Report by the Suicides in Preston Task and Finish Group

March 2017 - November 2018

Contents

Chair's Commentary

The Panel looked at various issues prior to this study based around the theme of 'Suicide prevention within the city of Preston'.

It was agreed that the report and issues it scrutinised would be complementary to the work the City Council and County Council are already doing in this area.

The Panel met with several people, including council officers who provided very informative presentations. Open and honest discussions took place, and debate led to suggestions on how we, as a Council, could be more supportive in combatting the current levels of suicide.

Members were committed and very well supported by officers and other Councillors.

We hope that following on from this study, Preston will work to establish a better policy and additional links with our partner organisations and the wider communities to ensure we are the City that others benchmark.

May I take this opportunity to thank everyone involved in this study.

Councillor Gale

Councillor Gale
Chair of the Suicides in Preston Task and Finish Group

Membership

Councillor Gale (Chair)
Councillor Dewhurst (Vice-Chair)
Councillor Mrs Brown
Councillor Browne
Councillor Mrs Cartwright
Councillor Mrs Crompton
Councillor Faruki
Councillor Mrs Gildert
Councillor Hull
Councillor Iqbal
Councillor Morgan
Councillor Pomfret
Councillor Walker
Councillor Wallace
Councillor Mrs Whittam
Councillor Woollam

** Councillor Woollam replaced Councillor McManus on 8 December 2017

2. Background/Aims of the Study

2.1 On 10 May 2016, all Members were invited to a Priority Setting Workshop. It was agreed that Suicides in Preston would form the subject of a large work plan study.

A scoping document was submitted to the Overview and Scrutiny Management Committee and approved on 17 June 2016 (Appendix A).

2.2 Membership of the Task and Finish Group was agreed by the respective groups and its first meeting was held on 7 March 2017. Councillors Gale and Dewhurst were appointed Chair and Vice-Chair of the Group.

2.3 Members considered the draft scoping document and agreed on the persons they wished to interview to assist them. It was also agreed that Mr Chris Lee, Public Health, Lancashire County Council be invited to the next meeting.

Link to meeting

2.4 On 27 March 2017, the Group interviewed Mr Chris Lee from Lancashire County Council and Ms Eileen Brierley, Director of Preston Samaritans.

2.5 Mr Lee reported on the Suicide Prevention Oversight Group which had set a target of reductions in suicides of 10% by 2020. He reported that bereavement services were being looked at as part of the Sustainability and Transformation Plan (STP).

Mr Lee also gave information on the following:-

- Hotspots in Preston such as the bus station;
- Mental Health First Aid UK which aims to train people in awareness;
- The high average cost of each suicide (£1.6-1.7m);
- Issues affecting young people.

2.6 Ms Brierley gave details of the costs associated with running the Preston branch of the Samaritans. She also reported on partnership working with other organisations such as Preston Prison and Network Rail. The Group suggested that it would be useful for all Members of Council to receive some training and Ms Brierley agreed to attend.

Link to meeting

2.7 On 18 July 2017 Mr Richard Godwin, Ms Caroline Kingston and Mr Paul Street from Network Rail attended the meeting for interview. The Group received presentation on the work carried out by the organisation in relation to suicide prevention (Appendix B). Members received information on various issues including:-

- the effect and costs of suicides;
- partnership working with the Samaritans and British Transport Police;
- incidents and interventions;
- works being undertaken in Preston including electrification of lines and upgrades on some fencing and bridges.

2.8 Mr Ian Smith, Riversway Manger PCC also attended the meeting for interview. He reported on the barriers and water safety features in place at the Dock and that consultation had been carried out with the Royal Society for the Prevention of Accidents (RoSPA). He also reported on the placement of posters by the Samaritans which were on display in various locations. Members raised queries regarding the provision of CCTV and how these could aid with interventions and searches. Mr Smith gave details of the number and location of cameras.

Link to meeting

2.9 On 24 October 2017 the Group considered the Draft Lancashire and South Cumbria Service Transformation Plan (STP) - Suicide Prevention Logic Model. The Head of Community Services reported on a consultation event she attended at the Police Headquarters on 13 September where presentations were given on the STP. (See Appendix B)

2.9.1 It was agreed that sub-groups be established in order to further consider the STP:-

- **Suicide Prevention Logic Model - Queries and Interviewees**
  (A copy of the Logic Model is attached at Appendix D with the electronic link at Appendix B)

- **Identify areas Council will need to influence**

- **Modifying Scoping Document**

Link to meeting

2.10 On 21 November 2017 the Group met to discuss meetings of the sub – groups since October. It was also noted that a Member Training Session had been held, to which all Councillors were invited. Ms Brierley from Preston Samaritans and Mr Chris Lee from Lancashire County Council hosted the session.

Link to meeting

2.11 On 18 December 2017 the Group agreed that a meeting of the sub group to identify areas the Council will need to influence be held on 16 January 2018. All Members of the Task and Finish Group were invited to attend.

2.11.1 Ms Mossop updated Members on changes to STP.

Link to meeting

2.12 On 13 March 2018 Members considered some draft recommendations which had been discussed by the sub-group held in January 2018.

