

Joint Cambridgeshire and Peterborough Suicide Prevention

Three Year Action Plan

2014-2017

The joint Cambridgeshire and Peterborough suicide prevention three year action plan accompanies the joint Suicide Prevention Strategy 2014-2017.

Implementation of the strategy according to the action plan will be the responsibility of partner organisations as described in the suicide prevention strategy. At present there is a Peterborough suicide prevention implementation group operational for this purpose. An equivalent Cambridgeshire suicide implementation group has yet to be formed and it is recommended that a joint Cambridgeshire and Peterborough suicide prevention implementation group is formed from September 2014 to implement the action plan proposed in this document. The implementation group will be overseen by the Joint Cambridgeshire and Peterborough Suicide Prevention Strategic group.

Funding to support recommendations and actions will depend upon on-going support from the partner organisations but in the first instance (year 1), some funding has been secured through the East of England Strategic Clinical Network Pathfinder Programme to support some of the recommendations listed below. In addition, Cambridgeshire County Council is supporting training in mental health awareness raising for organisations within Cambridgeshire. Peterborough City Council is supporting community initiatives to increase awareness of mental health issues and prevent early stages of mental illness that could lead to risk of suicide.

Recommendation	Actions	Timescale	Performance measure	Responsibility/Involvement of partners
Priority 1 - Reduce the risk of suicide in high risk groups				
Recommendation 1.1 - Suicide Prevention Training	<ul style="list-style-type: none"> Three Applied Suicide Intervention Skills Training (ASIST) trainers trained 	Training funded through Strategic Clinical Network (SCN) Pathfinder programme	Numbers of people trained	SCN Pathfinder Implementation Group to lead

	<ul style="list-style-type: none"> • Training programme designed • Target priority organisations identified – ensuring training reaches out to people working or in contact with the most vulnerable or hard-to-reach groups at risk of suicide • Bespoke suicide prevention /Mental health awareness training developed • Delivery of suicide prevention training and mental health awareness in packages to priority organisations • Mixed groups of professionals to be trained to enhance consistency of messages and promote partnership working and better understanding of roles between agencies • Sustainable development of training • Evaluation of training effectiveness – at the end of each course (by survey) and follow-up after 2 months and 6 months? 	<p>e from April 2014-April 2015 and Cambridgeshire County Council(Cambridgeshire only) ongoing funding for mental health promotion</p> <p>April – 2014 – Trainers trained May-June 2014 design and promotion of training to priority organisations June 2014- March 2015 – delivery of ASIST suicide training and Mental health awareness/suicide prevention bespoke training</p> <p>Evaluation of training – on-going and for write-up in February 2015</p> <p>On-going delivery of training through trained trainers in ASIST and Mental Health First Aid (MHFA) from April 2015 on a smaller scale and where appropriate within resources On-going training supported by Samaritans</p>	<p>List of organisations receiving training and numbers of staff trained within each organisation-50% of priority organisations receive training 80% Satisfaction with training</p>	<p>CCC Mental Health Awareness Raising CPFT On- going support from Cambridgeshire and Peterborough suicide prevention group</p> <p>Lead support from NHS England for any suicide prevention training in prison settings</p>
--	---	--	---	---

Recommendation 1.2 – Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups	<ul style="list-style-type: none"> • Collect and collate available resources and a directory of services • Work with identified organisations to provide resources • Offer resources as part of suicide prevention training 	<p>August 2014 scoping of requirements through SCN Pathfinder group</p> <p>Pool and design resources Sept 2014 – April 2015</p> <p>Liaise with priority organisations to disseminate resources</p> <p>On-going dissemination of resources after April 2015</p> <p>Survey to establish effectiveness Sept 2016</p>	<p>50% of priority organisations receive resources</p> <p>Number of resources disseminated and list of organisations receiving resources</p> <p>Evaluation of effectiveness of resources – one off survey</p>	<p>SCN Pathfinder Implementation Group – task and finish group</p> <p>To be continued by the Cambridgeshire and Peterborough suicide prevention implementation group</p>
Recommendation 1.3 – Awareness-raising campaigns and the Cambridgeshire and Peterborough Pledge to reduce suicide	<ul style="list-style-type: none"> • Engage with and consult service users on how to reduce risk in high risk and hard to reach groups – developing appropriate resources and advocacy services ensuring appropriateness to different vulnerable groups. Resources will need to be translated if they are to reach out to the Polish and Lithuanian population at higher risk of suicide. • Contact organisations and make use of public events and festivals to promote the pledge and raise awareness of suicide prevention - use of other public health market stall/stand to raise awareness of issues – leaflets could be put on the stall regarding suicide prevention. • Identify localities for specific awareness raising 	<p>August 2014 Design and implementation of Peterborough and Cambridgeshire pledge</p> <p>September 2014- Launch of pledge</p> <p>September 2014 – May 2015 Co-ordinate roll-out of awareness raising at events and within organisations</p> <p>August 2014-Sept 2014 – produce bespoke resources – leaflets and posters for awareness raising.</p> <p>September 10th 2014,15,16 – ensure awareness raising in local media for suicide prevention day</p>	<p>Posters disseminated</p> <p>1% of people in Peterborough sign pledge</p> <p>5% or organisations in Peterborough sign pledge</p> <p>Number of posters disseminated</p> <p>Number of individuals signing pledge</p> <p>Number of organisations signing pledge</p>	<p>SCN Pathfinder Implementation Group – task and finish group to lead work</p> <p>Include: Service Users Network Peterborough city council</p> <p>Work to continue through the joint suicide prevention implementation group</p>

