BLMK Joint Suicide Prevention (SP) Strategic Objectives Action Plan. 2019-2024

The following Overarching Objectives and Strategic Actions for Suicide Prevention across Bedfordshire, Luton and Milton Keynes have been assimilated from those in National and Local Suicide Prevention Strategies (taking into account most recent audit findings):-

a) NHS Five year Forward View: Mental Health and NHS Long Term Plan
b) Samaritans/University of Exeter report - Audit of Local Authority Suicide Prevention Action Plans (2019)
c) Milton Keynes Multi-Agency Suicide Prevention Plan 2017 and associated Suicide Prevention Action Plan 2017-2020
d) Suicide Prevention - Three Year Plan for Bedfordshire and Luton: 2017 to 2020 - Bedfordshire and Luton Suicide Prevention Steering Group

Overarching Objectives	Strategic Actions
1.0 Suicide Prevention Action Planning Groups (SPAPG) To deliver the National Suicide Prevention and NHS Long Term Plans Mental Health Suicide Prevention objectives The Milton Keynes (MK) & Pan-Bedfordshire (BL) multi-agency groups' purpose is to monitor and drive forward the implementation of the Suicide Prevention Plans for	1.1 - Devise common terms of reference and membership confirm Governance. 1.2 - Determine priorities and programmes for when national, regional or local funding streams are available. 1.3 - Engage in the PHE East of England Suicide Prevention Sector Led Improvement (SLI) programme.

Overarching Objectives	Strategic Actions
Bedfordshire, Luton and Milton Keynes and the BLMK Integrated Care System	
Overarching Objectives	**Strategic Actions**
2.0 - Reduce the Risk of Suicide in Key High Risk Groups **Men** *Aim to specifically implement place-based community prevention work for middle-aged men* *Recognise the importance of reaching out to men at risk, encouraging help-seeking, using community locations for engagement.*	2.1 Map health promotion and community initiatives aimed at supporting men's mental wellbeing, reducing risk and improving men's emotional literacy (e.g. Heads Up, Every Mind Matters, train peer support workers) 2.2 Review best practice around Peer Support/Mental Health champions and implement programme in communities 2.3 – Evaluate and if appropriate, extend men's mental health campaign 'Heads Up' to Luton once funds available. 2.4 – Ensure the impacts of relationship breakdown on mental health and corresponding support services are part of health promotion initiatives aimed at improving men's mental health

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	2.5 - Train front-line staff and volunteers most likely to come into contact with this high-risk group, ensure training includes risk factors for suicide e.g relationship breakdown, bereavement, long term conditions etc. *See under section 4* *Promote early identification of depression, awareness of available related support/advice services and early identification and access to primary care and Improving Access to Psychological Therapies* *Evaluate care pathways for men at highest risk, covering those that are engaging with GPs as well as those only engaging with other services to help inform local action as part of evaluation of this programme (e.g. Nice Anxiety and Depression guidance in primary care)*
Overarching Objectives	**Strategic Actions**
3.0: **People in the care of mental health services** Ensure acute and community services are better joined up, avoiding gaps in support during transitions and improving access for those that need it most.	3.1 - Review local practice against key elements of safer care highlighted within the National Confidential Enquiry into Suicide and Homicide by People with Mental Illness (2016) 3.2 - Implement and demonstrate the NCISH ’10 ways to improve patient safety’ recommendations

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-	3.3 - Ensure monitoring of KPIs within commissioned inpatient mental health services to ensure effective discharge planning achieves a high proportion of follow up of within 72 hours discharge from psychiatric in-patient care. **(Mental Health Commissioners)** 3.4 - Understand, define and communicate local transition issues (from audit and serious case reviews) related to suicide. Ensure these are being addressed 3.5- Undertake system-wide serious incident reviews and include recommendations in suicide prevention action plans and service quality improvements. 3.6 - Review the need to implement cluster guidance within mental health trust settings 3.7 - Review and augment CNWL and ELFT NHS inpatient zero suicide plans to cover critical risk points following referral, transition and situations outside the inpatient setting, e.g. as highlighted in Coroners reports, Suicide audits and SI reviews. 3.8 - All trusts to actively participate in zero suicide learning sets led by NHSE&I. 3.9 - Ensure good quality planning is in place for 72 hour follow up of all patients leaving an inpatient facility **Crisis Care (included in local Mental Health Crisis transformation work plans):** 3.11 - Ensure Mental Health Crisis Support/Crisis Care Concordat work being led by ICS/CCGs is evidence-based, linked to and incorporates SP plan, training, data and resources

