Working Draft - Suicide Prevention Action Plan for Portsmouth

Name:	Portsmouth Suicide Prevention Action Plan
Duration:	2018 – 2021
Relevant strategies:	
Board responsibility for monitoring plan:	Portsmouth Health and Wellbeing Board
Owner:	Portsmouth Suicide Prevention Action Partnership
Implementation date and review date:	Implementation: March 2018. Quarterly monitoring and annual review

Plan on a page: The Portsmouth approach to suicide prevention:

To be inserted once main document agreed. Will highlight: Approach; what the evidence and data say; risk factors/protective factors locally and nationally (which need to address/focus upon); importance of partnership and leadership; key areas for action.

Aim

Death by suicide is preventable. Each life lost is a tragedy. One suicide will always be one too many.

We aim to reduce the number of suicides in the city by at least 10% over the next three years, and provide support for those bereaved or affected by suicide.

By combining the national and local evidence base, we have identified seven key areas for action to support delivery of this aim:

1. **Achieve city wide leadership for suicide prevention**
2. **Reduce the risk of suicide in key high-risk groups**
3. **Tailor approaches to improve mental health in specific groups**
4. **Reduce access to the means of suicide**
5. **Provide better information and support to those bereaved or affected by suicide**
6. **Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
7. **Support research and data collection**

Context

- Suicide is used in this Plan to mean a deliberate act that intentionally ends one's life.
- Suicide is often the end point of a complex history of risk factors and distressing events.
- Suicide is a major issue for society and a leading cause of years of life lost. Suicides are not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.
- Around 24 people, about 78% males, take their own lives by suicide each year in Portsmouth. This is higher as a rate than the England average.

- Suicide affects children, young people and adults – whether by taking their own life or as a person bereaved by suicide. Nationally, suicide is a leading cause of death for young people aged 15–24. Death by suicide (both nationally and locally) is highest in middle-aged men (i.e. 40-44 years).

Approach

Inclusive of self-harm: The relationship between suicide and self-harm is complex. We know that many people who die by suicide have a history of self-harm, and we know that self-harm is a significant concern in its own right. This strategy will consider self-harm in relation to suicide risk.

Partnership: As a large percentage of suicidal individuals are not in contact with health or social care services, action is also required beyond the health and social care system. Real partnership is required with community groups, local business and the third sector to help identify and support people at risk of suicide and those bereaved by suicide. Key messages – learned from practice and research – are that suicide is preventable, that it is everyone's business, and that collaborative working is key to successful suicide prevention. This Suicide Prevention Action Plan has been developed by a wide range of partners to ensure that is a collaborative effort, and that action to prevent suicide is a shared responsibility across Portsmouth. Having all partners committed to contributing time to supporting action, and identifying any supporting resource, is all the more important given that there is no new financial resource to support this Plan.

Prevention and early intervention: The Plan supports taking early action to prevent individuals from reaching the point of personal crisis where they feel suicidal. This requires action much earlier and across a range of settings from general practice, schools and the workplace to community groups and web and social media.

Life-course: This Plan takes a "life course" approach as set out in national mental health and suicide prevention strategy, and advocated by the Marmot Review.

Evidence based: This Plan is informed by the evidence base. It uses national and local evidence to both identify areas of focus and specific need, and to inform the actions that will be taken to meet need.

NB. Will further consult with partners on the following:

Zero suicides: Whether we advocate a zero suicides approach in our city, which is a commitment to taking action towards achieving zero suicides among people receiving care. This approach requires action across the whole of the health and social care system, not only by practitioners providing clinical care.

Suicide safer communities: An approach first used in Canada, and which Southampton are drawing upon. UK national guidance is aligned in calling for a Partnership approach to suicide prevention.

How we will measure success

Ultimately, we want to see a reduction in Portsmouth's suicide rate. However, due to the low numbers of suicides it is difficult to show a statistically significant improvement in suicide rates across a local area and additional (proxy) measures will be used to assess the Plan's success. This includes for example, levels of self-harm and stigma in the population. Achieving a reduction in suicides is challenging in times of austerity as we know that higher levels of people are living with financial stress, which is a risk factor for poor mental health and wellbeing and increases suicide risk.