	<ul style="list-style-type: none"> • Website to host awareness raising materials - learn from Grassroots and Papyrus websites and use of social media • Explore use of social media in awareness raising • Include suicide prevention in other mental health awareness campaigns • Include awareness raising and suicide prevention material in bulletins that are sent out to GPs • Link with local media partners and 'time to change' campaigns 			
Recommendation 1.4 – Resources to aid self-help in those at risk of suicide	<ul style="list-style-type: none"> • Continue roll-out of Crisis card and App • Work with professionals to develop care plans for people known by mental health organisations to ensure up-to-date self-help resources and contact information is included • Resources for self-help for children and young people, including promotion of Centre 33 • Directory of services should be developed to aid self-help • Include student welfare at Cambridge University and Anglia Ruskin University to promote resources for self-help 	<p>August 2014 onwards – continuing roll-out of CRISIS cards and App to service users through partner organisation and promotional events.</p> <p>August 2014 onwards – development of resource cards to be used by professionals and agencies to promote self-help, build resilience and enhance follow-up care.</p> <p>October 2014 – resource cards available for dissemination to agencies</p>	<p>Number of Crisis cards disseminated and CRISIS App downloaded.</p> <p>Number of posters to aid self-help displayed</p> <p>Number of self-help resource cards disseminated through partner agencies</p> <p>Directory of services developed and used by partner organisations</p>	<p>SUN and SCN Pathfinder group to lead task and finish group</p> <p>Support from suicide prevention implementation group</p> <p>Include Cambridge University and Anglia Ruskin University Welfare Officers in developing and promoting material</p>

<p>Recommendation 1.5 – Aspire to develop integrated, appropriate and responsive services for those at risk of suicide</p>	<ul style="list-style-type: none"> • Map pathways and ensure all partners are aware of contacts and resources for self-help as well as pathways and how they operate • Encourage professionals and organisations to work together in identifying gaps and opportunities in pathways to prevent suicide – particularly at points where services meet when a person is transferred from one service to another • Support the police in responding to people with mental health problems by promoting pathways enabling contact and rapid access to other agencies that are able to provide advice and support • Develop a cultural view that it should be everybody's expectation that people receive appropriate and timely services • Refer to Crisis concordat recommendations on partnership working and the gathering and sharing of information about a person in crisis • Encourage systems that allow engagement with other services where appropriate – particularly with drug and alcohol teams • Endorse recommendations from coroner's reports on deaths as a result of suicide 	<p>Service mapping by the end of November 2014 March 2015 - Report and recommendations to improve pathways of care March 2015 onwards – establish links with partner organisations to ensure flow-through of information between agencies and thresholds are established.</p> <p>July 2015 onwards: Dissemination of information and good working practice to front-line staff – internal promotion and training by each partner organisation for effective support of suicide prevention pathways</p>	<p>Survey of service users on integrated pathways for suicide prevention.</p> <p>Measure the success of joined up pathways – transfer of information between agencies, use of care plans, distribution and use of self-help resources</p> <p>Audit of pathways used by each service – police, ambulance, A&E, liaison psychiatry</p>	<p>All Partners Groundwork by CPFT, CCG and public health with input during 2014-2015 from the SCN Pathfinder Implementation Group</p> <p>Ensure partnership support from Crisis Concordat group</p> <p>Task and finish group to achieve goals</p>
---	--	--	--	--