Link to meeting

2.13 On 17 April 2018, the Task and Finish Group discussed the Work Plan Study and further issues which they wished to be included. Members considered matters relating to Preston Docks including the provision of additional cameras.

Link to meeting

2.14 On 17 July 2018, the Chair met with Mr Russell Rees, Head of Engineering to discuss Preston Dock and in particular the provision of CCTV cameras.

Photos from Preston Dock by Blog Preston

3. Recommendations

Recommendations: Specific/ Measurable/ Achievable/ Realistic/ Timely

	Recommendation	**Date to be implemented**	**Officer & Organisation Responsible**
1.	Appointment of a Member Champion for Mental Health and Suicide Prevention. The Group agreed that nominations for this post should be cross party.	Annual Council (May 2019)	Preston City Council (PCC)
2.	CCTV monitoring of Suicide hotspots e.g. Preston Dock and Bus Station to aid in the intervention of suicide attempts. Also erect posters in prominent places and work with young person's regarding poster design.	June 2019	Director of Customer Services PCC
3.	Adopting the Council's role within the wider strategy in Lancashire, including:- • Training for community groups, and staff, as part of the wider strategy. • Promoting mental health awareness in workplaces including the Council, also promote early interventions and ensure bereavement information is accessible to those affected by suicide. Allocate resources to training for front line staff. • Continue to work in partnership with our officer representatives on the Behaviour Change Partnership who work with a wide-range of suicide bereavement and support services with regards to information and signposting, whilst respecting patient/ doctor confidentiality.	Ongoing	Head of Community Services - PCC
4.	Continue to work with community members and local faith group leaders, sharing knowledge and understanding of suicide, detection of signs, taking into consideration culture and faith. And, continue to work with our Communications Team to signpost individuals to help and deliver sensitive approaches to suicide and suicidal behaviour.	Ongoing	Member Champion for Mental Health and Suicide Prevention (if appointed at **1** above) Head of Community Services - PCC
5.	To assist in reducing the risk of suicide by performing an annual audit of council–owned buildings enhancing their security, and also to consult and encourage owners of local commercial property to do the same.	June 2019	Director of Customer Services PCC

4. Suicide Prevention Conference: Saving one life at a time

A conference held on the 17th January 2017 run by ONECPD Salford Professional Development – Venue University of Salford, Manchester.

Attendees: Cllr Drew Gale (morning only), Cllr Daniel Dewhurst, Liz Mossop Head of Community Services.

Introduction to the Conference

In 2014, there were 6,581 suicides recorded in the UK, up from just under 6,000 in 2010. The highest suicide rate was among men aged 45 – 49, at 26.5 per 100,000 rather than among men of younger age groups as trends have previously shown. Some experts have suggested that this may be a result of the economic downturn, or of the younger generation's changing approach to the ideas of masculinity and emotion. Mental health services play a vital role in suicide prevention, with youth services playing an important role in reducing a person's lifelong suicide risk.

NHS financial efficiencies have impacted these services with mental health receiving 2% less funding in 2014/15 compared to the previous year. Many working in suicide prevention are strong advocates for improved funding in the areas, so that people can be treated and supported before they suffer a mental health crisis that could end in tragedy.

The Suicide Prevention Conference 2017 will give exclusive insights from experts on the following topics:

- Growing Problem – Why suicide rates are rising, and what demographics are the most vulnerable?
- Young People – How can improving mental health services for young people help combat rising suicide rates?
- Prevention – What are the most effective methods of suicide prevention and how can widespread best practice be assured?

Conference Programme

Chair Dr Mark Widdowson, UKCP registered psychotherapist, Senior Lecture in Counselling and Psychotherapy – Welcome and introduction to the day.

Paul Farmer Chief Executive of Mind – Ensuring effective networking across care providers to ensure best practice. Paul is the Chair of NHS England Mental Health Taskforce – bringing together health and care leader and experts in the field, including service users, to lead a programme of work to create a mental health Five Year Forward View for the NHS in England.

Jamie Jenkins, Head of Health Analysis, Office for National Statistics (ONS)
He looked at how the number of suicides has changed in recent year, the recent trends in suicides among different age groups. The variations in suicide rates across

the country. He explored some of the different Coroner practises which can lead to misleading statistic.

Discussion panel with the Audience
Topics covered:
Why are suicide rates rising, what demographics are the most vulnerable. What are the most effective methods of suicide prevention and how can widespread best practice be assured.

Post Conference Note; the detail of the most vulnerable demographics are detailed in Lancashire County Council's DRAFT Suicide Prevention Strategy November 2017 and proposed actions to address the issues identified are held in DRAFT Lancashire and Cumbria STP Suicide Prevention Logic Model.

Dr David Crepaz-Keay, Head of Empowerment and Social Inclusion, Mental Health Foundation
His work focused on suicide prevention work and his contributions are included in Public Health England's guidance on suicide prevention and support for people bereaved by suicide. He emphasised some of the risk factors, people being out of work, feeling lonely and other social factors. He stated that the stats of suicide are not helpful in prevention.

Ged Flynn, CEO, Papyrus
His talk focused on the increase in childhood suicide rates he gave some statistics around suicide being the biggest killer of young people – male and female – under 35 in the UK. He also showed a very powerful video of one of the parents Papyrus are supporting after their bereavement by suicide of their 17 year old son.

