

# **DRAFT Joint Cambridgeshire and Peterborough Suicide Prevention Three Year Action Plan 2017-2020**

The joint Cambridgeshire and Peterborough suicide prevention three year action plan accompanies the refresh of the Joint Suicide Prevention Strategy (2017-2020) and builds upon the work undertaken between 2014-2017. The action plan is a working document and will be adjusted and updated as work proceeds to implement the recommendations.

Implementation of the strategy according to the action plan will be the responsibility of partner organisations as described in the suicide prevention strategy. A joint Cambridgeshire and Peterborough Suicide Prevention implementation group oversees the implementation of the action plan and will report progress to the Health and Wellbeing Board and Joint Safeguarding Executive Board.

The 4 key organizations responsible for the commissioning and/or provision of mental health services – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and the Cambridgeshire and Peterborough Foundation Trust (CPFT) have committed to putting achievement of the zero suicide ambition at the heart of mental health care – commissioning and delivery - in Cambridgeshire and Peterborough. While the Suicide Prevention Implementation Group brings together partners responsible for delivering the Plan and for reporting progress with delivery, a number of Boards and Groups will support the group to achieve delivery including the Adult Mental Health Joint Commissioning Group, the MH Delivery Board (Cambridgeshire and Peterborough Crisis Concordat Group) and the OPMH Delivery Board.

The joint suicide prevention strategy document provides detail for each recommendation and should be used for cross-reference when implementing the action plan.

Funding to support recommendations and actions will depend upon on-going support from the partner organisations.

## DETAILED ACTION PLAN FOR SUICIDE PREVENTION

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility/Involvement of partners	Progress to date Rating
<b>Priority 1 - Reduce the risk of suicide in high risk groups</b>					
<b>Recommendation 1.1 - Suicide Prevention Training</b>	<p>Continue ASIST and STOP suicide training as follows:</p> <ul style="list-style-type: none"> <li>ASIST courses delivered to individuals and priority organisations identified (as agreed in contract with CPSL MIND)– ensuring training reaches out to people working or in contact with the most vulnerable or hard-to-reach groups at risk of suicide</li> <li>STOP suicide courses delivered with agreed target for participation</li> <li>Evaluation of training effectiveness – at the end of each course (by survey) and follow-up.</li> </ul>	<p>Ongoing delivery of ASIST and STOP suicide training</p> <p>Evaluation of training – on an annual basis</p>	<p>Numbers of people trained</p> <p>List of organisations receiving training and numbers of staff trained within each organisation-</p> <p>80% satisfaction with training</p>	CPSL MIND – STOP Suicide	<p>ASIST Courses delivered across Cambridgeshire and Peterborough targeting ‘Gate Keeper’ roles</p> <p>Update required</p> <p>Evaluation forms are completed by participants and feedback is collected following courses</p>
	Develop and deliver GP suicide prevention training programme (funded through STP with support from CCC)	GP training in suicide prevention from Autumn 2017 for one year	<p>Survey</p> <p>Numbers of GPs trained</p> <p>Survey of outcomes</p> <p>Data on suicides lined to practices</p>	CPSL MIND STP Funding Public Health oversight	
	Training supported by Samaritans	Ongoing		Samaritans	Update required

	Continue delivery of MHFA through workplace health – funded by CCC (Cambridgeshire only)	Ongoing		Public Health	Update required.
<b>Recommendation 1.2 – Develop suicide prevention resources for professionals in contact with vulnerable groups and for self-help</b>	<b>Resources and information</b> <ul style="list-style-type: none"> <li>Collect and collate available resources and a directory of services</li> <li>Promote and update the directory of services –through existing apps/websites e.g. Keep your Head, MyDOS, MyHealth and STOP suicide</li> <li>Provide access to resources and information – via the STOP suicide and Keep Your Head (CYP) website - Link to partner organisations and resources/information – MindEd, Zero Suicide Alliance, NSPA, Lifecraft</li> <li>develop an adult version of ‘Keep Your Head’ website with information and resources for signposting and self-help</li> </ul>	Ongoing updates and maintenance to STOP suicide and Keep Your Head (CYP)websites –  Keep Your Head (adult version) - Launch and Comms 2018  Spring 2018 onwards – GP training with promotion of resources for signposting and self-help as well as development of care plans	Website visitor statistics and monitoring – including resource pages ‘hits’  Directory of services developed and used by partner organisations  Feedback from GP training and bereavement support service – including leaflets disseminated	CPSL MIND – STOP suicide resources  Public Health SUN – KYH websites	Stop Suicide website stats  KYH stats  KYH adult launch
	Continue to promote the 111(2) FRS/Sanctuary service through multiple media connections. Include promotion to BME communities, using the FRS video in other languages		Awareness of FRS/111(2) service	Crisis Care Concordat	
<b>Recommendation 1.3 – Awareness-raising campaigns and promote the Cambridgeshire and Peterborough STOP</b>	<ul style="list-style-type: none"> <li>Continue work by STOP suicide to use public events and other community opportunities to promote the STOP suicide pledge and raise awareness of suicide prevention</li> </ul>	Ongoing through contract with CPSL MIND for STOP suicide	Number of individuals signing pledge Number of organisations signing pledge	CPSL MIND STOP suicide  Link with	STOP Suicide data update  Samaritans – local update

