Appendix A – Nottingham and Nottinghamshire ICS Proposal for Wave 4 Suicide Prevention Funding

1.	Competency, compassion, knowledge and skills	
1.1	Undertake a training needs analysis/skills audit across statutory and non-statutory services	• This work will be used to inform the development of the training/skills development programme (see 1.2 and 1.3 below).
1.2	Suicide prevention training/skills development for statutory and non-statutory services, particularly those who support people in at risk groups	• Develop/deliver a package of suicide prevention training/skills development for statutory services (e.g. Primary Care, Notts Police, Notts Fire and Rescue, Social Care, Probation) and non-statutory services that work with higher need/risk groups, e.g. homelessness, domestic and sexual violence, substance misuse services, people with long-term conditions (LTC), further and higher education providers. The multi-agency approach would enable shared learning including understanding of level of risk. This would include but not be limited to understanding risks in relation to the direct and indirect impact of the COVID-19 pandemic. • Consider a training offer for schools and to wider Early Help Services (e.g. The Family Service) – schools are particularly important for the cohort of Children and Young People (CYP) who are not in contact with other services. • Where appropriate provide tailored suicide prevention training/skills development for organisations and groups that work with people who are financially vulnerable and/or unemployed, e.g. the Department for Work and Pensions, Citizens Advice Bureau. This will help to respond to the risks presented by the economic impact of COVID-19. • The training packages would be a balance of e-learning, face to face training and virtual to ensure accessibility and inclusivity. • Develop 'train the trainer' approach for longer term sustainability by creating a network of trainers from organisations from the NNSPSG. • Ensure that support for staff working with people who take their own lives and understanding of the impact on those bereaved by suicide is incorporated into the training programme.

		• Identify suicide prevention champions within organisations who would receive enhanced training.
		• Consider identifying and training elected members (including at district/borough level) and Health and Wellbeing Board members who could act as suicide prevention champions.
1.3	Suicide prevention/awareness training for the wider population	• Deliver training for the wider population, targeting people who have regular contact with higher need/risk groups who are not in services. One example adopted in other areas is reaching out to men through training of barbers and sports clubs. • Offer training to develop community champions for suicide prevention/suicide awareness. This would also form an element of the small grant support for higher need/risk groups (see 3.4 below).
2	**Communications and public awareness**	
2.1	Develop a local identity, narrative or campaign for the Wave 4 Suicide Prevention Programme	• Develop a strong local brand and identity or campaign for the Wave 4 Suicide Prevention Programme to use for all communications. • Use brand/identity/campaign for wider communications already in development (e.g. the local suicide prevention webpages). • Encourage partner agencies and wider organisations (including Health and Wellbeing Boards) to sign up/pledge to the local campaign. • To include coproduction with people with lived experience in the development of the campaign and to create a narrative for the local identity/brand. • Develop a co-ordinated campaign across the system. • More targeted communication campaigns (see 2.2 below) would be drawn out of the co-ordinated campaign. • Develop branding and logos that can continue to be used in the longer term, by the NNSPSG.
2.2	Expansion and wider roll out of 'Safe to Talk' resources and messages, the Stay Alive App and information on	• To include getting 'Safe to Talk' resources and messages out to higher need/risk groups in new ways (consideration will be given to men, CYP, older people, people experiencing domestic

	local sources of support, targeting higher risk groups – particularly those not in contact with services.	abuse, people misusing substances, financially vulnerable and unemployed, people with LTCs, LGBTQ+ communities and BAME communities). • A key aim would be to reach out to those people who are not in contact with services. • Consideration will be given to different formats and placement/distribution of information to reach different groups. • Build on and link to the local campaign identified in 2.1 above. • Ensure routes to services and support are known, accessible and responsive. • To include co-production with people with lived experience.
3	**Prevention support for higher risk groups**	
3.1	Map an all-age self-harm pathway across Nottingham and Nottinghamshire	• Map out the current provision for self-harm support at a system level, identify gaps and areas for improvement. • Having a self-harm pathway would benefit referrers and service users to enable them to access the right support at the right time. • To include the involvement of and engagement with people with lived experience.
3.2	Funding to implement pathway improvement recommendations from the self-harm pathway mapping work	• Following completion of an all-age self-harm pathway (3.1 above), funding would be utilised to prioritise and address any gaps or areas for improvement in existing provision. • A focus would be on people, including CYP, who are not known to services. • While it is not possible to pre-empt the findings of the self-harm pathway mapping, some areas for development that have previously been discussed include resources, including e.g. information for parents and carers, and whole family interventions. •
3.3	Enhance delivery of support to people at risk of suicide experiencing challenges that are known risk factors / antecedents to suicide	• To support people who are at risk of suicide due to risk factors / antecedents to suicide, for example relationship breakdown, finances/debt, housing, unemployment, gambling and for specific at-risk groups, for example farming communities, traveller communities and LGBTQ+ communities.

		• Primary focus on practical and emotional support with the potential for some psychosocial support built in.
		• Explore a mixed-model approach for this work with different providers so that support can be tailored to the needs of specific groups.
		• A mixed-model approach would support upskilling across the system and therefore maximise the longer-term sustainability of this project through capacity building.
3.4	Small grant support for higher need/risk groups	• Establish a small grants process for community groups and voluntary sector and not-for profit organisations to bid for funding to develop or enhance community level initiatives to support suicide prevention.
		• The small grants application process would identify higher need/risk groups and set criteria for funding applications to ensure any initiatives funded contribute to the aims of the Nottingham and Nottinghamshire Suicide Prevention Strategy and Plan.
		• Consider how auspice and other sponsorship/mentoring arrangements could be utilised to support community groups in delivering small projects.
		• A panel/s would review and award funding to organisations. People with lived experience will be sought to be a member on the panel/s.
		• As set out in 1.3 above, those groups and organisations in receipt of a small grant would have access to training to develop community champions for suicide prevention/suicide awareness. This would have a longer-term impact following the ending of small grant support.
4	**Real Time Surveillance**	
4.1	Consider options and commission a provider for a database to support our RTS system	• Police and other partners would input into the data system when they are aware of a potential suicide death.
		• The system would enable easier production of routine and bespoke reports, reducing reliance on manual data analysis.
		• The data system would enable easy reporting, sharing information across the partnership, high frequency location mapping, identification of clusters and support development of a lessons learnt process.

		• Complete the development of an information sharing agreement with partners.
		• Partner organisations would need to commit to data entry into the data system and it would need to be built into other agencies processes.
5	**Evaluation**	• Evaluation will be considered at the start of each project/intervention and built into the development, delivery and monitoring.
		• External evaluation support from partners e.g. universities will also be considered.