National policy

In 2012 the government published *Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives* (reference). The strategy identifies six key areas for action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

Public Health England (PHE) has published a document designed to assist in the implementation of the national guidance, which refers to the same six key areas for action. It also includes recommendations from the All-Party Parliamentary Group (APPG), which suggested that there are three elements vital to successful implementation of the national strategy (reference):
a. Undertaking a 'suicide audit' to understand local risk factors for suicide (PHE highlighted the need to make sense of local and national data).
b. Developing a suicide prevention action plan.
c. Establishing a multi-agency suicide prevention group to implement the plan throughout the local community.

In 2017 a (third) progress report of the cross-government suicide prevention strategy was published by the Department of Health. The report is used to update the 2012 strategy in five main areas:

- Expanding the strategy to include self-harm prevention in its own right.
- Every local area to produce a multi-agency suicide prevention plan.
- Improving suicide bereavement support in order to develop support services.
- Better targeting of suicide prevention and help seeking in high risk groups.

- Improve data at both the national and local levels.

The advice of these national documents, as well as the experiences of other local authorities and international developments in suicide prevention have been taken into account in the development of our Portsmouth Plan.

Other key suicide and self-harm prevention national documents can be viewed via the following PHE link: http://www.nspa.org.uk/wp-content/uploads/2017/10/TVP-PHE-South-East-Suicide-Prevention-Resources-all.pdf

Data and intelligence on suicide in Portsmouth

Key local data and intelligence sources that inform this section are as follows:

- Portsmouth JSNA
- Public Health England Suicide Profile
- Portsmouth Suicide Audits; 2013-14 audit, 2016 update (covering the period 2013 to 2015).
- Portsmouth Self-Harm Needs Assessment (2017)

Suicide rates

In 2016 there were 22 deaths due to suicide or undetermined intent[1] in Portsmouth, and between 2013 and 2016 97 deaths, which equates to roughly 24 deaths due to suicide or undermined intent each year.

Over the last few years, the suicide rate in Portsmouth been significantly higher than the national average. Over 2013-15 Portsmouth had an average of 14.1 deaths by suicide per 100,000 persons, which is significantly higher than the rate for England (10.1) and the South East (10.2). This is the highest local rate since 2001-03, and also higher than many of Portsmouth's comparator areas (using the CIPFA nearest neighbours definition[2]). Nationally, suicide rates have increased over the last ten years, coinciding with the economic downturn.

Gender and age

[1] Undetermined intent

[2] The Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbours attempts to relate Local Authorities by their traits by using descriptive features of the area each authority administers such as population, socioeconomic, household and mortality characteristics, rather than the services it provides.

Between 2013-16 78% of deaths due to suicide or undetermined intent were male and 22% were female. Men are therefore almost 4 times more likely to die from suicide or undetermined intent than women, which is in line with the national trend (3.5 times more likely). For 2007-2016, female deaths have an older age profile compared with male deaths: 42% of all female deaths were aged 50+ years compared with 32% of male deaths. Female deaths peak at 45-49 years compared to the slightly younger 40-44 years for males. However, deaths by suicide account for a greater proportion of deaths in younger compared to older age groups (younger people are less likely than older people to die of any cause), and particularly for males aged 18-19 years.

Contact with health services

8% of cases had seen a General Practitioner six days or less before their death, and 23% had within four weeks before their death. Of the cases who had seen a GP within the four weeks prior to their death, 64% of cases were in contact about their mental health; 33% about their physically health; and 3% were opportunistically seen. 28% of cases were in contact with mental health services, most commonly the Mental Health Recovery Team and IAPT/Talking Change.

Hotspots

Most deaths by suicide in Portsmouth take place at home (58%), but of those that take place in public spaces, the most common places were train stations and/or train lines and open spaces such as countryside (including woodland), the beech, or parks. More people lived in the most, compared to the least, socio-economically deprived areas of Portsmouth.

Groups at higher risk of suicide

The following groups are at higher risk of suicide in Portsmouth. These locally defined groups are in line with at risk groups identified by national guidance such as the national strategy report *Preventing Suicide in England: Two Years On.*

- Men, particularly middle-aged men and young men aged 18-19 years.
- People with a mental health diagnosis, especially depression – both those in the care of mental health services and those not in current treatment. For those in treatment high risk periods include the first 3 months (and especially first 2 weeks) post-discharge from acute mental health services (i.e. hospital).
- People experiencing:
  - Chronic pain, disability or other physical health status (the most commonly occurring “life event” identified by Portsmouth Suicide Audit)
  - Relationship difficulties (particularly for men)
  - Unemployment and/or financial difficulties
  - Housing difficulties and/or social isolation i.e. homelessness/living in a hostel/living alone
  - Bereavement
- People with a history of self-harm or of attempting to die by suicide.