<p>Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide</p>	<ul style="list-style-type: none"> • Suicide prevention audit of Accident and Emergency Departments • Assessment of pathways for people who are discharged from psychiatric care and A&E care/liaison psychiatry – review of care plans and information contained within care plan, including consent to share information between agencies • Engage with service users to establish the strengths and weaknesses in pathways of care in response to crisis – including a review of the use of Police section 136 and the use of places of safety • Encourage development of pathways that are comprehensive and organised around the patient – particularly where organisations meet during transition points – acute sector transition into the community, for example • Assess the single point of access (ARC) and identify gaps around risk identification and pathways used by GPs and ARC staff. Training to GPs, ARC and CRISIS resolution team on pathways and risk identification • Engage with Rethink Carers group – for carers of people with mental health illnesses 	<p>September 2014- form task and finish group November 2014 – liaise with A&E depts. to conduct suicide prevention audit</p> <p>On-going from January 2015 Work in partnership with CPFT to identify gaps or weaknesses and areas for improving the care of people upon discharge from psychiatric care.</p> <p>October 2014 onwards - Ensure the strategic group links with the CCG and Local authorities in influencing the development of the 5 year mental health strategy as this develops</p>	<p>Report to suicide prevention group</p> <p>A&E audit data Care plans in place for people discharged from services</p> <p>Resources and support offered to those in community settings who do not meet the threshold for secondary mental health services (assessed by survey).</p> <p>Endorsement for ongoing support to people with mental health issues through the forthcoming 5 year mental health strategy</p>	<p>Lead: CPFT (to be agreed) with support from suicide prevention implementation group, CCG commissioners, Rethink carers Richmond fellowship SUN MIND Lifecraft</p> <p>Establish task and finish group</p> <p>Link with the Crisis Concordat group to ensure shared objectives and resources</p>
---	--	---	---	---

	<ul style="list-style-type: none"> • Link up suicide prevention strategic group to influence the development of the 5 year mental health strategy to ensure ongoing support for people with mental health issues and for those people in the community who do not meet the threshold for secondary mental health services 			
Recommendation 1.7 - Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody.	<ul style="list-style-type: none"> • Work with partners representing prison and police staff to understand the screening risk assessment procedure upon reception of prisoners and people taken into custody to include risk of suicide/self-harm. • Liaise with prison managers to promote the use of prison listeners. • Work with police partners to assess pathways of care for people in police custody and in prisons at risk of suicide • Broaden and promote access to the Samaritans in custody suites by raising awareness and supporting partnerships, learning from good practice • Promote access to support from drug and alcohol services for people in custody with mental health and drug/alcohol problems. Raise awareness and promote partnership working 	Ongoing from 2014 -2017	<p>Reduction in suicides in people in custody – baseline 2009-2011 Report on pathways and support for prisoners and people taken into custody.</p> <p>Survey to show use of Samaritans in custody suites</p> <p>Numbers of police custody and prison staff trained</p>	<p>Suggested lead organisations:</p> <p>CPFT, police, Samaritans and custody staff as members of the suicide prevention implementation group to develop task and finish group</p> <p>NHS England to lead on suicide prevention initiatives in prisons with support from the suicide prevention implementation group</p> <p>Engagement with Public Health England for support</p>

	<ul style="list-style-type: none"> • Suicide prevention training of custody staff and aspire to train prison listeners • Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problems. Recognise the need to promote joined-up services with an understanding of the roles and responsibilities of other organisations • Build on the work done to establish forensic services in Peterborough (ONE service). Assess links with partner organisations and discharge pathways 			
Priority 2 - Tailor approaches to improve mental health in specific groups				
Recommendation 2.1 Work in partnership with CPFT to assess pathways of care for children and adults who self-harm	<ul style="list-style-type: none"> • Results from suicide prevention audit at Accident and emergency departments • Monitor admissions to the Accident and Emergency departments for self-harm to assess any impact on service developments. • Directory of services to signpost and share at the point of contact (through liaison psychiatry). • Review the use of follow-up care plans for people discharged from services • Assess plans for people who self-harm if mental health services are not involved 	<p>August 2014 onwards – task and finish group linking with pathway design for suicide prevention.</p> <p>November 2014 – arrange audit with A&E</p>	<p>Report on pathways available to children and adults who self-harm Including recommendations for improvements</p> <p>Admission rates for self-harm reported to suicide prevention group Trends in admission rates recorded</p>	<p>CPFT lead (to be agreed) Input from CCG and voluntary organisations Liaise with Accident and Emergency staff</p>