Post Conference Note: Ged Flynn is a member of the Lancashire Suicide Prevention and Self Harm Reduction Strategy Group which is a Partnership Meeting led by Chris Lee who is Lancashire County Council's lead on prevention of suicide.

Robin Jamal, Service Manager and Training, Mind in Salford
He gave a picture of how services worked in Salford and their focus on how to make a positive impact on the wellbeing of Salford citizens – he talks about the training packages around "mindfulness" etc. He also talked about some research the Oxford University had under took around Mindlock.

Wendy Lewis-Cordwell, North Development Bereavement Care Consultant, Child Bereavement UK
Her presentation was on supporting families and children after suicide, why they feel isolated after suicide – "Don't speak about it and it and it will go away!" She explored the complex issues of suicide and why each case is unique. Also discussed the stigma and isolation of suicide on families and children.

Chris Jeffries, North West Samaritans Regional Partnerships Officer
He gave an overview of the work the Samaritans do in partnership with other agencies. One of the areas he discussed was the work they do with Network Rail.

Post Conference Note: The Prevention of Suicide Task and Finish Group has had presentations from The Director of Preston's Samaritans and Officers from Network

Rail to give more detailed information about the work they have carried out to prevent suicides on the rail networks.

Andrea Fallon, Director of Public Health and Wellbeing Public Health Service, Rochdale Borough Council.
She discussed the work of the Greater Manchester Suicide Prevention Executive, specifically around how difficult they had found the suicide audit to carry out.

Post Conference Note: Chris Lee from LCC has recently carried out a Lancashire Suicide Audit the results of which have led to the DRAFT Strategy and DRAFT Logic Model.

5. Implications

Legal:

There are no legal implications contained within this report.

Financial:

At this point there are no financial implications. However there may be implications from the outcome of the recommendations, which would require further investigations.

6. Corporate Management Team Commentary

Recommendation/General	Comments
--	CMT acknowledges the work that Members, the Lead Officer and Member Services staff have undertaken to complete this study.
Recommendation No.1	Agreed.
Recommendation No.2	Current resources prevent increased monitoring of CCTV. The current CCTV monitors the dock gates and swing bridge. Any increase in CCTV or monitoring could incur significant capital and revenue investment. Although posters are already in place around the docks, these will be reviewed following further consultation.
Recommendation No.3	Training for key front line staff and promoting mental health awareness in the workplace is a priority. We would signpost community groups to training providers. Officers will continue their role as part of the Behaviour Change Partnership for Lancashire.
Recommendation No.4	Agreed as part of current ongoing work/links with community, likely to share knowledge and signpost using the website.
Recommendation No.5	Audit agreed where appropriate. The Council can signpost owners of commercial property through the website.
--	Members are aware that staffing resources are limited and stretched and therefore our ability to deliver all of these recommendations within the timescales in the report will be affected by this.

Appendix A

Suggested Scoping Scrutiny Review – Suicide Rates in Preston

1. Background Information

Figures from the Office of National Statistics (ONS) for the period from 2012-2014 are said to show the suicide rate for Preston is high compared to other towns and cities and has been in the last few years.

This trend has been studied in greater depth in a report published in March 2016 by Lancashire County Council which is the "Lancashire deaths from suicides and injury of undetermined intent – 2010 – 2015".

2. Key Findings

Between 2007 – 2014 Preston's suicide rate has been consistently "Significantly worse that the England".

Between 2011-13 and 2012-14 Hyndburn, Lancaster, Pendle and Preston have experienced an increase in the rate of deaths from suicide and injury of undetermined intent.

Between 2006 and 2015 in Preston:-

- The highest percentage (42%) of suicides were in the 30 – 49 age group
- The second highest (25%) were in the 50 – 64 age group
- 76% of suicides were amongst males and 24% females
- 48% of deaths were amongst persons residing in the 20% most deprived areas compared with 7% from people residing in the 20% least deprives areas nationally
- In the 15-34 age range Preston has a rate of 6.75 per 100,000 population this is slightly higher than the England average of 6.03 but lower than the North West average of 7.16

3. Overall approached of this Review

- To examine in detail the issue of high suicide rates in Preston
- To consider the factors that might be causing the high suicide rates
- To scrutinise the effectiveness of current public health and other interventions at reducing rates of suicide
- To scrutinise how the polices, practices and services of the City Council and other serve to reduce these rates.

4. Possible outputs/outcomes from this review

- Recommendations to reduce the rate of suicide in Preston
- Increased Member understanding of the role that the Council and its partners play in improving public health within Preston

5. Size of Scrutiny Panel

To be decided at the scoping meeting 23rd September

6. Duration of the Review

To be decided at the scoping meeting 23rd September

7. Lead Support Officer

Liz Mossop, Head of Community Services

8. Potential Support Officers / Witnesses

- Lancashire County Council – Behaviour Change Public Health Specialist
- Lancashire County Council – Public Health Co-ordinator
- UCLAN – School of Public Health
- Samaritans
- Others to be identified

9. Other things to consider

Lancashire County Council will be conducting an audit of the suicide rates across Lancashire, this is due to start later this year. This will include mosaic information, which uses social groupings, for example, ethnicity, employment/unemployment and alcohol and substance abuse etc. If this takes the same format LCC used for the work they carried out on infant mortality then each case could be accompanied by a set of risk factors which *could* be attributable to the outcome.