- People that have been a former prisoner/convicted of crime
- People with a history of alcohol and/or substance misuse (and including those with dual alcohol/substance misuse and mental health illness).
- People that have experienced violence and/or abuse.

The national strategy also identifies children in care, care leavers, young people in the justice system and veterans as being at higher risk of suicide. These groups may have been less visible in the audit findings of Coroner records where past occupations such as serving in the army may not have been recorded.

Groups identified in national guidance as needing a *tailored approach* to both improve their mental health and reduce their suicide risk, are as follows:

- Looked after children and/or care leavers.
- Military veterans.
- People who are lesbian, gay, bisexual (LGB) or gender reassigned.
- Black and Minority Ethnic (BME) groups and asylum seekers.

Compared to England, the risk factors section of Public Health England's suicide profile illustrates that Portsmouth has lower rates of people who end their own lives with long-term health problems, long-term unemployment, and domestic abuse incidents. However, Portsmouth has higher rates of people who are separated or divorced, people living alone, people who are (statutory) homeless, children who are looked after, children leaving care, children in the youth justice system, alcohol related hospital admissions, and estimated prevalence of opiates or crack cocaine. Portsmouth has similar rates to England of recorded severe mental illness, self-reported happiness and anxiety scores, older people living alone, and unemployment.

Self-harm

Self-harm is a concern in its own right, as well as being a risk factor for completed suicide. Not everyone that self-harm's will have suicidal thoughts, whilst not everyone that dies by suicide will have self-harmed. However, we know that previous self-harm is an important predicator for suicide. Between 2013 and 2015 57% of cases in Portsmouth had a record of self-harm or of attempting to die by suicide[3]. As there are links between the two, self-harm has been identified for inclusion in the Plan as a priority for action.

National and local Portsmouth data suggest levels of self-harm are increasing, although only the 'tip of the iceberg' presents to healthcare services. Young people and adolescents (especially females) have disproportionately high rates of self-harm, both nationally and in Portsmouth. Self-harm in adults of all

[3] The definition of 'Self-harm' in the Coroner's files is not clear - it may refer to trying to die by suicide or it may refer to self-harm such as cutting. The audit will also under-estimate the individuals that have self-harmed as it is well documented that many people who self-harm do not seek help from health or other services and so self-harm episodes are not recoded.

ages, taken together, also represents a significant health (and healthcare) burden. Public Health England (PHE) publish a metric which shows that local hospital admissions for 10-24-year-olds for self-harm are significantly higher than the national average, and have been for at least the last six years[4].

Risk factors for self-harm have been determined to be (but are not limited to):

- Women - rates are two to three times higher in women than men.
- Young people - 10-13% of 15-16-year-olds have self-harmed in their lifetime.
- Mental health disorders including depression and anxiety;
- People who have or are recovering from drug and alcohol problems.
- People who are lesbian, gay, bisexual or gender reassigned.
- Socially deprived people living in urban areas.
- Women of black and South-Asian ethnicity.
- Groups including veterans, prisoners, those with learning disabilities, and those in care settings;
- Individual elements including personality traits, family experiences (being single, divorced or living alone), exposure to trauma (including bullying, abuse or adverse childhood experiences), life events, cultural beliefs, social isolation and income.

Action planning for suicide prevention in Portsmouth

A multi-agency partnership group (Portsmouth Suicide Prevention Partnership) has been set up to agree strategy and actions to reduce the rate of suicide in Portsmouth. This partnership group includes representatives from the local authority, voluntary sector, community and acute health providers, emergency services, and other partners (see **Appendix 1** for details). The partnership has overseen the development of the Suicide Prevention Plan, which presents key areas and actions, with Leads from the partnership taking ownership for the delivery of different actions.

Delivery and governance

Portsmouth Suicide Prevention Partnership (PSPP) has responsibility for delivering on and monitoring progress towards the Suicide Prevention Plan. PSPP will report to the Health and Wellbeing Board, which has overall responsibility for suicide prevention. PSPP will meet quarterly and will report to the Health and Wellbeing Board on an annual basis.

4 Figures and chart adapted from https://fingertips.phe.org.uk. Data represents Hospital Episode Statistics (HES) for finished admission episodes, courtesy of NHS Digital. Rates are directly standardised per 100,000 Portsmouth population aged between 10-24y.

