

Health and Wellbeing Board

Suicide Prevention Action Plan

Sponsor:	Helen Shields – Chief Officer
Summary of Action Plan	<p>As part of implementation plan of the IOW Suicide Prevention Strategy, a number of key actions were identified for the CCG to lead on, as follows:</p> <ol style="list-style-type: none"> 1. Reduce the risk of suicide in key high-risk groups 2. Tailor approaches to improve mental health in specific groups 3. Reduce access to the means of suicide 4. Provide better information and support to those bereaved or affected by suicide 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour 6. Support research, data collection and monitoring
Highlights:	<p>Since the publication of the Strategy in January 2014, the CCG has undertaken the following actions:</p> <ol style="list-style-type: none"> 1. Formation of Mental Health Alliance: <ul style="list-style-type: none"> - 16 partner organisations have joined so far - various subgroups- including Suicide and Self Harm have been established and operational - a project management time for IOW MH Partnership has been sourced - A number of training courses delivered - Governance and policies in place for Third Sector delivering services 2. Media Awareness Day- this was arranged on 15th May 2015 and was well attended by local public, media and police. A communications strategy has been developed for media to aid responsible reporting and future governance and advice on suicide prevention in at risk groups. 3. Suicide Prevention Data and Analysis: CCG leads on various stakeholder groups reviewing unexpected deaths and near misses. Work is ongoing to analyse suicide and unexpected deaths data and share lessons learned with DWP. 4. Implementing RAID model- work is ongoing to scope the RAID service in Emergency Department (and is expected to complete by November 2016). 5. Crisis Care will be delivered and monitored through Crisis Care Concordat Action Plan. 6. Community Mental Health Services (CMHS). Reviewed and redesigned. Due to be implemented April 2016.
Actions:	The IOW Health and Wellbeing Board are requested to note the progress on the Suicide Prevention Strategy action plan.
Issues:	<p>No risks or issues to delivery on Suicide Prevention Strategy action plan have been reported so far.</p> <p>A new at risk group has been identified (45-60 year old men of professional status). The steering group are due to review recommendations in January 2016.</p>

Author of Paper:	Sue Lightfoot – Head of Commissioning, Children’s & Young People, Mental Health, Learning Disability and Dementia.
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Date of Meeting:	10 th December 2015
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Action Plan for Suicide Prevention Strategy 2015/16

Tier 1: Universal services			
OUTCOME	ACTION	TIMESCALE & LEAD	Comment
Individuals and their families have access to information and are aware of the services available to them	<ul style="list-style-type: none"> Scope the information available and how people access this information 	Suicide Awareness and Prevention Working Group	MLFL website to be launched in November 2014. Group to Link to Helen Williams with information on services. (HF requested for a suicide prevention page on the directory)
	<ul style="list-style-type: none"> Signposting: Develop a directory providing information and advice on services, self-help and available resources for professionals and service users 	My Life A Full Life	CCG requested a page on the MLFL directory, website launched: http://www.islehelp.org.uk/
	<ul style="list-style-type: none"> Scope the development of the mental health alliance to provide coordinated and collaborative activity of the voluntary sector to support at risk groups 	CCG/ MH Alliance	Mental health alliance has been formed (relationship between Public sector and third sector). Isle of Mental health Recovery Partnership. 16 organisations joined to date, meet quarterly. Sub groups formed which include suicide and self-harm. E.g. Iwish group (support group) scoping a group that is more of a 'service'. Support group led by SELF which feeds into Isle of Wight Voluntary Service Forum. Isle of Wight Project Manager for Isle of Wight Mental health partnership employed, refurbished Quay House. 9 Peers training on City and Guilds adult education teaching training certificate - deliver courses e.g. support Supporting organisation to ensure insurances, governance and policies are in place for third sector organisations delivering services and groups. Aim basics in place by September. Older adults' service. Evaluating and tracking outcomes.