<p><b>Suicide pledge to reduce suicide</b></p>	<ul style="list-style-type: none"> <li>● Make use of partnership working when targeting campaigns - Samaritans and STOP suicide share idea and resources in order to maximise benefits.</li> <li>● Continue to Identify localities for specific awareness raising and special events such as suicide prevention day (10<sup>th</sup> September) and world mental health awareness day (10<sup>th</sup> October)</li> <li>● Explore use of social media in awareness raising</li> <li>● Include suicide prevention in other health awareness campaigns</li> <li>● Include awareness raising and suicide prevention material in bulletins that are sent out to GPs</li> </ul>		<p>Possible survey to assess awareness in the community</p>	<p>Samaritans' 'We're in your corner' campaign targeted at men</p> <p>Partnership group for world MH awareness day</p>	
<p><b>Recommendation 1.4 –Aspire to develop integrated, appropriate and responsive services for those at risk of suicide</b></p>	<p><b>CRISIS CARE - 111(2) FRS/Sanctuaries</b></p> <p>Integrated Mental Health teams – Mental health nurses in police control rooms</p> <p>Ensure suicide prevention initiatives link to Crisis Concordat work and include pathways of care for people pre crisis, during crisis and post crisis</p>	<p>Ongoing</p>	<p>Statistics on FRS/sanctuary use Emergency admissions Ambulance conveyances due to MH crisis</p> <p>Consider an audit of information sharing protocols, once agreed</p>	<p>Crisis Concordat partnership</p> <p>Ensure partnership support</p>	<p>Vanguard/Crisis Care Concordat work including:</p> <p>-Integrated Mental Health Team – mental health nurses based in the police control room.</p> <p>This work undertook a range of mapping and pathways work in terms of crisis support.</p>

	<b>Continue Lifeline</b> – telephone support for people with mental health problems 6pm-11pm		Information on numbers of callers	Lifecraft and Lifeline Carole Morgan	Update on use
	Support the development of systems that allow engagement with other services where appropriate – particularly with drug and alcohol teams	January 2018 onwards through CPFT strategy		Link with CPFT zero suicide strategy drug/alcohol Susie Talbot	
	Ensure that GPs receive core training in suicide prevention (See Recommendation 1.1) and ensure development of guidance for primary care – resources, sign posting and self-referral as well as safety plans and links with PRISM	May 2018 onwards	Evaluation surveys Numbers of GPs trained Information resources distributed to GPs	GP training – CPSL MIND	
	<b>CPFT ZERO SUICIDE ACTION</b> Ensure that every patient has a comprehensive flexible risk management strategy that results from a specific risk focused conversation and that the strategy is consulted, considered and reviewed at every contact	See CPFT Zero suicide action plan		CPFT Neil Winstone/Nicky Asplin	CPFT to provide update to group
	Work with the Joint Safeguarding Executive to monitor delivery and develop an improvement plan to achieve the outcomes required	To be developed in 2018		Fiona Davies Kathy Hartley Zero suicide T&F group	
<b>Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide</b>	<b>Link to learning through the ZERO suicide ambition.</b> Create a culture of learning to drive up quality across the system  1. Develop a regular forum whereby organisations can bring cases and learning to share with partners – to ensure actions and recommendations are made to drive up quality of care	Scoping this work for delivery during 2018  Will require additional resources to implement	Data dashboard for monitoring suicides and MH crisis  Monitor reporting by the two forums  Review of cases, actions,	All partners Work with CPFT Zero suicide  Task and finish group to scope and develop both groups	-Sharing data – continued work as a system to improve data sharing and establish agreements. Vanguard work and Concordat work has required data sharing protocols. Data flow