Action Plan:

NB. Further consultation will now take place on the actions set out below and it is anticipated that there will be change. Some need to be made SMART(er), and anticipated outcomes and timescales completed. Also want to see some actions shifted from Public Health to Partners.

1. Objective: Achieve city wide leadership for suicide prevention					
This Suicide Prevention Action Plan has been developed by a wide range of partners to ensure that is a collaborative effort, and that action to prevent suicide is a shared responsibility across Portsmouth.					
Ref	**Target Group**	**Action**	**Timescale**	**Lead officer/partner**	**Anticipated outcome**
	All groups	Establish a functioning multi-agency strategic group overseeing delivery of this Plan and related suicide and self-harm prevention activities (meeting quarterly).	June 2017	Public Health	
	All groups	Members of the Suicide Prevention Action Partnership to advocate suicide and self-harm prevention in their work areas and disseminate key massages, as well as “own” specific relevant actions.	Ongoing	All partners	
	All groups	Members of the Suicide Prevention Action Partnership share good practice, highlight current issues, identify funding and commissioning opportunities, and support collaborative work.	Ongoing	All partners	
	All groups	The Suicide Prevention Action Partnership establishes strong links with national, South East and Hampshire-wide networks on suicide prevention.	Ongoing	Public Health ICU Providers	

2. Objective: Reduce the risk of suicide in key high-risk groups

The following groups are at higher risk of suicide in Portsmouth. These locally defined groups are in line with at risk groups identified by national guidance such as The national strategy report: Preventing Suicide in England: Two Years On.

- Men, particularly middle-aged men and young men aged 18-19 years.
- People with a mental health diagnosis, especially depression – both those in the care of mental health services and those not in current treatment. For those in treatment high risk periods include the first 3 months (and especially first 2 weeks) post-discharge from acute mental health services (i.e. hospital).
- People experiencing:
  - Chronic pain, disability or other physical health status (the most commonly occurring "life event" identified by Portsmouth Suicide Audit)
  - Relationship difficulties (particularly for men)
  - Unemployment and/or financial difficulties
  - Housing difficulties and/or social isolation i.e. homelessness/living in a hostel/living alone
  - Bereavement
- People with a history of self-harm or of attempting to die by suicide.
- People that have been a former prisoner/convicted of crime
- People with a history of alcohol and/or substance misuse (and including those with duel alcohol/substance misuse and mental health illness).
- People that have experienced violence and/or abuse.

Ref	Target Group	Action	Timescale	Lead officer/partner	Anticipated outcome
Support, commission and deliver suicide intervention services:					
	All age groups	Embed suicide prevention in the Crisis Care Concordat programme.		CCG Solent NHS Trust	Improved risk identification, support and pathways to care. Suicide Prevention Plan linked with key programmes such as the MH Concordat.
Support, commission and deliver proactive suicide prevention activities:					
	All age groups Particular focus on middle-aged men, those living with depression and anxiety, and people living with chronic pain.	Map the different services, organisations and support groups (i.e. Citizens Advice, Foodbanks, Gyms, Libraries, Men in Sheds, Housing services as well as health services) that each of the at risk groups		ICS Public Health	Robust pathways in place.

		are likely to have frequent contact with – their "touch points" in order to identify gaps and where pathways can be improved.			
	All age groups Target services and settings to train include the following: • Schools and Collages; • Primary care (targeting those in high deprivation areas and with high levels of chronic pain); • Housing services; • Alcohol and substance misuse services; • Services and organisations in contact with people in socio-economic hardship i.e. DWP, debt and benefit advice agencies); • Services/groups/business frequented by our target groups.	Provide mental health, self-harm and suicide prevention training to frontline staff and "touch points" (see above) to enable them to better identify those in need of help, provide support, and sign-post/refer.		Public Health CCG	
	All age groups	Use the above to identify opportunities for establishing and improving robust prevention activities, risk identification, sign-posting, and referral to support services (including referral to mental health services such as Talking Change - IAPT - and support services such as Bereavement support).		ICS Public Health	