A suggestion could be that Scrutiny waits for the outcome of this audit to see if the situation is any clearer with any indicators of the cause of this high rate in suicides.

Appendix B

Links to Background Documents

- Draft Lancashire and South Cumbria Service Transformation Plan (STP – suicide Logic Model)
- National Policy Context Suicide Prevention – Public Health England.
- LCC – Current Suicide Picture across Lancs and SC STP – Overview

Appendix C

List of Interviewees

Mr Chris Lee, Public Health, Lancashire County Council

Ms Eileen Brierley, Director, Preston Samaritans

Mr Richard Godwin, Ms Caroline Kingston and Mr Paul Street – Network Rail.

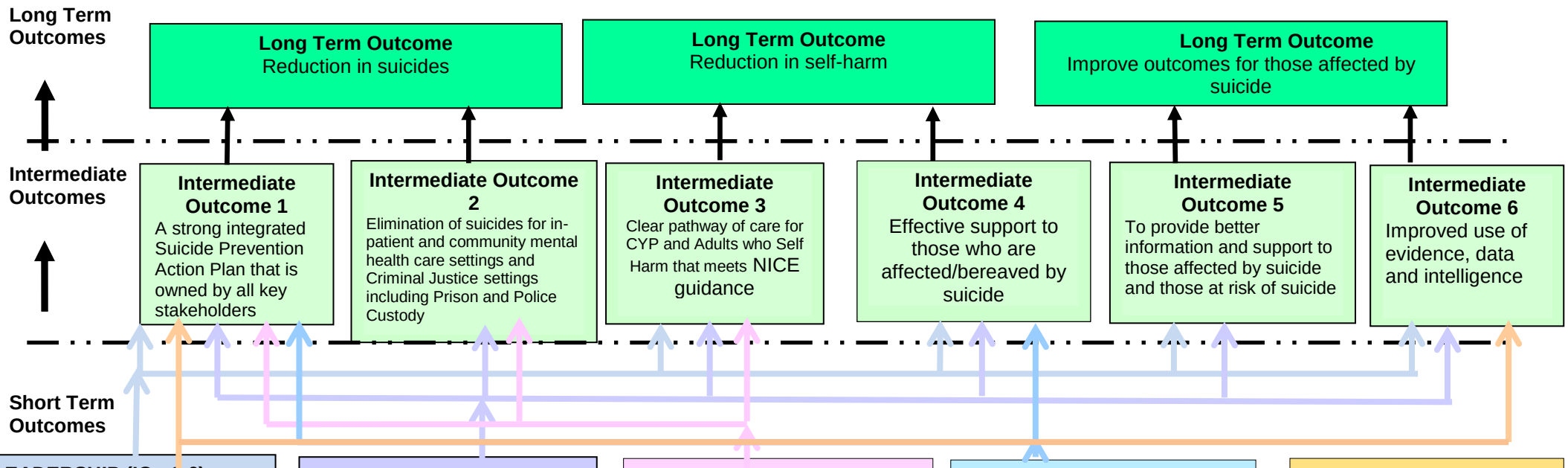
Mr Ian Smith, Riversway Manager – Preston City Council (PCC)

Mr Russell Rees, Head of Engineering (PCC)

APPENDIX D

Lancashire and South Cumbria STP
Suicide Prevention Logic Model

Vision Lancashire and South Cumbria residents are emotionally resilient and have positive mental health



LEADERSHIP (IOs 1-6)

ST Outcome 1
An effective Suicide Prevention Oversight Board

ST Outcome 2
Greater integration of suicide reduction activities within other strategies and service plans

Short Term Outcome 3
Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health champions

Short Term Outcome 4

Working towards Suicide Safer Communities Accreditation

Short Term Outcome 5

Signed up to No More Zero Suicides Alliance

PREVENTION (IOs 1-6)

ST Outcome 6
Increased awareness of suicide risks and suicide prevention
ST Outcome 7
Improved mental health and wellness
Short Term Outcome 8
Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately
Short Term Outcome 9
The media delivers sensitive approaches to suicide and suicidal behaviour
Short Term Outcome 10
Restrict access to means and respond effectively to High risk locations
Short Term Outcome 11
Increased awareness of impact of Adverse Childhood Experiences
Short Term Outcome 12
Development of an Offender MH Pathway for when released in to the community

INTERVENTION (IOs 1-3)

Short Term Outcome 13
Preventing and responding to self-harm, ensuring care meets NICE guidance

Short Term Outcome 14
Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance

Short Term Outcome 15
High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices

Short Term Outcome 16
24/7 functioning CRHTT that are high CORE fidelity

Short Term Outcome 17
Liaison Mental Health Teams that meet CORE 24 standards

POSTVENTION (IOs 1&3)

Short Term Outcome 18
All those bereaved by suicide will be offered timely and appropriate information and offered support by specialist bereavement services within 72 hours

Short Term Outcome 19
All identified suicide clusters have a community response plan