	<p>Pathways of care to be assessed include those pre crisis, during crisis and post crisis.</p> <p>2. Develop a forum or forums for people with 'lived experience', service users, community organisations and others to come together or submit feedback on 'what works well' as well as 'what could be improved'. This forum should link with (1) above to feedback across the partnership and drive up quality across the system</p> <p>Assessment of pathways for people who are discharged from psychiatric care and A&amp;E care/liaison psychiatry –</p> <p>Continue to engage with service users to establish the strengths and weaknesses in pathways of care in response to crisis – including the FRS service and Sanctuaries</p>		<p>recommendations and follow-through</p> <p>Assess use of Section 136 and places of safety</p> <p>GP training evaluation – referrals, awareness of services and avoiding CRISIS</p> <p>Consider an audit of Care plans in place for people discharged from services</p>	<p>Link to Safeguarding Exec and Safeguarding boards</p> <p>Link to drug and alcohol services</p> <p>Engagement with service users and carers through (SUN Carers groups) the mental health stakeholders group – quarterly meetings across Cambridgeshire and Peterborough</p>	<p>following a bereavement now being reviewed.</p>
	<p><b>Develop information sharing processes</b></p> <p>This may be required in order to develop the learning culture (above)</p> <p>CPFT to review all the ISA's in place or ISA's being established to support MH crisis care pathway and explore how information could be further shared shared between organisations (Cambridgeshire Information Sharing Framework)</p>	<p>Ongoing</p>		<p>CRIS care concordat CPFT Public health</p>	<p>Real-time suicide surveillance between police and PH</p> <p>Crisis Care Concordat: Information Sharing Agreements are in place across organisations to support the Frequent Attenders CQUIN, in addition to MH and Acute Trusts this</p>

	review of care plans and information contained within care plan, including consent to share information between agencies				includes 111, ambulance service, substance misuse, primary care.
	<b>CPFT ZERO SUICIDE ACTION</b> Ensure that carers, families and significant others are always involved in care planning including the identification and mitigation of risk. Whenever this proves immediately unachievable carers, families and significant others will know why and how their involvement will be made possible.	New workstream		CPFT to update Anna Tuke - lead	Link to CPFT Zero Suicide Action plan
	<b>Develop 24 hour crisis response for children.</b>			Crisis Care Concordat – Modestas CPFT	
	Explore models for community and joined-up support at locality level for people post crisis – and ongoing support for people with mental health issues in the community who do not meet the threshold for secondary mental health services - link with the PRISM service	Ongoing		Crisis Care Concordat PRISM Lifecraft CPSL MIND	
<b>Recommendation 1.7 - Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody.</b>	Link with prisons and Offending, Prevention and Management Strategic Needs Assessment - understand the screening risk assessment procedure at court and upon reception of prisoners and people taken into custody (including police custody) to include risk of suicide/self-harm. <ul style="list-style-type: none"> <li>Continue to work with prison managers to promote and train peer support 'prison listeners'.</li> </ul>	Ongoing work with police, prisons and probation	Reduction in suicides in people in custody – baseline 2009-2011  Suicide audit of case files to ensure inclusion of people released from custody	Police, probation, Samaritans and custody staff as members of the suicide prevention implementation group	ASIST course funded for peer supporters in Peterborough prison. A number of issues were highlighted as part of the Substance Misuse JSNA (criminal justice section) and support is being given to the upcoming needs assessment being undertaken by the Office of the Police and Crime Commissioners Office