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	1. Work towards a minimum standard of crisis support for CYP and adults 2. Understand commissioning Plans for BLMK-wide mental health crisis services 3. Understand BLMK developments in 111/Ambulance/Police to support MH e.g. Mental Health Street Triage; outreach services 4. Understand BLMK developments for community crisis settings e.g. Cafes, Sanctuaries 3.12 - Continue promoting joined up services between primary and secondary care as part of the suicide prevention programme, through ICS Long Term Plan commitments, capitalising on the training offer. 3.13 - Develop integrated models of primary and community mental health care and improve communication processes/information sharing between different services to ensure a fuller picture relating to suicide risk assessments and safety planning 3.14 – Ensure evidence-based suicide prevention practice (e.g. safety planning) is embedded in the following settings and circumstances: 1. Emergency Departments 2. Prisons and criminal justice 3. Primary Care Liaison Teams

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4.0 - People in Contact with Primary Care *Robust pathways must be in place between primary care, emergency departments, secondary care, inpatient care and community care on inpatient hospital discharge and these must be known to G.P.s*	4.1 -Ensure the universal implementation of NICE guidelines CG90 and CG91 (long term conditions) to improve the identification, treatment and management of depression in primary care and awareness of suicidality 4.2 –Ensure Primary Care Networks understand the local suicide prevention priorities and how they can support practices to deliver suicide prevention initiatives 4.3 - Ensure when suicide incident reviews are undertaken they include a wide representation from services including primary care. 4.4 – Consider added value of undertaking SI in primary care (where this will not happen elsewhere). 4.5 - Deliver Connecting with People Suicide Mitigation training for General Practitioners and embed use of the SAFETool 4.6 -Encourage GP practices to disseminate suicide prevention information e.g 'Help is at Hand', See the Signs, Heads Up and staff training information to all practices 4.7 -Consider the value of routine questioning of mental health status for patients presenting with physical issues. 4.8 - Reduce overdoses: strengthen risk assessment by prescribers for people at risk of suicide and reduce access to potentially harmful medication e.g. through safer prescribing and medicines management initiatives

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	4.9-Conduct CCG research to identify barriers for GPs in making these referrals. GPs to be aware of Talking Therapy and Wellbeing services (Luton audit)
Overarching Objectives	**Strategic Actions**
5.0: People with a history of self-harm **Reducing rates of self-harm as a key indicator for suicide risk**	5.1 - Ensure that all people presenting at A&E/EDs having self- harmed are treated in accordance with NICE Guidelines (CG16 and CG33 for managing patients who self-harm 2012, 2004). 5.2 - Ensure robust pathways are in place for people who have self-harmed or attempted suicide, with particular consideration of follow-up, signposting to online and apps, and safety planning for people who seek help from emergency departments after self-harming 5.3 - Identify training requirements for clinicians and other professionals who may encounter self-harm or need to respond effectively to people experiencing a mental health crisis. (against HEE Competence Framework): 5.4 -Improve recording and sharing of information relating to self-harm and previous suicide attempts.
Overarching Objectives	**Strategic Actions**

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6.0 - People in contact with the Criminal Justice System *Actions to reduce risk for people in contact with the criminal justice system should include points of transition, including the early days of custody and the pre- and post-release period.* *Where they are not already in place, 'Through the Gate' services should be developed and implemented led by local Criminal Justice Boards, and HMPPS*.	6.1 – Each area: • Review the pathway for individuals entering and exiting the criminal justice system. Recommend improvements to reduce self-harm and completed suicides. • Seek assurance from NHS England Health and Justice team that robust suicide prevention action plans are in place for BLMK prisons • Identify action for higher-risk groups within the pathway (e.g. vulnerable or sex offenders) • Ensure appropriate support pathways are in place for those exiting the criminal justice system but require continued mental health input.
Overarching Objectives	**Strategic Actions**
7.0 - Reduce the Risk of Suicide in Key High Risk Groups – **Specific occupational groups** *The NHS Long Term Plan has specific recommendations for*	7.1 - Ensure workforce 'mental wellbeing' and suicide prevention awareness is prioritised in ICS partners' workforces and BLMK workplaces. 7.2 - Identify and devise plans to target occupational groups especially those with a higher proportion of male/lower paid workforce e.g low skilled male labourers working in construction roles.