INTELLIGENCE (IO 1& 6)

Short Term Outcome 20
To establish a data collection and evaluation system to track progress

Short Term Outcome 21
To develop a consistent Suicide Audit template and schedule is agreed by all LAs

Short Term Outcome 22
To have 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths

Short Term Outcome 23
Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview Reviews

LEADERSHIP

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	The impact of suicide, on those affected by it, is relieved

Intermediate Outcomes	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6
	A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Elimination of suicides for in-patient and community mental health care settings	Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Effective support to those who are affected/bereaved by suicide	To develop and support our workforce to assess and support those who may be at risk of suicide	Improved use of evidence, data and intelligence

Short Term Outcomes	Short Term Outcome 1	Short Term Outcome 2	Short Term Outcome 3	Short Term Outcome 4	Short Term Outcome 5
	An effective Suicide Prevention Board	Greater integration of suicide reduction activities within other strategies and service plans	Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health and suicide prevention champions	Working towards Suicide Safer Communities Accreditation	Signed up to No More Zero Suicides Alliance
Signs of success	6 SP Oversight Board meetings held each year LA Safeguarding Boards are provided with regular updates on progress	Suicide Prevention Commitments and Statements are included in all key stakeholders policies and strategies i.e. HR Policies Every organisation has s suicide prevention policy for staff	All H&WB have agreed the content and signed up to support the delivery of the Lancs and SC SP Action Plan All LAs have a MH and Suicide Prevention Elected Member Champion	Lancashire and South Cumbria become a Suicide Safer Community	Signed up to No More Zero Suicide Alliance Increased in the number of people accessing the 'e' learning suicide prevention training
Reach	Key Stakeholders, Safeguarding Boards, LA Suicide Prevention groups, STP Governance meetings	Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3rd Sector services, Private Sector (particularly Construction, Carer Organisations)	Local Authorities- Health and Well Being Boards, Elected Members Local Communities,	Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3rd Sector services, Local Communities	Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3rd Sector services,

Output ↑	Commitment from all key stakeholders to reduce and prevent Suicides	Suicide Prevention is seen as the responsibility for all in Lancs+ SC	Elected Member Mental Health and Suicide Prevention champions in each of the LAs	Suicide Safer Community Standard/ Accreditation achieved	All key stakeholders signed up to the No More Zero Suicide Alliance
Activity ↑	Bi Monthly SP Oversight Board meeting **(Lancs and SC) (Yrs1-5)** To attend at each Health and Wellbeing Board to seek support for the Lancs and SC STP action plan action plans **(Louise Thomas and Neil Smith) (Yr1)** To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/ implementation of the Suicide Prevention STP Plan **(Louise Thomas, Neil Smith and LA PH Leads)**	To develop a Suicide Prevention narrative and key areas for action for strategies and plans where suicide and suicide prevention is a related issue or risk e.g. drugs and alcohol, long-term conditions **(Lancs and SC) (Yr1)** Key stakeholders to audit current policies and procedures to establish if suicide prevention/ risk of suicide is included Mapping of key stakeholders data to allow for segmentation and targeting for those high at risk of suicide	Define the role of Mental Health and Suicide Prevention Champion LA PH Leads to present the role and expectation to LA Cabinet meetings To identify Elected Members that will take on the role of Mental Health and Suicide Prevention Champion Train the MH/ Suicide Prevention Champions	Suicide Safer Community mapping exercise completed Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan	Strategic Leads across Lancs and SC agree and sign up to the No More Zero Suicide Alliance

Inputs	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to conduct audit of policies Analytical	Training of Mental Health and Suicide Prevention Elected Member Champions Officers time Financial Training		Attendance at meeting Frontline staff to take part in the e learning

PREVENTION

Long Term Outcomes	**Reduction in suicides**	**Reduction in self-harm**	**The impact of suicide, on those affected by it, is relieved**

Intermediate Outcomes	**Outcome 1** A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	**Outcome 2** Elimination of suicides for in-patient and community mental health care settings	**Outcome 3** Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	**Outcome 4** Effective support to those who are affected/bereaved by suicide	**Outcome 5** To develop and support our workforce to assess and support those who may be at risk of suicide	**Outcome 6** Improved use of evidence, data and intelligence

Short Term Outcome	**Short Term Outcome 6** Increased awareness of suicide risks and suicide prevention	**Short Term Outcome 7** Improved mental health and wellness	**Short Term Outcome 8** Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately	**Short Term Outcome 9** The media delivers sensitive approaches to suicide and suicidal behaviour	**Short Term Outcome 10** Restrict access to means and respond effectively to hotspots	**Short Term Outcome 11** Increased awareness of impact of Adverse Childhood Experiences (ACEs)	**Short Term Outcome 12** Development of an Offender MH Pathway for when released in to the community