	<ul style="list-style-type: none"> <li>● Broaden and promote access to the Samaritans in custody suites and in courts by raising awareness and supporting partnerships, learning from good practice</li> <li>● 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</li> <li>● Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problems. Work with probation and other services to ensure safe release from prison</li> </ul>		<p>Prisons and Offending, Prevention and Management Strategic Needs Assessment</p> <p>Numbers of police custody, prison staff and prison listeners trained in suicide prevention</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>	<p>Work is being done to look into issues around transfer of health information at point of entry to prison.</p>
<p><b>Priority 2 - Tailor approaches to improve mental health in specific groups</b></p>					
<p><b>Recommendation 2.1</b>  <b>Work in partnership with CPFT to assess pathways of care for children (10-24 year olds) and adults who self-harm</b></p>	<ul style="list-style-type: none"> <li>● Raise awareness and promote campaigns to address self-harm</li> <li>● provide access to self-help resources that focus on building resilience in young people - Signpost CYP to 'Keep Your Head' website and directory of services at the point of contact</li> <li>● Review the use of follow-up care plans for people discharged from services</li> <li>● Assess plans for people who self-harm if mental health services are not involved</li> </ul>	<p>Ongoing work linked with pathway design for suicide prevention and Emotional well-being and mental health group for children and young people.</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</p>	<p>CPFT and Emotional well-being and mental health group for children and young people</p> <p>Safeguarding Boards</p>	<p>-Directory of services – Keep Your Head (includes specific information on self-harm) and MyHealth app.</p> <p>-Public Health are currently reviewing self-harm admissions data to establish if there are any data reporting errors (Cams).</p> <p>- Providing a psycho social assessment and safety plan for Emergency Department (ED) patients</p>

	<ul style="list-style-type: none"> <li>Review resources to help people who self-harm or have a history of self-harm, for example; 'Harmless' <a href="http://www.harmless.org.uk">http://www.harmless.org.uk</a> A national organisation based in Nottingham</li> </ul> <p>Commissioning of Kooth and expansion of face-to-face counselling services for young people.</p>		Trends in admission rates recorded		<p>Self-harm support groups for parents have been run by PinPoint and support from Locality Teams (Cambs).</p> <p>Training delivered by CPFT (free of charge) – understanding and responding to self-harm.</p>
<b>Recommendation 2.2</b> <b>Work with partners who are developing the 'Emotional wellbeing and mental health strategy for children and young people'</b> *	<ul style="list-style-type: none"> <li>raise awareness and develop resources aimed at preventing bullying in schools and colleges</li> <li>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</li> </ul>	Ongoing work	<p>Data on self-harm in children</p> <p>Training delivered for emotional wellbeing support of children</p> <p>Partnership working to deliver resources and awareness raising – Number of workshops and events run and feedback obtained</p> <p>Achieve zero suicides in children</p>	<p>Partnership within Emotional Wellbeing board and safeguarding children board</p> <p>Sharif and Andy Jarvis to provide updates</p>	
<b>Recommendation 2.3</b> <b>Promote early interventions to aid</b>	Prevention interventions to promote good mental health and avoid decline towards suicidal tendencies.		Consider survey of service users and the public to assess	Suicide Prevention	-Broader range of information provided

<p><b>prevention of mental health problems that could lead to suicide</b></p>	<ul style="list-style-type: none"> <li>● Promote ‘Keep Your Head’ website for CYP to raise awareness and promote early interventions and signpost to support</li> <li>● Develop ‘Keep Your Head’ adult website to raise awareness of sources of help, for example, debt management, relationship counselling, housing organisations parent/children centres</li> <li>● Training and Information to health professionals including GPs and health visitors to promote resources and advice services</li> <li>● Engage with service users and public to understand gaps in service provision and focus efforts on improving the system to support individuals where appropriate</li> </ul>	<p>Ongoing and continuing work on ‘Keep Your Head’ CYP</p> <p>Autumn 2017 – development of ‘Keep Your Head’ adult mental health website</p> <p>Debt and money management services to be developed from Sept 2017</p> <p>Ongoing preventative work in schools</p>	<p>awareness of prevention resources.</p>	<p>implementation group to lead -</p>	<p>through counselling services (advice).</p> <p>-In 17/18 there will be debt management (preventative work funded with care leavers as well as those with mental illnesses in Cambridgeshire.</p> <p>-Preventative work in schools includes training to improve understanding of Mental Health in teaching/pastoral staff. Aiding identification of those who need support.</p> <p>Drop in services for young people in Huntingdon and Peterborough and Cambridgeshire as part of Centre 33 and local authority partnerships. Delivering broad support as well as counselling.</p>
<p><b>Priority 3 – Reduce access to the means of suicide</b></p>					
<p><b>Recommendation 3.1</b> – In line with regulations, ensure the removal of potential ligature points – particularly in places of custody and in-patient settings</p>	<ul style="list-style-type: none"> <li>● CPFT audit of ligature points and other suicide risks in inpatient settings and residential care settings in line with regulations</li> <li>● Audit of ligature points in places of custody</li> </ul>	<p>This is ongoing - on a yearly basis</p>	<p>Audit of potential ligature points is conducted annually in inpatient wards and places of custody</p>	<p>CPFT lead for inpatient audit Police lead for audit of police custody suites</p>	