	Adults	Complete a review of gaps in psychosocial support for vulnerable groups between Portsmouth CCG and public health.	December 2017	Kerry Pearson - Integrated Commissioning Unit (ICS) / CCG	
	Adults	Partners to fully engage with the Sustainability Transformation Plan (STP - NHS) dual diagnosis priority working group and subsequent action plan.	September 2017	CCG Solent NHS	Improve the response to people with comorbid mental health and alcohol and/or substance misuse.
	All age groups	Implement the recommendations of the Self-harm Needs Assessment 2017 (as prioritised by the Self Harm Sub-Group of the Suicide Prevention Partnership Group).		Public Health Partners as appropriate	Reduction of self-harm in population from current baseline
	Adults Target groups include middle aged men, those with depression and anxiety, and people living with chronic pain.	Contribute to the Portsmouth City Council workplace health programme to advocate good practice workplace health in relation to mental health and wellbeing (for PCC and target employers in Portsmouth).		HR, PCC (internally) Solent Mind (externally)	Connect 5 (mental wellbeing and resilience training) & engagement with local employers/ Public Health Portsmouth (PHP) Business Plan 18/19
	All age groups Target groups include middle aged men who are socially isolated and/or economically inactive, adults with chronic pain, and young women (the later in relation to self-harm)	Deliver public awareness mental health campaigns (including suicide prevention and self-harm) that target at risk groups, reduce stigma, and encourage people to seek support.		Comms, PCC	

3. Objective: Tailor approaches to support improvements in mental health in specific groups

The following groups may need tailored approaches to support improvements in their resilience and contribute to (with other actions) improved mental health:

- Looked after children and/or care leavers.
- Military veterans.
- People or are lesbian, gay, bisexual (LGB) or gender reassigned.
- Black and Minority Ethnic (BME) groups and asylum seekers.
- Those with complex (i.e. often multiple) needs.
- Plus some of the "at risk" groups identified through Priority 1.

Ref	Target Group	Action	Timescale	Lead officer/partner	Anticipated outcome
	Adults Vulnerable groups because of their mental health illness and/or because they are in the above groups.	Review how the Suicide Action Partnership Group and the Adult Safeguarding Board can most effectively work together on common issues to protect vulnerable adults from self-harming and/or committing suicide.		Public Health Adult Safeguarding Board	
	Children and young people Vulnerable C&YP including looked after children and care leavers	Review how the Suicide Action Group and the Children's Safeguarding Board can most effectively work together on common issues to protect vulnerable children and young people from self-harming and/or committing suicide (including looked after children and care leavers).		Public Health CYP Safeguarding Board	
	Adults Those with complex needs i.e. MH, substance misuse, rough sleeping	Engage and support the Safer Portsmouth Partnership's work with the Complex Needs System Review group. Seek to support recommendations from the group.		PCC (including Public Health), Solent NHS Trust, CCG	Senior leaders from these organisations
	All age groups	Identify individuals/groups/organisations that can help engage with those identified as requiring		Could our voluntary sector support this?	

	Target groups: LGBT, BME, Veterans (ex), young offenders, bereavement support services.	tailored support (i.e. LGBT, BME groups, those with learning disabilities) and ensure they are aware of the pathways, services and resources in place so that they can best support individuals.			
	Adults and children and young people	Commissioned services recognise and put in place measures to support the specific needs of at risk and/or potentially vulnerable groups in need of additional support i.e. men only as well as mixed gender groups, LGBT groups.		NHS Solent CCG ICU	

4. Objective: Reduce access to the means of suicide

Ref	Target Group	Action	Timescale	Lead officer/partner	Anticipated outcome
	Adults Those experiencing chronic pain	Promote safe prescribing of painkillers and antidepressants through the following: - Provide information to the Clinical Commissioning Group, GPs and hospital prescribers on deaths caused by prescription drugs, with recommendations. - Undertake a needs assessment for people addicted to prescribed medication. - Establish a time limited working group to oversee the needs assessment and make recommendations.	October 2017 ? April 2018	Alan Knobel, Public Health Alan Knobel, Public Health CCG	
	All age groups	All agencies to work together to identify and manage hotspots for both completed and attempted suicides, including through the following:		Public Health	

		- Mapping the location of confirmed and possible suicides and self-harm locations to identify "hot spot" locations. - Informing partner agencies and those that have responsibility for buildings/land used for suicide in order to raise awareness and target and deliver training. - Establish a process for alerting train station staff if someone with high suicide risk goes missing from acute care. - Take action to reduce risk (i.e. install signage, barriers) as needed and in line with evidence base.		Samaritans? (work with Network Rail) NHS Solent Samaritans, Network Rail and other partners as needed.	
	All age groups	Work with planning and developers to include suicide risk in building design considerations, especially in relation to multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities.		Planning Housing	

5. Objective: Provide better information and support to those bereaved or affected by suicide

The right support at the right time.