Signs of success	% of people who report that they are more aware of who is at risk of suicide and ways in which that it can be prevented	Increase in volunteering Increase in residents taking part in physical activities across the STP area Increase in those accessing Adult Learning opportunities 5 Ways to Wellbeing embedded in commissioned services Increase in mental health awareness training	**Specify number** people trained in SP % who are trained who improved knowledge, skills confidence in identifying individuals at risk **Specify number** public sector organisations who agree to make SP training mandatory **Specify number** of people who are trained in the impact/ risk of Self Harm Number of hours of Protected Learning time allocated by CCGs for Suicide Prevention awareness training sessions	Local Authorities and 4 local media organisations have pledged to adhere by the Samaritans suicide reporting guidance No of stakeholders that sign up and adopt the principles for the reporting of suicides	Reduction in suicides in suicide hotspots	Staff in key agencies have an increased awareness of ACEs and the impact that they have on CYP Increase in staff that report that they are able to support/ refer to services that will help CYP when an ACE is identified Increase in the number of services that are commissioned which include and monitors ACEs	Clear pathway for offenders to access MH services when released for custody, particularly for those that are high risk of suicide i.e. on suicide watch in the custodial estate Reduction in the number of suicides of prisoners on release from custody Offender Health Pathway protocol developed and signed off
Reach	Those more at risk of suicide: men, older, ***list the rest*** Private businesses; taxi, barbers Schools and colleges Prisons	Universal – whole population Target services which address high levels of vulnerability e.g. Substance Misuse Services, Community Mental	**Specify** who is targeted for training Local residents Elected Members Frontline Police/ A+E staff/ Secondary MH	Communication Departments in all Key Stakeholder organisations Media Outlets	Local Communities Police/ NWAS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police	Local Authorities Police Education 3rd Sector organisations Commissioners-Health and Public Health Prisons Probation	Prisons, Police, Primary Care and Secondary MH Services, Local Authorities, Probation

	Substance misuse services , Local authorities, Primary and Secondary Health, DWP, CAB, 3rd Sector Organisations	Health services, Wellbeing services	services/ Schools/ Primary Care				
Output ↑	**Specify** number of events during Suicide Prevention Day ***Could one each LA*** **Specify** number of local Time to Change Campaigns ***Could be one each LA***	Measure increase in mental health awareness training delivered Contracts have 5 Ways embedded Volunteer hours recorded across the system Uptake of physical activity (PHOF ?)	• **Specify** number of training sessions • **Specify** number of people trained • Suicide Prevention awareness training is integrated in to mandatory training for all stakeholders i.e. module within safeguarding training • All localities in LANCS + SC have a SP training programme • All LAs have an Elected Member for Mental Health and suicide prevention	At least one of the following media organisations will sign a suicide prevention pledge re responsible reporting • TV (That's Lancashire Channel) • Newspaper • Radio	Number of Suicide high risk locations that are identified and target hardened	% of staff that are have attended ACE awareness training Number of services that are commissioned which include ACEs and are monitoring them	Clear pathway agreed for prisoners returning to Lancashire and South Cumbria to access MH Services Gaps identified Agreed protocol signed up to by Prison/ probation and Services

Activity ↑	To undertake suicide prevention awareness raising during world Suicide Prevention Day To develop suicide prevention social marketing campaign material To deliver a "Time to Change" campaign as part of MH Awareness week	Write 5 Ways into all relevant new service specifications Measure volunteer hours across STP Monitor changes in PHOF physical activity data Partnership to develop wider mental health training capacity (e.g. use of e learning tools).	Map out current 'e' learning suicide prevention training that is available/ being used (**Neil Smith, March 2018)** To identify potential gatekeepers or champions for suicide prevention in local authorities, *list orgs for training* **(Yrs1&2)** CCGs to allocate protected learning time sessions/ 1 hour session for Suicide Awareness/ REACH training to programmed statutory safeguarding training **(CCGs)** Develop a Suicide Prevention training programme which covers ACEs/ Self Harm/ MH First Aid/ ASSIST/ Safe Talk	To train media organisations in suicide awareness and responsible media reporting To relaunch the Samaritans media guidance Standardised guidance document produced for reporting of suicides Principles of the reporting guidance adopted by all key agencies	• Identify Top 10 high risk locations in Lancs and South Cumbria • Work with Network Rail, Coast Guard, BTP, Lancashire Police, Highways Agency, and Waterways Agency to reduce access in the top 10 high risk locations • Carry out Environmental Visual Audits of high risk locations	Raise awareness of ACEs i.e. what they and the long lasting impact they can have on CYP Include ACEs in future Suicide Audits Include ACEs in all relevant commissioned services that are being re designed	Mapping of current pathway Gaps identified Offender Health Pathway protocol developed Key Stakeholders agree and sign up to protocol

Input	LA PH Teams LA healthy living services	Officer time LA PH teams and CCG Financial resources Data	Officers Time Financial resource	Samaritans Media organisations Communication departments in stakeholder organisations Officer time to produce the guidance and principles Senior Officers to agree and sign off	Data Officer Time Financial recourse	ACE Training video Officer time to train staff	Officer time to undertake mapping pathway work Financial resource Technology

INTERVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide

Intermediate Outcomes	Intermediate Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Intermediate Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance

