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 yearLA 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 PoliciesEvery 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 MembersLocal 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 PlanStrategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action PlanStrategic 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 includedMapping 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 ChampionLA PH Leads to present the role and expectation to LA Cabinet meetingsTo identify Elected Members that will take on the role of Mental Health and Suicide Prevention ChampionTrain the MH/ Suicide Prevention Champions |
| **Inputs**  | Officer time to attend meetingsOfficer time to produce update reportsFinancial | Officer time to conduct audit of policiesAnalytical  | Training of Mental Health and Suicide Prevention Elected Member ChampionsOfficers time FinancialTraining  |

**PREVENTION**

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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 preventedDecrease in Suicide rates across the STPIncreased awareness of the suicide audit findings across all key stakeholders | Increase in volunteeringIncrease in residents taking part in physical activities across the STP areaIncrease in those accessing Adult Learning opportunities5 Ways to Wellbeing embedded in commissioned servicesIncrease 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 HarmNumber 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 CYPIncrease in staff that report that they are able to support/ refer to services that will help CYP when an ACE is identifiedIncrease 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 estateReduction in the number of suicides of prisoners on release from custodyOffender Health Pathway protocol developed and signed off |
| **Reach** | Those more at risk of suicide: men, older, Private businesses; taxi, barbersSchools and collegesPrisonsSubstance misuse services , Local authorities, Primary and Secondary Health, DWP, CAB, 3rd Sector Organisations  | Universal – whole populationTarget services which address high levels of vulnerability eg Substance Misuse Services, Community Mental Health services, Wellbeing services | **Specify** who is targeted for trainingLocal residentsElected MembersFrontline Police/ A+E staff/ Secondary MH services/ Schools/ Primary Care | Communication Departments in all Key Stakeholder organisationsMedia Outlets | Local CommunitiesPolice/ NWAS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police | Local AuthoritiesPoliceEducation3rd Sector organisationsCommissioners- Health and Public HealthPrisonsProbation | 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 LasSuicide Audit data publicised and sharedScoping exercise of debt services completedConsistent debt advice available across the STP | Measure increase in mental health awareness training deliveredContracts have 5 Ways embeddedVolunteer hours recorded across the systemUptake 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 trainingNumber 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 ServicesGaps identifiedAgreed 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 weekScoping of the level of debt advice support available across STPIdentify gaps in debt/ money servicesDevelop a standard/ universal approach to debt advice across the STP  | Write 5 Ways into all relevant new service specificationsMeasure volunteer hours across STPMonitor changes in PHOF physical activity dataPartnership 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 reportingTo relaunch the Samaritans media guidance Standardised guidance document produced for reporting of suicidesPrinciples 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 CYPInclude ACEs in future Suicide AuditsInclude ACEs in all relevant commissioned services that are being re designed | Mapping of current pathwayGaps identifiedOffender Health Pathway protocol developedKey Stakeholders agree and sign up to protocol |
| **Input**  | LA PH TeamsLA healthy living services  | Officer time LA PH teams and CCGFinancial resourcesData | Officers TimeFinancial resource | SamaritansMedia organisations Communication departments in stakeholder organisationsOfficer time to produce the guidance and principlesSenior Officers to agree and sign off  | DataOfficer TimeFinancial recource | ACE Training videoOfficer time to train staff | Officer time to undertake mapping pathway workFinancial resourceTechnology |

**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 11Preventing and responding to self-harm, ensuring care meets NICE guidance | Short Term Outcome 12Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance | Short Term Outcome 13High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices | Short Term Outcome 1424/7 functioning CRHTT that are high CORE fidelity | Short Term Outcome 15Liaison Mental Health Teams that meet CORE 24 standards | Short Term Outcome 16Dual 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-morbiditiesAll A&Es have undertaken an audit 100% of patients presenting with self-harm have a full biopsychosocial assessmentNo of services that are NICE compliant identifiedLMH teams in acute hospitals have CYP specialistsSelf-Harm pathway mapped out for CYP and AdultsSelf-Harm Service gaps identified | All patients receive NICE compliant treatment for depression | Reduced suicide ideation and behaviourIncreased use of comprehensive risk and clinical assessmentsIncreased family engagement and involvement in careIncreased 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 supportLMH 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 practiceIncreased awareness of MH and Drug – Staff aware of the most appropriate pathways into serviceService/Pathway meets NICE GuidanceAll 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 CommunitiesLCFTPoliceNWAS | 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 compliantIncrease in CYP resilience | LCFT/ CFT and respective commissioners have signed up to delivering the perfect depression care pathwayNo of GP practises that meet NICE complianceBaseline established of the number of people who are currently being treated with anti-depressantsBaseline established for the number of PHQ 9 forms that are completed  | Accessible services that are available 24 hours/ 7 days a weekIncreased improvement in Suicide AwarenessIncrease 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 SCTo 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 pathwayEstablish 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 implementedTo 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 baselineDevelop 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 CumbriaIncreased number of those bereaved by suicide can access mainstream MH services/ Support  |  | Reduction in the number of cluster suicides incidentsPost 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 outGaps identifiedIncrease in the no of Help is at Hand books given out by servicesSpecialist Suicide Bereavement Service specification developedConsistent Referral for Suicide Bereavement adopted by Stakeholders |  | Key Leads identified in each organisationStandardised 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 SuicideDevelop 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 suicideTo 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 PlansDevelop Standardised Suicide Prevention Community Cluster Action Plan procedureDefine what is meant by a suicide cluster i.e. 2 or more/ same modus operandi (MO)All key stakeholders sign up, agree and implement procedureDevelopment of post suicide intervention protocol in schools |
| **Input** | Help is at Hand Staff TimeFunding for Specialist service identified |  |  StaffFinancial |

**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 placeSigned and agreed information sharing protocolKey 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 LeadsCoronersPolice | 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 SCSuicide Audit Timetable agreedSuicide Audit report produced across the STP footprint every 3 years | Joint information sharing protocolReal time data available for Public Health Leads in each LAResponsive coordination and collection of suicide, attempted suicides and drug related deaths informationRegular 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 planProduce 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 agreedDevelop information sharing protocolsMapping 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 capacityTechnology | Data Analyst TimeStaffingTechnologyFinancial  | StaffingTechnologyFinancial |