## Suicide Prevention Guidance Benchmarking (Public Health and WellBeing Wolverhampton)

Local Suicide Prevention Planning: A practice resource (October 2016)		
Guidance set out in the Local Suicide		
Prevention Planning document	Wolverhampton's position	Red/Amber/Green
<ol> <li>Building a Partnership Approach:</li> <li>Establishing a formal multi-agency suicide prevention group</li> <li>Building a wider partnership approach</li> <li>Working with elected members</li> <li>Involving health and wellbeing boards</li> <li>Working with Crisis Care Concordat networks</li> <li>Working with primary care</li> <li>Involving people affected by suicide</li> <li>Working with the community and voluntary sector</li> <li>The role of suicide prevention champions</li> <li>Working with other partners</li> </ol>	Wolverhampton established the Suicide Prevention Stakeholder Forum in 2015 which consists of a number of partners across various organisations within the public and voluntary and community sector. The group has an agreed terms of reference and meet on a quarterly basis. The strategy and action plan take a partnership approach with agreed aims and objectives cutting across various services. As per guidelines the forum has representation from CCG, Public Health, secondary mental health care, voluntary sector, and criminal justice service (prisons). Primary care providers to be approached.  The elected member who holds the portfolio for Public Health and Wellbeing is regularly updated on the work of the forum. A scrutiny panel around mental wellbeing is also kept informed on progress of the forum and how this links into mental wellbeing, the scrutiny panel consists of elected members with officer support. The Health and Wellbeing Board has been provided with presentations at appropriate intervals around suicide prevention and support the work of the forum.  The Mental Illness and Suicide Prevention Needs Assessment consulted with a number of organisations who work directly with family and friends bereaved by suicide. More could be done to involve people affected by suicide.  Approaches have been made to the CCG to embed suicide prevention into the crisis concordat; this needs to progressed.  Areas for development:  - Form closer links with primary care (GP training)	
	<ul> <li>Form closer links with primary care (GP training)</li> <li>Explore idea of suicide champions, possibly through working those affected by suicide</li> <li>Engage primary care providers</li> <li>Embed suicide prevention work within the crisis concordat programme</li> </ul>	
Making sense of national and local data:  1. How data support effective suicide	The Mental Illness and Suicide Prevention Needs Assessment forms the basis for Wolverhampton's strategy and action plan. The need assessment used national and local data to gain an understanding of Wolverhampton's position around suicide prevalence. The main source of data for suicide is via ONS.	
prevention work  2. Suicide data collection in practice  3. Nationally available data  4. Locally sourced data	Discussions have recently taken place with the coroner on sharing of real time data and this has been agreed in principle: inquests are in public approximately 8 weeks after a person has died and the coroner's office can inform Public Health of when these inquests are taking place. Operational processes to share this data will be developed.	

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5. Real-time suicide surveillance		
6. Data sharing agreements	The Forum is in the process of routinely obtaining data relating to self-harm admissions to hospital. Discussion has	
7. Building a suicide prevention	been had about identifying recurring themes relating to these admissions to identify where effective, earlier	
database	interventions can be put in place.	
	Areas for development:	
	- Agree process for sharing of real time information on suicides	
	- Explore idea of creating a suicide database to add further value to understanding trends and causes	
	- Identify new sources of data to obtain a richer picture of suicide prevalence, for example, data from primary and	
	secondary services, criminal justice system and social care.	