Short Term Outcomes ↑	Short Term Outcome 13 Preventing and responding to self-harm, ensuring care meets NICE guidance	Short Term Outcome 14 Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance	Short Term Outcome 15 High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices	Short Term Outcome 16 24/7 functioning CRHTT that are high CORE fidelity	Short Term Outcome 17 Liaison Mental Health Teams that meet CORE 24 standards
Signs of success	Increased awareness among frontline workers regarding suicide risk factors and co-morbidities All A&Es have undertaken an audit 100% of patients presenting with self-harm have a full biopsychosocial assessment No of services that are NICE compliant identified LMH teams in acute hospitals have CYP specialists	All patients receive NICE compliant treatment for depression	Reduced suicide ideation and behaviour Increased use of comprehensive risk and clinical assessments Increased family engagement and involvement in care Increased capacity for working with a person with suicidal thoughts Increased access to support for those not open to MH services	24/7 Crisis Care available for CYP and Adults that are high performing CORE fidelity teams. CRHT teams meet the NHS National Standards set out in the MH FYFV	CORE 24 LMH teams in each of the 4 Acute hospitals across Lancs and SC that also provide specialist CYP support LMH teams meet NHS England National Standards for CORE 24 that are set out in the MH FYFV

	Self-Harm pathway mapped out for CYP and Adults Self-Harm Service gaps identified				
Reach	A&E Departments, NWAS, 3rd Sector organisations, Lancashire Police, CYP services, Commissioners, LAs, Schools	MH Trusts, GPs, CCG Commissioners, IAPT services	A&E Departments, NWAS, Primary Care, MH Trusts, families and those with lived experience , Housing, Substance Misuse services	Local Communities LCFT Police NWAS	Acute Hospitals, Primary Care, LCFT, Commissioners
Output ↑	Number of A&E's have an audit of % of patients who present with self-harm who have had a full biopsychosocial assessment Number of services that are Self harm treatment compliant Increase in CYP resilience	LCFT/ CFT and respective commissioners have signed up to delivering the perfect depression care pathway No of GP practises that meet NICE compliance Baseline established of the number of people who are currently being treated with anti-depressants Baseline established for the number of PHQ 9 forms that are completed	Accessible services that are available 24 hours/ 7 days a week Increased improvement in Suicide Awareness Increase in the number of people trained	24/7 fully resourced CRHTT that is accessible to CYP and Adults	LMH teams meet CORE 24 standards
Activity ↑	Establish current level of self-harm rates across Lancs and SC To identify " frequent" self-harmers accessing A&E Departments and NWAS To review current self-harm support and interventions for adults and young people in LANCS + SC	To baseline data relating to services for depression, that is IAPT, antidepressant prescribing and suicide rates by postcode, evidence of application of NICE guidelines across primary and secondary care and days lost in employment in Lancs and SC	Review and modify current risk and clinical assessment tools to ensure consistency and comprehensiveness in MH Trusts **(CCGs)** To pilot a minimum/optimal standard for suicide risk assessment tools in primary care **(CCGs)**	To develop crisis care arrangements to enable access to 24/7 support for all-age groups particularly children **(CCGs)** To ensure that CRHTT are high CORE fidelity teams **(CCGs)**	To develop LMH implementation plan for 2018/ 2019 **(CCGs)** Implement a Liaison Mental health team which has CYP specialists in Acute hospitals **(CCGs)** To recruit staff to meet CORE 24 LMH standards **(CCGs**)

	To undertake an audit in each A&E of implementation of Nice guidance relating to self-harm and psychological assessments in A&E To review local self-harm care pathways against NICE guidance (CG133) To deliver suicide prevention and self-harm training for staff To develop am information sharing system between NWAS and LA PH teams re number of attempted suicide/self-harm To develop a consistent system of sharing data with GPs from A&E and NWAS **(** To develop a consistent response with primary care to those patients flagged as attempted suicide/self-harm from A&E and NWAS	To design with patients and stakeholders a 'perfect depression care pathway' with key outcomes To secure sign up across all MH Trust providers and commissioners (mental health) for commissioning of this care pathway Establish a baseline for the number of patients that are currently being treated with anti-depressants and that the care meets NICE guidelines	To develop a Lancs+ SC standard for suicide prevention in secondary care To develop a process to enable learning from suicide attempts Consult and engage with families of those with suicidal ideation To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented To strengthen the management of depression in primary care To review local care pathways against Antenatal and postnatal mental health: clinical management and service guidance NICE guidance (CG192)		
Inputs	Data analysists A&E departments and NWAS, NHS England CORE 24 funding	Commissioners, MH Trusts, GPs, IAPT	Staff time to conduct audit of current policies	CCG Commissioner funding, LCFT	CORE 24 Transformation funding (2018/19), Acute Hospitals, A+E Delivery Boards, LCFT, Commissioners

POSTVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide

Intermediate Outcomes	Intermediate Outcome 4 Effective support to those who are affected/bereaved by suicide

Short Term Outcomes ↑	Short Term Outcome 18 All those bereaved by suicide will be offered timely and appropriate information and offered support by specialist bereavement services within 72 hours	Short Term Outcome 19 All identified suicide clusters have a community response plan
Signs of success	Specialist suicide bereavement service commissioned across Lancs and South Cumbria Increased number of those bereaved by suicide can access mainstream MH services/ Support	Reduction in the number of cluster suicides incidents
Reach	Those bereaved by suicide, Commissioners of MH services, Commissioners of bereavement services/ Coroners/ Police/ NWAS/ Public Health Leads/ Las/ Prisons/ LCFT/ CFT	Coroner/ LA PH Leads, Police and specific stakeholders based on the circumstances/ need that are identified
Output	Bereavement Support services mapped out Gaps identified Increase in the no of Help is at Hand books given out by services Specialist Suicide Bereavement Service specification developed	Key Leads identified in each organisation Standardised documents and process agreed for developing Community Response Action Plan