Recommendation 2.2 Work with partners who are developing the 'Emotional wellbeing and mental health strategy for children and young people	<ul style="list-style-type: none"> • Raise awareness and campaigning around self-harm • provide access to self-help resources that focus on building resilience in young people • raise awareness and develop resources aimed at preventing bullying in schools and colleges • assess pathways for support for children who are at risk of self-harm , particularly in vulnerable groups of children and young people – youth offenders, children in care, children under the care of people with mental health problems • Support and promote the Bounce! project in Peterborough – working with families through workshops to encourage health and wellbeing including mental wellbeing • Provide support and ensure links are made to the proposed public mental health strategy for Cambridgeshire 	January 2015 onwards Workshops and events to be scoped for awareness raising around self-harm and support to the Bounce! Project in Peterborough	Data on self-harm in children Training delivered for emotional wellbeing support of children Partnership working to deliver resources and awareness raising – Number of workshops and events run and feedback obtained	CCG, local authority children and family services, Public Health advice and support from suicide prevention implementation group
Recommendation 2.3 Promote early interventionsto aid prevention of mental health problems that could lead to suicide	Prevention interventions to promote good mental health and avoid decline towards suicidal tendencies. <ul style="list-style-type: none"> • Review access to support in the community before crisis situations arise. • Work with communities and community liaison teams to raise awareness of sources of help, for example, debt management, 	March 2015 – scoping of work by implementation group July 2015 – workshop with service users	Survey of community liaison team staff and health visitors to assess dissemination of advice	Suicide Prevention implementation group to lead - task and finish group established Links with Peterborough City Council (PCC) and CCC

	<p>relationship counselling, housing organisations parent/children centres</p> <ul style="list-style-type: none"> • Information to health visitors to promote advice services • Engage with service users and public to understand gaps in service provision and focus efforts on improving the system to support individuals where appropriate 	September 2015 onwards - Communication and resources for community liaison teams and health visitors		
Recommendation 2.4 Promote training in Mental Health Awareness	See recommendation 1.1 as this is a subset of 'suicide prevention training'		Number of people trained in Mental Health Awareness and suicide prevention At least 100 people provided with Mental Health Awareness and suicide prevention training	Suicide Prevention Training task and finish group
Priority 3 – Reduce access to the means of suicide				
Recommendation 3.1 – Removal of potential ligature points	<ul style="list-style-type: none"> • CPFT audit of ligature points and other suicide risks in inpatient settings and residential care settings • Audit of ligature points in places of custody • Share information on identifying potential ligature points between agencies (CPFT, Police and Prisons) 	On a yearly basis	Audit of potential ligature points is conducted annually in inpatient wards and places of custody Potential ligature points removed or made safe	CPFT lead for inpatient audit Police lead for audit of police custody suites NHS England lead for audit in prisons
Recommendation 3.2 – Reduce the risk of suicides from car parks	<ul style="list-style-type: none"> • Extend training provided by Samaritans • Risk assessments of car parks – work with agencies that own car parks • Work with coroners to recommend barriers as a mechanism to restrict the means to suicide 	August 2014 onwards – work with the support of Peterborough suicide prevention implementation group, coroner and PCC to assess risk and promote	Number of staff trained in suicide prevention Training of car park and shopping centre staff in suicide prevention	Joint suicide prevention Implementation group to lead with support from PCC, Coroner Samaritans

