

Appendix 4

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	
		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	
	Improved identification in primary care of those at risk of suicide and self-harm	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		