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Developing a suicide prevention strategy and action plan:  1. What to include in a suicide prevention strategy  2. Building the case for suicide prevention work  3. Mapping the strategy to the wider health and wellbeing agenda  4. Accountability  5. Local approaches for suicide prevention  6. Priority areas for all local suicide prevention plans  7. Developing a multi-agency action plan  8. Monitoring and evaluating progress	Wolverhampton produced a suicide prevention needs assessment in 2015, jointly with the Samaritans. The needs assessment underpins the strategy and action plan. All the relevant sections recommended by the guidelines are included within Wolverhampton's strategy (see next section). The multi-agency action plan sits alongside other plans to improve mental well-being as well as plans to reduce the harm from alcohol. Priority groups have been identified. The needs assessment has been shared with the JSNA group for wider partners to gain a better understanding of suicide prevention and how this connects to their respective area of work and organisation. Updates are provided to the Health and Wellbeing board on a 12-18 month basis.  Wolverhampton's suicide prevention strategy is largely in line with the key areas identified in the national strategy with some additionality around maintaining a strong suicide prevention partnership with close links to the West Midlands combined authority and the actions derived from the 'Thrive West Midlands' report.  Wolverhampton's action plan sets out key objectives, rationale, leads and timescales which are in line with the guidelines. Steps are being taken to monitor self-harm admissions and suicides on a routine basis. Evaluations of training are captured at each event. Progress on the action plan is reviewed by the forum on a quarterly basis.	

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deas for action:	Reduce the risk of suicide in key high-risk groups	
1. Reduce the risk of suicide in key	Wolverhampton's suicide prevention action plan is in line with the 6 areas of action set out in the national strategy. The	
high-risk groups	action plan recognises the enhanced risk of suicide for some sections of the community. The action plan highlights	
2. Tailor approaches to improve mental	heightened vulnerability in LGBT, older people, young people, men, migrant communities and those people in the care	
health in specific groups	of mental health services. However there is a gap in terms of working with those in the criminal justice system and	
3. Reduce access to the means of	recognising specific occupational high-risk groups for example, doctors, nurses and veterinary workers.	
suicide	Wolverhampton has recently secured representation from HM Prison Service which will enable development within	
4. Provide better information and	the criminal justice system and the acute trust and the mental health trust.	
support to those bereaved or		
affected by suicide	Tailor approaches to improve mental health in specific groups	
5. Support the media in delivering	Much of what is recommended within the guidance document is included within Wolverhampton's priority of raising	
sensitive approaches to suicide and	awareness, for example, training and community based campaigns. The national guidance does include further specific	
suicidal behaviour	groups such as survivors of abuse, including sexual abuse, pregnant women or those recently given birth, those with	
6. Support research, data collection	history of self harm and veterans which are not explicitly referenced within the Wolverhampton's plan. Action plan to	
and monitoring	be amended.	
	Reduce access to the means of suicide	
	Wolverhampton's action plan is robust in this area and includes working at regional level to ensure planning toolkits	
	consider suicide prevention. Working with public health colleagues who work closely with planning to ensure suicide	
	prevention is embedded within the planning process. Although transport industry has provided input to the forum this	
	needs to be strengthened. Network rail have been members but representation has lapsed.	
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	Provide better information and support to those bereaved or affected by suicide	
	Whilst the local action plan has a section around this priority further work is needed to understand and develop	
	postvention services.	
	Support the media in delivering sensitive approaches to suicide and suicidal behaviour	
	Work is developing under this priority and is adequately reflected within the local plan.	
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	Support research, data collection and monitoring	
	Local plan is in line with what is set out in the national strategy under this theme. The forum is improving monitoring by	
	looking at attempts amongst young people and real time collection of information from the coroner.	

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	Areas for development:  - Develop work with criminal justice services, for example, police custody, probation for post release  - Explore risk for specific occupational groups in the city for example nurses  - Consider including survivors of abuse, pregnant women and those recently gave birth as specific groups at high risk  - Include action around targeting and supporting individuals with history of self harm  - Re-engage with transport industry i.e. Network Rail and strengthen work with planning department	

Three main elements of the All-Part	y Parliamentary Group on Suicide and Self-harm Prevention recommends as essential to successfu	I local implementation	
of the national strategy			
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1. Establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations	Covered above and meeting standard		
2. Completing a suicide audit	A needs assessment was completed in 2015 which included an audit but this could be updated		
3. Developing a suicide prevention strategy and/or action plan that is based on the national strategy and the local data	Covered above and achieved		