Work in accordance with the Editors' Code of Practice recommendations on a avoiding excessively detailed reporting of suicide methods as endorsed by the Press Complaints Commission PCC: www.pcc.org.uk/cop/practice.html

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			
F.1: Raise awareness and improved access to Suicide Prevention training			
Commission mental health and suicide prevention awareness and training package	ASIST and MHFA training providers in place in both the City and County	Alison Challenger (City Public Health) Susan March (County Public Health) Harmless – Caroline Harroe (City) commissioned by city PH CCG MH Clinical Leads – Safiy Karim (City) Quality leads for Nottinghamshire CCGs to be confirmed at Clinical Leads meeting	From 2017 there will no commissioned Suicide Education services commissioned by Public Health - Ensure improved identification and access to early interventions - Training challenge myths, stigma and negative attitudes about self-harm and suicidality. - Improves attitudes towards, and knowledge of, self-harm amongst general hospital, primary care, mental health, emergency and criminal justice staff, staff in job centres, CAB - Able to recognise and respond to warning signs for suicide in self or others delivered in a variety of settings and targeted to where people are more likely to encounter those who are at risk - Frontline staff are trained to engage conversations in mental health and emotional wellbeing, self-harm, assessing and managing risk - Accessing appropriate information/self-help/ support for mental health and wellbeing
Deliver community level awareness and training for local people on how to support vulnerable friends	Assessing the feasibility of implementing a 2 hour session on suicide awareness for GPS to increase uptake i.e. Connecting with People http://www.connectingwithpeople.org/		Improved knowledge and skills on how to spot when someone is distressed, how to start a difficult conversation, how to signpost confidently etc.
Untreated depression Ensure that GPs and other practice staff are appropriately trained in mental health awareness; working with emotional health, signposting with confidence to appropriate support, suicide risk assessment and response.			- Training/information focussed specifically on common mental health problems, amongst staff in any helping role, to increase awareness, recognition and recommendations for support; - Improve access to information/resources for wellbeing and common mental health problems for staff in any helping role to provide to patients; - GP trained in writing of post-suicide serious case reviews
Social Circumstances Deliver training for front-line staff who are in regular contact with people facing difficult social and economic circumstances (e.g. people working in housing associations, welfare, Jobcentre Plus, advice and support agencies and the financial sector):			- Improved understanding and responding to emotional distress - Supporting people to keep well and/or seek support - Recognising and responding to risk safely and effectively - Sources of support with financial difficulties - Support in a crisis
Lesbian and Gay, Bisexual and transgender people Promote awareness of the higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risks of self-harm in these groups, alongside training in offering support, amongst staff in primary and secondary health care, social services, education and the voluntary sector;			- Provide accessible, evidence based mental health promotion and information on available support and advice services
BME Communities Adopt community development approaches, working across sectors and in partnership with communities, to tackle inequalities in health and access to services;			Awareness raised amongst healthcare staff coming into contact with BME, asylum seekers and refugees

Actions	Progress	Led by	Outcomes	RAG
Develop a health promotion programme for suicide and self-harm prevention campaigns targeted at the most at risk groups (outlined in Priority 1 actions)	City and County Campaigns undertaken in 2015: May – MH awareness week September – World Suicide Prevention day October – World MH awareness day November – World Stress awareness day	Alison Challenger (City Public Health) Susan March (County Public Health) Caroline Roe (Harmless – City) Rachael Thompson (Kaleidoscope County)	- Improved community awareness on the signs of suicide and self-harm - Reduce stigma and discrimination - More people able to promote TALK techniques (Tell, Ask, Listen and Keep Safe) - Review and undertake annual awareness campaigns in 2016,17 & 18	
Victims and Survivors of Abuse Promote appropriate forms of support and knowledge of referral to specialist agencies for victims of abuse IRIS (Identification and Referral to Improve Safety) across the County for health and social care professional in contact with DV.	Access to specialist DVA services via Nottingham and Nottinghamshire Domestic and Sexual Abuse 24 hour Freephone helpline 0808 800 0340 Nottingham City CCG, Mansfield and Ashfield CCG and Nottingham West CCG all commission IRIS in General Practice	PH County – Nick Romilly City -Jane Lewis PCC – Nicola Wade	Helpline outcome – increased awareness and access to specialist DVA services IRIS outcome – increased identification and referral between GP and Specialist DVA services.	
Prisons/Custody Provide regularly updated training on risk assessment and management for staff in contact with detained persons.	Nottinghamshire Police have access to the ASIST training Need to input what is available for prisons	Nottinghamshire Police – Det Supt Robert Griffin and Insp Mark Whitaker HMP Nottingham -Debbie Langford HMP Whatton HMP Lowdham Grange HMP Ranby	- Improved awareness and early detection on the signs of suicide and self-harm - Reduce stigma and discrimination - More people able to promote TALK techniques (Tell, Ask, Listen and Keep Safe)	
Ensure that all stakeholders (police custody, pre-trial detention, prison, on release and in the community, detained persons, families and carers) are trained in: - Awareness of the risks of acute drug-related post-release mortality and the acute risks associated with decreased tolerance - Awareness of approaches to drug use prevention and overdose prevention - Awareness of recognising and responding to overdose	NHS E provide educational workshop sessions on suicide/self harm prevention to stakeholders – most recently November 2015.	NHS England – Anthony Nichols/Sian Harris NHCT – Yvonne Bird – CJL team NHCT - Anna Conway (Prisons)	- Drug related overdoses in the criminal justice system are avoided/reduced	
Veterans Train staff, who may encounter veterans in distress or seeking support	Kaleidoscope Plus commissioned to provide ASIST training across the County for 18 mths. Forces in the Community to provide SP training for approx. 60 people, 250 in MH First Aid and seeking funding to increase capacity. Forces in the Community working	NHCT – Dave Manley Forces in the Community - Rick Harrington NCC – Community Engagement Lead – Neil Bettison	- Increased awareness of emotional health difficulties faced by veterans following active service - Signposting and referring confidently to specialist veterans services	

Actions	Progress	Led by	Outcomes	RAG
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	with Police to provide a support group for veterans engaged with police/judicial system.(RH)			
<p>Long term conditions (LTC) Mental health awareness training to include awareness on the increased risk of LTC and mental health and impact on mental health increased risk of developing LTCs.</p>	<p>Being addressed through the City Mental Health strategy and Nottinghamshire Mental Health FfA</p> <p>MHFA training providers in place in both the City and County</p> <p>Raise awareness with JSNA authors to ensure MH included.</p> <p>City HWBB reports all ask for consideration of the mental health aspects of the report</p>	<p>Alison Challenger (City Public Health) Susan March (County Public Health)</p>	<ul style="list-style-type: none"> - Increased awareness - Screening and pathways in place for access to both physical and mental health interventions and treatment - Health improvement programmes (i.e. smoking cessation, weight management, diet and exercise, substance misuse in place to reduce LTCs for those with a mental health problem 	

Final Verson March 2016 - update