	<ul style="list-style-type: none"> Develop public awareness campaign focusing on mental health (including suicide): e.g. toilet doors in bars improving people's confidence to raise the issue and access support 	Public Health	Samaritans and Public health scoping materials available and include Peers to support in development and distribution
	<ul style="list-style-type: none"> Time to Change – Awareness days that address the issues, reduce stigma, change cultures and signpost people to resources available at key locations: e.g. stands in the hospital, in the town 	Public Health	Day held on 10th October 2014 at St Mays Hospital (service user and carer forum members and IWISH group) Next date - December 2014. Self-care week 17th November 2014. MH week 11th 17th may 2015 - Trust holding a Garden fete 12-4pm on Friday 15th May 2015 3rd June Health watch The Voice of Mental health Service Users
	<ul style="list-style-type: none"> Targeted information to groups at risk of self-harm – consult and explore creative ways of reaching and engaging at risk individuals. Create a timeline of actions to be delivered 	Trust	Iwish Group support group - being supported to develop into support group.
People are informed appropriately by the media and feel that the information is respectful to the needs of those affected	<ul style="list-style-type: none"> Media awareness day for Suicide Prevention on the Isle of Wight 	CCG/Public Health	Complete Taken place on 15th May 2015 Well attended event, presented by Samaritans and Police, supported by Trust and CCG. Outcomes: Media have opened communication channel regarding future governance/advice and agreement that contact details for people after sensitive articles.
	<ul style="list-style-type: none"> Responsible reporting by local media to reduce the risk of additional suicides - National Guidelines are followed by local media - Guidance and advice on responsible reporting of incidents by local media organisations 	CCG/Public Health	Following workshop comms to hold media to account.
	<ul style="list-style-type: none"> Working with local media agencies to support the signposting of national helplines and locals services for people that are affected by articles 		Presented at local media day.

Employers recognise when staff are emotionally vulnerable and know how to support them to recover	<ul style="list-style-type: none"> Employers of large organisations on the island are engaged in supporting staff with their emotional wellbeing: e.g. support to staff during redundancy, HR policies and procedures internally to recognise vulnerable staff at risk of self-harm and sign post and support appropriately 	Chamber of Commerce	No Barriers, OSEL - prioritise a day on employment and mental health.
			11.05.15 Jobcentre Plus provides support to employers with employees at risk of redundancy. This includes signposting to relevant organisations.
	<ul style="list-style-type: none"> Improve the mental health and wellbeing of the Police Force - MILO (mental illness liaison officer): is a mental health liaison service within the police to identify and support police officers with anxiety and mental health risks 	Police	01/04/2015 All police officers on Mental health Awareness course, stress and anxiety course commissioned and sleep deprivation questionnaire has been circulated to officers. Establish the chaplaincy.
	<ul style="list-style-type: none"> Improve the skills in the general population of recognising the signs of someone at risk and how to support them appropriately 	Public Health	
	<ul style="list-style-type: none"> Mental Health first aid courses: different length courses to meet the employers needs 		Heather Rowell to update (January / March) target Taxi, bus and ferry staff.
	<ul style="list-style-type: none"> ASIST (Applies Suicide Intervention Skills) training focuses on suicide awareness and is intended as 'suicide first-aid' training. 		
	Jobcentre Plus staff have a role in supporting people with health conditions including mental health issues to stay in work. They work with employers to make reasonable adjustments whilst people are recovering.		

<p>People are involved in the development and feedback of services</p>	<ul style="list-style-type: none"> • Development of Mental Health Service Users and carers forum with the Service User & Carer Link Co-ordinator 	<p>NHS Trust</p>	<p>Completed. Group set up with regular meeting taking place.</p>
<p>Prisoners who pose a risk to themselves, to others and/or from others are identified and supported</p>	<ul style="list-style-type: none"> • Staff must identify prisoners at risk of self-harm and/or suicide based on the risks and triggers. They must also check relevant documents for evidence of risk, e.g. the Person Escort Record, pre-sentence reports, NOMIS, and clinical records. Staff should also be aware of age related documentation such as Asset, ROSH (Risk of Serious Harm) and PIF (Placement Information Reports) which are all relevant when identifying risk of self-harm to self in under 18 year olds. • Prisoners identified as at risk of harm to self must be assessed using Assessment, Care in Custody and Teamwork (ACCT) procedures. • Staff, prisoners and visitors are aware of the risk identification, assessment and management procedures ○ Governor/Directors must ensure that staff who have contact with prisoners are aware of the procedures by which prisoners' risk of harm to self, to others and/or from others is identified, assessed and managed. ○ All visitors must be provided with information that outlines the procedures in place for the identification, assessment and 	<p>Offender Management Service</p>	<p>All are now standing arrangements which are in place and ongoing.</p>

management of prisoners at risk of harm to self, others and/or from others.

