Lancashire and South Cumbria STP

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

**Suicide Prevention Logic Model**

**Long Term**

**Long Term Outcome**

Reduction in self-harm

**Long Term Outcome**

Improve outcomes for those affected by suicide

**Long Term Outcome**

Reduction in suicides

**Outcomes**

**Intermediate Outcome 2**

Elimination of suicides for in-patient and community mental health care settings and Criminal Justice settings including Prison and Police Custody

**Intermediate Outcome 4**

Effective support to those who are affected/bereaved by suicide

**Intermediate**

**Intermediate Outcome 1**

A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders

**Intermediate Outcome 3**

Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance

**Intermediate**

**Outcome 5**

To provide better information and support to those affected by suicide and those at risk of suicide

**Intermediate Outcome 6**

Improved use of evidence, data and intelligence

**Outcomes**

**Short Term**

**Outcomes**

**INTELLIGENCE (IO 1& 6)**

**Short Term Outcome 19**

To establish a data collection and evaluation system to track progress

**Short Term Outcome 20**

To develop a consistent Suicide Audit template and schedule is agreed by all LAs

**Short Term Outcome 21**

To have ‘Real-Time Data’ surveillance system across Lancs+ SC re suicide and attempts and drug related deaths

**Short Term Outcome 22**

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

**INTERVENTION (IOs 1-3)**

**Short Term Outcome 11**

Preventing and responding to self-harm, ensuring care meets NICE guidance

**Short Term Outcome 12**

Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance

**Short Term Outcome 13**

High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices

**Short Term Outcome 14**

24/7 functioning CRHTT that are high CORE fidelity

**Short Term Outcome 15**

Liaison Mental Health Teams that meet CORE 24 standards

**Short Term Outcome 16**

Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented

**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

**PREVENTION (IOs 1-6)**

**ST Outcome 4**

Increased awareness of suicide risks and suicide prevention

**ST Outcome 5**

Improved mental health and wellness

**Short Term Outcome 6**

Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately

**Short Term Outcome 7**

The media delivers sensitive approaches to suicide and suicidal behaviour

**Short Term Outcome 8**

Restrict access to means and respond effectively to High risk locations

**Short Term Outcome 9**

Increased awareness of impact of Adverse Childhood Experiences

**Short Term Outcome 10**

Development of an Offender MH Pathway for when released in to the community

**POSTVENTION (IOs 1&3 )**

**Short Term Outcome 17**

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 18**

All identified suicide clusters have a community response planand schools have a post suicide intervention protocol in place

**LEADERSHIP**

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

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| **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 |

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| **Short Term Outcomes** | **Short Term Outcome 1**  An effective Suicide Prevention Board | **Short Term 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 and suicide prevention champions |

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| **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 |
| **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, Local Communities | 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, |
| **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 |
| **Activity** | Bi Monthly SP Oversight Board meeting  To attend at each Health and Wellbeing Board to seek support for the Lancs and SC STP action plan action plans  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  Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan  Strategic Leads across Lancs and SC to consider to sign up to the No More Zero Suicide Alliance | 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 **(**  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 |
| **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 |

**PREVENTION**

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| **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 |