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improving employment and workplace health.	7.3 – Health & Social Care (H&SC) employers to include the requirement for Suicide Bereavement support for health and social care staff when commissioning employee support services.
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8.0 - Tailor approaches to improve mental health in specific groups **A) Children and Young People** *LAs should consider actions to ensure that especially vulnerable children and young people, including those not in formal education or training, are being reached through their plans*.	8.1 - Engage with the newly appointed mental health schools teams as they develop to ensure cross-working around self-harm and suicide prevention 8.2 - Ensure schools and colleges have the policies and systems in place to follow should a suicide occur within their community 8.3 - Support schools to implement the PAPYRUS building Suicide Safer Schools and Colleges Guide and Business in the Community Suicide Prevention Toolkits. 8.4 - Review best practice in suicide prevention for universities and seek to implement this locally. Ensure universities have policies/systems in place to follow a suicide should it occur within their community. 8.5 - Understand where moderate and low-risk for CYP is being addressed across BLMK/ICS CYP System including reference to other plans, if action is being recorded elsewhere and establish which actions are retained in this SP plan. (see CYP below)

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	8.6 Support schools and further education colleges with respect to individuals presenting with self-harm 8.7 Ensure earlier intervention so that boys are able to talk about issues that are bothering them, and have tools of emotional resilience to draw on to support them (Luton audit)
Overarching Objectives	**Strategic Actions**
9.0 : Tailor approaches to improve mental health in specific groups **Other specific population groups**	9.1 - Use PHE fingertips Suicide Prevention risk Profiles, Suicide audit and equality profiles for each LA area to identify key populations to reach. 9.2 - Consider how to extend the data recorded and available on suicide deaths to improve knowledge of suicide in minority groups e.g LGBTQ+, ethnicity, older people and long term conditions
Overarching Objectives	**Strategic Actions**
10.0 - **People who misuse drugs and alcohol** **Drug Related Deaths:** Alcohol and drug misuse is a common antecedent of patient	**<u>These actions are part of the respective drug and alcohol policies</u>** *10.1 – Ensure effective management plans are in place for patients with dual diagnosis with co-existing severe mental illness and substance misuse* *10.2- Suicide prevention training should be undertaken by all front line staff in DA Services.*

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suicide – Nationally, NHS Trusts which had a policy on the management of patients with co-morbid alcohol and drug misuse have noted a 25% fall in rates of suicide.	*10.3 - Continue to analyses the deaths of service users /drug related death data from services & coroner across BLMK to identify emerging themes, implications/risks and to generate recommendations for commissioners and service providers.* ***Luton -specific*** *Ensure that local services involved in the care for people with co-occurring mental health, alcohol/drug misuse are included in the self-assessment exercise based on Public Health England guidance for improved provision (Luton Audit)* *Undertake annual review of client (service user) deaths seeking emerging themes and looking for lessons which can be learned by commissioners and service providers (Luton audit)* *Analyse coroner's drug-related death data, where deceased are not known to treatment services, to support understanding of the wider context for drug-using behaviour and outcomes (Luton audit)*

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11.0: Reduce access to means of suicide a)-High Frequency Locations	11.1 - Ensure effective systems are in place for monitoring and recording of locations, interventions and incidents 11.2 - Where places with increased numbers of suicides are identified, ensure Public Place Guidance is implemented 11.3 - Continue to work with the rail industry to develop Site-specific Community Action Plans for priority and high-frequency rail sites identified through monitoring. 11.4 - Introduce suicide prevention considerations at the planning phase: Work with the local authority planning departments and other relevant stakeholders to ensure high structures are as restricted as possible as a means of suicide. 11.5- Prioritise training in suicide awareness to hotel staff and shopping centre staff, particularly in hotels close to the town centre which is where suicides have occurred (Luton Audit)
11.0: b) **Limiting availability of other means of suicide/Most common methods of suicide**	***Actions related to this are included elsewhere in the plan.*** .
Overarching Objectives	**Strategic Actions**