	<ul style="list-style-type: none"> <li>● Share information on identifying potential ligature points between agencies (CPFT, Coroners, Police and Prisons)</li> </ul>		Potential ligature points removed or made safe	NHS England lead for audit in prisons	
<b>Recommendation 3.2</b> – Reduce the risk of suicide by jumping from high buildings and bridges accessible by the public including multi-storey car-parks	<ul style="list-style-type: none"> <li>● Advocate for construction of barriers on bridges and buildings where evidence shows high risk of suicide</li> <li>● Work with police and highways England to reduce risk on bridges where suicides and threatened suicides have occurred</li> </ul>	Ongoing work	<p>Achieve zero suicides at car parks in Cambridge and Peterborough</p> <p>Aim for zero suicides from bridges over highways in the area</p>	Police/Coroner/public health	Barriers erected at Queensgate shopping centre and Northminster car park in Peterborough
<b>Recommendation 3.3</b> – Reduce the risk of suicide on railway lines in Cambridgeshire and Peterborough	<ul style="list-style-type: none"> <li>● Support the national railway Suicide Prevention plan and initiatives by British Transport Police to reduce suicides on railways</li> <li>● Use the annual suicide audit to assess whether there are any ‘black spots’ for suicide on railway lines locally. An assessment of any requirements for physical barriers should be made at any location with heightened risk of suicide.</li> <li>● Continue to promote STOP suicide at local railway stations</li> </ul>	Ongoing work	<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>	Samaritans, Helen Whyeman – data Link with British Transport Police	<p>-Samaritans/Network Rail campaign on the railway including printed messages on tickets and posters at stations.</p> <p>-Some local stations are also displaying Stop Suicide resources.</p> <p>-Staff training has been provided to railway employees to look out for and offer support to people who may be considering taking their own life on the railway (provided by Network Rail nationally).</p> <p>-Rail505 app – enables other passengers/anybody to report someone they are worried about or to seek</p>

					help themselves on the railway. <a href="https://www.rail505.com/">https://www.rail505.com/</a>
<b>Recommendation 3.4 – Work with Medicines Management team at the CCG to ensure safe prescribing of some toxic drugs</b>	<ul style="list-style-type: none"> <li>contact the CCG medicines management team chief pharmacist to ensure quality standards on safe prescribing. Further consideration needs to be given to the prescribing of some toxic drugs, where safer alternative medicines are available. (Hawton et al 2010)</li> <li>Promotion of suicide prevention through pharmacies and with pharmacists is recommended to raise awareness of suicide risk due to some forms of prescription medication.</li> </ul>		Prescribing data to reflect safe prescribing guidance	TBC Chief pharmacist at the CCG	-Following Child Death Overview Panel reports there was a communication to GPs regarding safe prescribing to young people, this was also re-circulated.
<b>Recommendation 3.5 - Whenever possible, medical professionals should be reinforcing safety plans for individuals with mental health problems</b>	Education and training for health professionals including General Practice staff on use of personal safety plans for patients with mental health problems. This includes plans for those who have never been in secondary care services – see section 1.1 – GP training	Ongoing through training of professional staff and GP training in suicide prevention	Number of GPs trained  Consider an audit of safety plans	CPFT and CPSL MIND	Some training of GPs and mental health specialists through the training offered by CPSL MIND and CPFT
<b>Priority 4 – Provide better information and support to those bereaved or affected by suicide</b>					
<b>Recommendation 4.1 - Ensure bereavement information and access to support is available to those bereaved by suicide</b>	Develop and implement a bereavement support service for people affected by suicide.  Establish peer support groups or develop links with existing peer support groups – CRUSE and SOBS	November 2017 – November 2018  Funding approved through STP to create a bereavement support	Help is at hand leaflets are available to police, coroners, funeral directors and GP practices	Lifecraft to lead bereavement support service implementation	Bereavement support service began in December 2017 and is currently receiving referrals