- Information is identified, recorded and shared with stakeholders - Information may become available throughout a prisoner's time in custody which may affect their risk of harm to self, others and/or from others. It is vital that this information is recorded and shared to inform proper decision making.

- Contracts/Service Level Agreements (SLAs) with third party providers reflect the need for multi-disciplinary working in relation to at risk prisoners

Tier 2: Targeted services			
OUTCOME	ACTION	TIMESCALE & LEAD	COMMENT
High risk individuals are identified and given the correct support quickly	<ul style="list-style-type: none"> NHS 111 call handlers use a mental health risk screening tool 	NHS Trust/NHS England	Complete
	<ul style="list-style-type: none"> Informal education programmes developed that aim to support young people in coping with feeling bad - Schools: Support given to schools and colleges to develop workshops on mental wellbeing and resilience 	Public Health / Education	
People have a choice of services that meet their needs	<ul style="list-style-type: none"> E – mental health solutions are piloted e.g. Helios, psychology online 	NHS Trust	On - going Silver cloud now available in all secondary care services and primary care iow.silvercloud.com/signup protocol developed for high risk
Prisoners at risk or posing a risk are engaged positively in their assessment, management and recovery where safe to do so	<ul style="list-style-type: none"> Prisoners at risk or posing a risk are involved in the assessment and management processes where safe to do so 	Offender Management Service	All are now standing arrangements which are in place and ongoing.
	<ul style="list-style-type: none"> The most effective way to assess and manage risk is through a multi-disciplinary process, in which the prisoner is involved. Every effort must be made to encourage the prisoner’s full participation, where it is safe to do so. Where this is not possible, reasons must be recorded in the appropriate document, e.g. ACCT. 		
	<ul style="list-style-type: none"> Prisoners at risk or posing a risk are managed according to the level and type of risk they pose, up to and including constant supervision. 		
	<ul style="list-style-type: none"> Prisoners at risk of harm to self must be managed using Assessment, Care in Custody and Teamwork (ACCT) procedures 		
	<ul style="list-style-type: none"> At risk prisoners are encouraged to engage positively with the prison regime and interventions to contribute to the reduction of risk 		
	<ul style="list-style-type: none"> Some prisoners who are at risk of harm to themselves or from others may withdraw from the prison regime. Staff must engage with these prisoners to encourage their participation in the regime and to reduce their risk of social isolation. 		

Tier 3: Referred services			
OUTCOME	ACTION	TIMESCALE & LEAD	COMMENT
Information relating to suicide is collected and analysed which will inform agencies in the prevention of suicide	<ul style="list-style-type: none"> Access to the means of suicide is reduced where possible - Incidents on the Island to be mapped to determine if there is a pattern between suicide attempts and location 	Police	Signs on Culver and Tennyson.
	<ul style="list-style-type: none"> Annual audit of suicide and open verdicts and this would feed into the JSNA 	Public Health	Drafted.
	<ul style="list-style-type: none"> Development of multi-agency case review group that would meet bi annually to reflect on incidents and monitor patterns and dispel learnings 	CCG	MS attends unexpected group which reviews in depth case. Bi annual group to be set up to explore lessons learnt include DWP. Serenity has a sub group to look at near misses.
Vulnerable individuals who are at risk of self-harm are identified and supported appropriately	<ul style="list-style-type: none"> Appropriate risk assessments are carried out for all people on admittance 	NHS Trust	
	<ul style="list-style-type: none"> Individuals of all ages who have self-harmed receive the right support at the right time - Self-harm liaison team support older people 		Scoping RAID to expand mental health liaison team in the St Marys Hospital. Resilience funding being applied for to expand the hours and capacity of the team.
Prisoners affected by incidents of self-harm, violence or a death in custody are identified, risk assessed, managed and supported where appropriate	<ul style="list-style-type: none"> Prisoners who self-harm must be managed using the ACCT procedures 	Offender Management Service	Standing arrangements which are in place and ongoing.
	<ul style="list-style-type: none"> Prisoners have access to identified peer support schemes in relation to managing the risk of harm to self 		
	<ul style="list-style-type: none"> Peer support schemes can be an effective tool to complement the support given by staff to at risk prisoners. Peer support schemes must not replace or undermine good staff/prisoner relationships 		