12.0. -Provide better information and support for those bereaved or affected by suicide *There is a commitment in the NHS Long Term Plan to put in place suicide bereavement support in every area of the country.*	12.1 - Ensure a co-ordinated approach for statutory and voluntary services to promote suicide bereavement support resources and signposting to suicide bereavement services 12.2 - All multi-agency group members should be promoting the Help is at Hand resource (Public Health England 2015a), ensuring the z-cards and, if possible, the full resource are being given out by first responders, coroners and funeral directors. 12.3 - Consider combining suicide bereavement support information with other bereavement support information e.g. following a Road or Drug related death. 12.4 - As part of any training delivery related to suicide prevention, ensure clinicians working in primary care, social care and mental health services are aware of the potential vulnerability of family members when someone takes their own life and signpost to available support 12.5- Ensure a robust system is in place so that family members of individuals who have ended their life by suspected suicide are notified swiftly of available local support and Services 12.6 - Review and develop the suicide bereavement support services against the PHE good practice guidance (Public Health England 2016). 12.7 -Support current specialist Bereavement Services to ensure prompt referrals through the real-time data system and the referral organisations e.g. SystmOne GP referrals in Milton Keynes. 12.8 – When funding for BLMK Specialist Bereavement support is allocated, develop a project group to support the development of the Specification and Contract(s) for specialist Bereavement Services in line with the NHS Long Term Plan requirements.

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13.0: Engage with and support the media in delivering sensitive approaches to suicide and suicidal behaviour	13.1 - Proactively work with local communications professionals in ensuring that messages provided to local media around suicide and suicidal behaviour are responsible. 13.2 - Implement and deliver BLMK-wide media education to promote responsible reporting in relation to Suicide and monitor impact 13.3- Ensure suicide prevention Strategy, plan documentation and reports avoid naming new or emerging methods of suicide or locations, due to the risk of imitative suicides.
Overarching Objectives	**Strategic Actions**
14.0: Support Research, Data Collection and Monitoring	14.1 - Work with partners to further develop the 'real time' data system across BLMK to provide timely notification of suspected suicides. (MK established. Bedfordshire ongoing) 14.2 - Undertake and disseminate a quarterly update of real-time data and statistics relating to suicide across BLMK.

	14.3 - Work with the coroners to ease audit by completion of basic proforma at the time a case is heard. 14.4 Across the BLMK undertake detailed audits of Coroners' inquests on at least a 2 yearly basis (to gain further insight), ensuring that key contexts, themes and patterns in cases of suicide are identified, and the Action Plan updated.
Overarching Objectives	**Strategic Actions**
15.0 -Cross Cutting Themes: **Suicide Prevention and Mental Health Training, Awareness and Messages** Suicide Awareness training should reflect findings of local audit including focus on issues around masculinity, relationship breakdown and bereavement and drug and alcohol abuse.	**For Professionals:** 15.1 - Review and recommend evidence based training packages against Competence frameworks and recommend the most appropriate for professional groups – A&E, primary care 15.2 Work collaboratively with ICS partners to jointly design and commission SP training of professionals (with reference to the Competence Frameworks and evidence) 15.3 - Provider services and frontline health and social care staff working with the identified 'groups with particular vulnerabilities' should ensure staff have received appropriate training to enable them to be confident and competent in recognising signs of mental distress and to signpost/act appropriately. **For the General Public:** **15.4** Deliver 'See the Signs, Save a Life' programme to: • Raise awareness of suicide and its impact on society as well as for friends and family

	• Ensure risk factors such as impact of relationship breakdown and bereavement are included in suicide awareness programmes • Give guidance on the causes of suicide and the signs of suicidal intent • Encourage everyone to offer immediate emotional support to those in distress • Give information on suicide prevention measures and where those in crisis can obtain immediate and longer term support 15.5 - Encourage workplaces, organisations and the third sector to advocate their staff and volunteers to undertake the on-line ‘Zero Suicide Alliance’ training and monitor uptake. 15.6- Concentrate additional SP messages and campaigns at times of seasonal increase e.g. New Year and Spring, reflecting the higher frequency of suicide in BLMK in recent years. 15.7 - Embed the 'See the Signs, Save a Life’ campaign across BLMK through a system-wide communication plan. Monitor uptake.