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| **Short Term Outcome** | **Short Term Outcome 4**  Increased awareness of suicide risks and suicide prevention | **Short Term Outcome 5**  Improved mental health and wellness | **Short Term Outcome 6**  Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately | **Short Term Outcome 7**  The media delivers sensitive approaches to suicide and suicidal behaviour | **Short Term Outcome 8**  Restrict access to means and respond effectively to hotspots | **Short Term Outcome 9**  Increased awareness of impact of Adverse Childhood Experiences (ACEs) | **Short Term Outcome 10**  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  Decrease in Suicide rates across the STP  Increased awareness of the suicide audit findings across all key stakeholders | 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,  Private businesses; taxi, barbers  Schools and colleges  Prisons  Substance misuse services , Local authorities, Primary and Secondary Health, DWP, CAB, 3rd Sector Organisations | Universal – whole population  Target services which address high levels of vulnerability eg Substance Misuse Services, Community Mental Health services, Wellbeing services | **Specify** who is targeted for training  Local residents  Elected Members  Frontline Police/ A+E staff/ Secondary MH services/ Schools/ Primary Care | 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 |
| **Output** | number of events during Suicide Prevention Day  Time to Change Campaigns embedded across Las  Suicide Audit data publicised and shared  Scoping exercise of debt services completed  Consistent debt advice available across the STP | 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  Scoping of the level of debt advice support available across STP  Identify gaps in debt/ money services  Develop a standard/ universal approach to debt advice across the STP | 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 (eg use of e learning tools). | Map out current ‘e’ learning suicide prevention training that is available/ being used  To identify potential gatekeepers or champions for suicide prevention in local authorities,    CCGs to allocate protected learning time sessions/ 1 hour session for Suicide Awareness/ REACH training to programmed statutory safeguarding training  Develop a Suicide Prevention training programme which covers ACEs/ Self Harm/ MH First Aid/ ASSIST/ Safe Talk | To host a meeting with key media organisations which focuses on 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 and Cumbria 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 recource | ACE Training video  Officer time to train staff | Officer time to undertake mapping pathway work  Financial resource  Technology |

**INTERVENTION**

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

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| **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 |

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| **Short Term Outcomes** | Short Term Outcome 11  Preventing and responding to self-harm, ensuring care meets NICE guidance | Short Term Outcome 12  Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance | Short Term Outcome 13  High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices | Short Term Outcome 14  24/7 functioning CRHTT that are high CORE fidelity | Short Term Outcome 15  Liaison Mental Health Teams that meet CORE 24 standards | Short Term Outcome 16  Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented |

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| **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  Self-Harm pathway mapped out for CYP and Adults  Self-Harm Service gaps identified | 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 | Dual Diagnosis pathway fully implemented and embedded into working practice  Increased awareness of MH and Drug – Staff aware of the most appropriate pathways into service  Service/Pathway meets NICE Guidance  All workforce are confident to take on dual diagnosis role (Both MH and Substance Misuse Staff) |
| **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 | Drug and Alcohol Services, Secondary Care, Service Users |
| **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 | Number of staff that are trained in dual diagnosis  Increase number of jointly managed cases by drug and MH services |
| **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 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 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  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 | Review and modify current risk and clinical assessment tools to ensure consistency and comprehensiveness in MH Trusts  To pilot a minimum/optimal standard for suicide risk assessment tools in primary care  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) | To develop crisis care arrangements to enable access to 24/7 support for all-age groups particularly children  To ensure that CRHTT are high CORE fidelity teams | To develop LMH implementation plan for 2018/ 2019  Implement a Liaison Mental health team which has CYP specialists in Acute hospitals  To recruit staff to meet CORE 24 LMH standards | Establish current baseline  Develop dual diagnosis pathway that meets NICE Guidance  Pathway signed off and agreed by MH steering group  Pathway embedded into working practices |
| **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 | CCG Commissioner funding, LA Public Health Commissioners, Drug and Alcohol Services, Secondary MH services |

**POSTVENTION**

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

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

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| **Short Term Outcomes** | **Short Term Outcome 17**  **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 18**  **All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place** |

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| **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  Post Suicide Intervention adopted in all schools across Lancs and SC |
| **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  Consistent Referral for Suicide Bereavement adopted by Stakeholders |  | Key Leads identified in each organisation  Standardised documents and process agreed for developing Community Response Action Plan |
| **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  Development of post suicide intervention protocol in schools |
| **Input** | Help is at Hand  Staff Time  Funding for Specialist service identified |  | Staff  Financial |

**INTELLIGENCE**

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

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

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| **Short Term Outcomes** | **Short Term Outcome 19**  To establish a data collection and evaluation system to track progress | **Short Term Outcome 20**  A consistent Suicide Audit template and schedule is agreed by all LAs | **Short Term Outcome 21**  To have a ‘Real-Time Data’ surveillance system across Lancs+ SC re suicide and attempts and drug related deaths | **Short Term Outcome 22**  Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview and Domestic Homicide Reviews |

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| **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  Suicide Audit report produced across the STP footprint every 3 years | Joint information sharing protocol  Real time data available for Public Health Leads in each LA  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) | Standardised process for sharing the lessons learnt |
| **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 |