	<ul style="list-style-type: none"> Posters displayed in car parks and shopping centres to aid self-help 	<p>the use of barriers in Peterborough car parks</p> <p>Sept 2014 onwards Advocate for construction of barriers at car parks where there is a risk of suicide</p>	Achieve zero suicides at car parks in Cambridge and Peterborough	
Recommendation 3.3 – Reduce the risk of suicide on railway lines in Cambridgeshire and Peterborough	<ul style="list-style-type: none"> Training available to rail staff Review of availability of information to aid self-help – Samaritans’ posters or others Assessment of suicide prevention initiatives by British Transport Police 	January 2015 onwards to scope work required and engage with Transport Police	<p>Training of rail staff in suicide prevention</p> <p>Posters available to aid self-help in railway locations</p> <p>Achieve zero suicides on railway lines</p>	<p>Joint suicide prevention Implementation group to lead with input specifically from Samaritans and British Transport Police</p>
Priority 4 – Provide better information and support to those bereaved or affected by suicide				
Recommendation 4.1 - Ensure bereavement information and access to support is available to those bereaved by suicide	<p>Ensure availability of ‘Help is at hand booklet’ for those bereaved as a result of suicide (GP surgeries, coroners offices, police and funeral directors).</p> <p>Information should be available to signpost bereaved people to organisations best able to help them:</p> <ul style="list-style-type: none"> CRUSE – a charity dealing with bereavement in general – supported by the CCG Survivors of bereavement by suicide Compassionate Friends – a charity dedicated to helping families of children who have died 	January 2015, January 2016, January 2017– check availability of ‘help is at hand’ leaflets and list of organisations to distribute leaflets.	<p>Help is at hand leaflets are available to police, coroners, funeral directors and GP practices</p> <p>Establishment of a self-help group or network</p> <p>Number of people trained from bereavement services</p>	<p>Joint suicide prevention Implementation group to lead</p> <p>Sub-group to act as atask and finish group for this purpose</p>

	<p>Link with other East of England suicide prevention groups to develop a self-help group or network for people bereaved by suicide.</p> <p>Bereavement services offered suicide prevention training</p> <p>Suicide prevention training used as a platform to disseminate resources on bereavement services</p> <p>Review support available to families and carers of people known to mental health services who have died by suicide</p> <p>Review support for carers who are bereaved</p> <p>Review resources available to young people affected by suicide – social media and websites</p>			
Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior				
Recommendation 5.1 – Encourage appropriate and sensitive reporting of suicide	<p>Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide</p> <p>Ensure the involvement of Comms teams in LAs and CCG</p>	<p>January 2015 – May 2015 to ensure task is achieved.</p> <p>Review task in January 2017</p>	<p>Sensitive and responsible reporting of suicide by local media against guidelines</p> <p>Media reports collated for evaluation report</p>	<p>Joint suicide prevention Implementation group to lead</p> <p>Sub – group or individual task</p>
Priority 6 - Support research, data collection and monitoring				
Recommendation 6.1 Collect detailed suicide data on a quarterly basis from Cambridgeshire and Peterborough coroners and carry out an annual audit of local suicides	<p>Form sub-group to ensure data collection and audit</p> <p>Quarterly collection of data</p> <p>Audit on a yearly basis to report changes to suicide numbers, methods, demographics, risk factors.</p>	<p>2014-2017 On-going quarterly collection of data and full audit on a yearly basis</p>	<p>Reduction in suicides year on year</p> <p>Public Health Indicator 4.10 – Baseline period = 2009-2011</p>	<p>Joint suicide prevention Implementation group to lead</p>

	<p>Report on suicide rates in relation to public health outcome: ‘Reduce the rate of suicide in the population’</p> <p>Encourage data gathering and consent to collect and share data – self harm in A&E Departments. Audit of self-harm data if available to identify those at risk</p>	February 2015, 2016 and 2017 - Annual report/update to be written by public health and presented to partner organisations	<p>Achieve 10% reduction in suicide rate for 2014-2016</p> <p>Suicide statistics on three year rolling basis</p>	<p>Sub-group Public health data analysts to lead Coroners to supply data</p> <p>Use information obtained from the newly created ‘mental health information network’ to understand local issues</p>
Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations	Ensure membership of implementation groups by all partners with correspondence list kept up to date for sharing resources	On-going sharing of information with partner organisations	Implementation group meeting minutes and email records	Public health to lead, collate and ensure dissemination of evidence as part of role in chairing strategic group

Evaluation of the Suicide Prevention Strategy will need to be carried out in year 3. Progress reports should be written on a yearly basis – year 1 (Feb- March 2015), Year 2 (Feb-March 2016), Year 3 (Feb- March 2017)

The suicide prevention strategy will not operate in isolation, but will support and complement other relevant strategies including:

- The Cambridgeshire and Peterborough Joint Commissioning Strategy for Adult Mental Health Services 2013-16⁴
- The Cambridgeshire Emotional well-being and mental health strategy for children and young people 2014-2016⁵
- The Cambridgeshire Public Mental Health Strategy, which will be developed during 2014/15
- The Cambridgeshire and Peterborough Clinical Commissioning Group 5 year Mental Health Strategy, which will be developed in 2014/15