Tier 4: Specialist services			
OUTCOME	ACTION	TIMESCALE & LEAD	Comment
People who are vulnerable that enter the acute hospital are assessed and supported appropriately	<ul style="list-style-type: none"> Scope A & E Rapid Assessment Interface and Discharge – A 24 hour, seven day a week, integrated mental health liaison service which would identify patients at risk of suicide following a risk assessment in A&E 	CCG	Ongoing
People leaving inpatient units are supported	<ul style="list-style-type: none"> All patients are to be followed up within seven days of being discharged from Sevenacres 	NHS Trust	Trust meeting nationally set target
When people are in crisis they are supported appropriately by the emergency services to minimise risk	<ul style="list-style-type: none"> Scoping the development of Serenity – a scheme to improve responses to mental health crisis calls by the Police and Adult Mental Health Services, where vulnerable people may need specialist support or there are concerns for their safety 	Police/ NHS trust/ CCG	Resilience funding approved to expand to 6 days per week
Crisis Concordat info	Crisis house Serenity - serenity integrated mentoring Mental health in localities Children in crisis	Multi Agency	http://www.crisiscareconcordat.org.uk/areas/isle-of-wight/

Supporting the bereaved:

OUTCOME	ACTION	TIMESCALE & LEAD	Comments
The bereaved receive high quality targeted support	<ul style="list-style-type: none"> • Improved access to information about support 	Suicide awareness and prevention steering group	MLFL to include suicide prevention in directory
	<ul style="list-style-type: none"> ○ Information is distributed by: <ul style="list-style-type: none"> ▪ Bereavement officers 		11.05.15 Jobcentre to distribute relevant information to bereaved on support Social Justice - single point of access for vulnerable people in each job centre
	<ul style="list-style-type: none"> ▪ Coroners court 		
	<ul style="list-style-type: none"> ▪ St Marys ▪ Bereavement Officers in 		
	<ul style="list-style-type: none"> ▪ Funeral directors 		
	<ul style="list-style-type: none"> ▪ Statutory and voluntary organisation 		Peer support offered by voluntary organisations
	<ul style="list-style-type: none"> ▪ Police officers who are delivering death messages 		
	<ul style="list-style-type: none"> ▪ GP practice 		
	<ul style="list-style-type: none"> • Understanding by practitioners of the services available <ul style="list-style-type: none"> ○ Develop a directory of services including the criteria for accessing services 	My Life a Full Life	Suicide Prevention page developed.
	<ul style="list-style-type: none"> • Improved access to services <ul style="list-style-type: none"> ○ Scope how to identify those bereaved by a suicide 	CCG	Ongoing - SD-1 form being scoped
	<ul style="list-style-type: none"> ○ Scope how to provide them with appropriate information, access for bereavement support 		
	<ul style="list-style-type: none"> • Schools are supported following a suicide of a pupil or staff member 	Commissioned services from statutory and	Support given by YMCA Young Persons Bereavement Team

		voluntary organisations	
	○ Post vention service support in the schools – appropriate support is in place		
	Support groups		
	The National Offender Management Service (NOMS) strategy for the management of prisoners at risk of harm to themselves is set out comprehensively in Prison Service Instruction 64/2011.	Offender Management Service	All are now standing arrangements which are in place and ongoing.
	Key outputs of this strategy are that:		
	• Prisoners affected by incidents of self-harm, violence or a death in custody are identified, risk assessed, managed and supported where appropriate.		
	• Staff and visitors who are immediately affected by incidents of self harm, violence or a death in custody are identify ed and supported.		
	• Following a death or near death in custody, or for terminally ill prisoners, initial and on-going liaison takes place between the		
Supporting those affected by suicide in their bereavement	Young people		All are now standing arrangements which are in place and ongoing.
	People in the criminal justice system		
	Staff		
People who are suspects of offences are identified who have been bereaved by suicide	Training for police offices about mental health and how it drives choice and behaviour in offending	Police	
	• Train police offices to identify bereavement in the investigation as a cause of behaviour		