	Consistent Referral for Suicide Bereavement adopted by Stakeholders	
Activity 	To review what services are currently available/ commissioned across Lancs+ SC for people that are bereaved by Suicide Develop an online directory of services and resources for those affected by Suicide including ADFAM, Samaritan, MIND ED etc. Develop a consistent approach taken by all key stakeholders for signposting, advice provided and support offered to those affected by suicide To consult with those bereaved by suicide to develop a Lancs and SC suicide bereavement pathway. To scope the potential for additional commissioning of suicide bereavement support to supplement local arrangements To scope current arrangements across Lancs and SC in relation to post-vention interventions, e.g. schools, communities and outreach to family and friends, in addition to bereavement support To upskill current bereavement support services so they are able to offer/ provide specialist suicide support to those affected by suicide	Review PHE Guidance for developing Community Cluster Action Plans Develop Standardised Suicide Prevention Community Cluster Action Plan procedure Define what is meant by a suicide cluster i.e. 2 or more/ same modus operandi (MO) All key stakeholders sign up, agree and implement procedure
Input	Help is at Hand Staff Time Funding for Specialist service identified	Staff Financial

INTELLIGENCE

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide

Intermediate Outcomes	**Intermediate Outcome 6** Improved use of evidence, data and intelligence

Short Term Outcomes ↑	**Short Term Outcome 20** To establish a data collection and evaluation system to track progress	**Short Term Outcome 21** A consistent Suicide Audit template and schedule is agreed by all LAs	**Short Term Outcome 22** To have a 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths	**Short Term Outcome 23** Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview and Domestic Homicide Reviews
Signs of success	Performance Management framework which monitors interventions and impact on Suicides across Lancs and SC	A consistent suicide audit data collection method which is adopted across Lancs and SC Regular Suicide Audits are conducted across Lancs and SC	Real time data Suicide and attempted suicide, drug related death Surveillance system in place Signed and agreed information sharing protocol Key stakeholders have an increased awareness of the suicide picture across Lancs and SC	Agencies have an increased awareness lessons learnt from Serious Case Reviews and Child Death Overview and Domestic Homicide Reviews
Reach	Suicide Prevention Oversight Board, STP Governance, NHS England, PH England	LA Public Health Leads Coroners Police	Police, NWAS, LA PH Leads, Coroners, Commissioners, Substance Misuse providers, GPs, LA Safeguarding Leads, LA Suicide Prevention Groups, STP partners, Information Governance Leads	Local Safeguarding Boards (Adults and CYP), Local Authorities/ Primary and Secondary Health services, NWAS/ Police/ Prison/ Probation/ CCGs
Output ↑	Quarterly performance reports	Consistent data collection across Lancs and SC Suicide Audit Timetable agreed	Joint information sharing protocol Real time data available for Public Health Leads in each LA	Standardised process for sharing the lessons learnt

		Suicide Audit report produced across the STP footprint every 3 years	Responsive coordination and collection of suicide, attempted suicides and drug related deaths information Regular reports provided to STP Governance Board, LA Safeguarding Boards (Adult and CYP)	
Activity 	Develop a performance management framework that is able to track progress made against the action plan Produce reporting template that can be used in CCG IAF submissions. Stakeholder agree data sources that will be used for performance monitoring	Review the current suicide audits templates that are currently being used for data collection across Lancs and SC **(LA PH Leads, Sept 2017)** Develop Suicide Audit template **(LA PH Leads, Sept 2017)** Develop Suicide audit timetable which is agreed by all LA PH leads **(LA PH Leads, Sept 2017)**	Feasibility scoping exercise conducted for implementation of a 'Real Time Suicide Surveillance system **(Neil Smith- October 2017)** Consistent data collection process agreed Develop information sharing protocols Mapping of current data that is collected around suicide, attempted suicides and drug related deaths	To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented
Inputs	Data Analyst, All Key Stakeholders, Staffing, Technology	Staffing capacity Technology	Data Analyst Time Staffing Technology Financial	Staffing Technology Financial

Appendix E

Response from the Cabinet

Summary

Cabinet received the Work Plan study report by the Suicides in Preston Task and Finish Group. Cabinet recognised that this was an important topic and an issue affecting many in Preston. The work of the Task and Finish Group was acknowledged and the report endorsed. Cabinet thanked the Task and Finish Group for undertaking the study and producing a comprehensive report.

Decision Taken

That Cabinet

i) Endorsed the findings of the Suicides in Preston Task and Finish Group report;
ii) Agreed to appoint a Member Champion for Mental Health and Suicide Prevention at Annual Council in May 2019;
iii) Noted recommendations 2-5 and agreed that these would be subject to resource implications and funding which the Member Champion would be required to consider as part of their role; and
iv) That Cabinet noted the report.