	<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>Create and disseminate a local bereavement support leaflet to signpost people to services and self-help support information.</p>	<p>service for people affected by suicide.</p> <p>Ongoing distribution of help is at hand resources</p> <p>Ongoing development and roll-out of peer support groups – CRUSE, Compassionate Friends group in Cambridge Bereavement support group in Peterborough</p>	<p>Bereavement support service in place. Number of contacts made. Evaluation by follow-up survey</p>	<p>CRUSE run a peer support group in Cambridge</p> <p>Rosie Wilson runs a 'compassionate friends' group in Cambridge for parents affected by suicide</p> <p>Helen Pope organises a peer support group in Peterborough</p>	<p>Help is at Hand booklet circulated to all GP practices in Cambridgeshire and Peterborough with instructions on how to re-order them.</p>
<b>Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior</b>					
<b>Recommendation 5.1 –Encourage appropriate and sensitive reporting of suicide</b>	<p>Continue to 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>Ongoing work initiated in 2014. Ad hoc contact with local media</p>	<p>Sensitive and responsible reporting of suicide by local media based on Samaritans guidelines</p>	TBC	
<b>Priority 6 - Support research, data collection and monitoring</b>					
<b>Recommendation 6.1 Collect detailed suicide data on a quarterly basis from Cambridgeshire and Peterborough coroners and carry out an annual audit of</b>	<p>Form sub-group to ensure data collection and audit.</p> <p>Suicide and mental health dashboard to be developed</p> <p>Audit on a yearly basis to report changes to suicide numbers, methods, demographics, risk factors.</p>	<p>On-going quarterly collection of data and full audit on a yearly basis</p> <p>On-going real-time suspected suicide surveillance</p>	<p>Public Health Indicator 4.10 – Baseline period = 2009-2011</p> <p>Achieve 10% reduction in suicide rate by 2020</p>	<p>Public health – Helen Wyeman</p> <p>Coroners</p> <p>Police</p> <p>CPFT</p> <p>BTP</p>	<p>Data is now received from BTP through an annual report and a warning system (national system).</p>

<b>local suicides</b>	Report on suicide rates in relation to public health outcome: ‘Reduce the rate of suicide in the population’  As part of the zero suicide ambition – consider reviewing a sample of suicide case files on a quarterly basis to create a culture of learning		Suicide statistics on three year rolling basis		A local real-time surveillance system has been established – This shares information from Police/Coroner to Public Health on suspected suicides as they occur.
<b>Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations</b>	Ensure membership of implementation groups by all partners with correspondence list kept up to date for sharing resources  Link with NSPA	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	Relevant national publications and evidence is circulated via group distribution list.
<b>Recommendation 6.3 Coroners should notify the Suicide Prevention Strategic Group about inquest evidence that suggests patterns and suicide trends and evidence for service development to prevent future suicides</b>	Ongoing updates to the suicide prevention strategic group by the coroners as required	Ongoing	Data is sent on a quarterly basis to public health lead analyst in Cambridgeshire	Coroners to lead – liaising with the Suicide Prevention Strategic Group	The Coroner flags any notable patterns with the group or public health. The ‘real time’ surveillance system will also help with this in terms of geographic/temporal patterns.
<b>Recommendation 6.4 Evaluate and report on the suicide prevention implementation plan</b>	Evaluation methods created for each area of suicide prevention as listed in the recommendations above.  Evaluation of suicide audit data – changes to suicide methods or risk of suicide. Changes to rates of suicide	Report to Health Committee and HWB as requested	Collation and analysis of any evaluation and survey data Analysis of suicide audit data	Public Health to lead	See columns above

			Evaluation and outcomes from all recommendations listed above		
<b>ZERO SUICIDE AMBITION ACTIONS</b>	Ensure that suicide prevention and the zero suicide ambition is supported by effective commissioning and delivery approaches including: embedding suicide prevention in strategic and operational plans of CPFT, CCG, CCC and PCC, included in contracts – organizations commissioned will be required to sign up to the Strategy inc. the Zero suicide and suicide prevention strategy and develop and report against action plans to support their commitment.	New Initiative		Fiona Davies to lead To be discussed at Safeguarding Executive Board	

\* When referring to ‘children and young people’, the definition from the emotional wellbeing and mental health of children strategy is used; “all children and young people and their families in Cambridgeshire and Peterborough, from conception to their 18th birthday or their 25th year if disabled or have complex needs”.

This is a live action plan that was last updated in January 2018.