Ref	Target Group	Action	Timescale	Lead officer/partner	Anticipated outcome
	Families bereaved by suicide or a death of undetermined intent	Strengthen effective referral to bereavement support/services by emergency services that attend the death and those in contact with the families		Police NHS South Central Ambulance Service	

		soon after bereavement from suicide occurs (i.e. Coroner's Office), so that referrals are appropriate and timely.		Bereavement services	
	Families bereaved by suicide or a death of undetermined intent	Update the bereavement support pack "Help is at Hand" (nationally produced) with supporting local information (i.e. including details of local bereavement support services), working with local bereavement support services.		Public Health NHS Solent Coroner's Office	
	Families bereaved by suicide or a death of undetermined intent	Distribute and make available a Portsmouth Crisis Card to all appropriate agencies/services, which references local support and the national "Help is at Hand" pack. Make available the national/local pack as appropriate.		Public Health NHS Solent CCG Voluntary sector	
	Families bereaved by suicide or a death of undetermined intent	Implement Suicide Real-Time data collection process by the Police (which will support the actions above); to early identify 'clustering' that would inform prevention and postvention planning.		P Colin Bullpett (Hampshire Police)	
	Families bereaved by suicide or a death of undetermined intent	Review the current bereavement support offer to families in Portsmouth, determine how best needs can be met, and work with services to strengthen the provision of suicide-specific bereavement support.		Public Health ICS	
	Families bereaved by suicide or a death of undetermined intent	Build awareness raising on suicide-specific bereavement into core mental health and suicide prevention training for front line staff (including with first responders).		Public Health NHS Solent CCG	

6. Objective: Support the media in delivering sensitive approaches to suicide and suicidal behaviours

Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media and reduce the risk of additional suicides

Ref	Target Group	Action	Timescale	Lead officer/partner	Anticipated outcome
	All age groups	Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media, including by encouraging use of guidance and advice on responsible reporting, and challenging the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide.		PCC media team Samaritans?	
	All age groups	Encourage local media to support the signposting of national helplines and local services for people that are affected by local campaigns and coverage of deaths by suicide or undetermined intent.		PCC media team	
	All age groups	Work with our local media to prevent imitative suicides and tackle suicide "hotspots".		PCC media team	
	All age groups	Build a proactive suicide prevention media campaign, which includes supporting World Suicide Prevention Day.		PCC media team	

7. Objective: Support research, data collection and monitoring

Build on the existing research evidence and other relevant sources of data on suicide and suicide prevention

Ref	Target Group	Action	Timescale	Lead officer/partner	Anticipated outcome
	All age groups	In relation to the Suicide Audit: - Periodic audit of suicide and open verdicts undertaken to inform the JSNA and future refresh of the Suicide Prevention Action Plan.		Public Health Coroner's Office	

		- The audit should continue to include findings of all serious incident reviews. - Explore with Coroner's office how occupational status can be better identified and recorded (to enable better targeting of prevention activities).			
	All age groups	Circulate the key findings of the suicide audit to partners, including general practice and healthcare providers, to encourage learning from suicides locally.		Public Health CCG/GP Alliance	
	All age groups	Explore the need for additional/extended information sharing protocols to support multi-agency suicide prevention, implementation options, and deliver agreed option/s as appropriate.		Emergency services, NHS Solent, CCG?	
	All age groups	Put in place processes to ensure that information on self-harm and attempted suicides informs suicide prevention activities.		Public Health, NHS Solent	
	Children and young people	Include a section in the YouSay Survey (with schools), which will provide supporting information on the status and views of children and young people in relation to mental health, social and emotional wellbeing – to support identification of need and preventative activities.		Public Health	
	All age groups	Establish links with local and leading University's on suicide and self-harm prevention to strengthen research links and academic input to the Partnership.		Public Health	

Appendix 1: Stakeholders engaged in developing Portsmouth's Suicide Prevention Plan

NB. Some of the stakeholders below will be engaged between now and January to inform the final Plan.

Stakeholder organisation
Suicide Prevention Action Partnership (SPAP) membership
Public Health Consultant, PCC (Chair)
Public Health MH Lead and Suicide Prevention Lead (adults)
Public Health CYP, PCC
Public Health, Substance Misuse Development Manager
British Transport Police
Network Rail
Portsmouth Police
Coroner's Office
University of Portsmouth
Solent MIND
MH service providers
Red Lipstick (bereavement support for families bereaved by suicide)
Portsmouth Survivors of Bereavement by Suicide (SOBS?)
Service users
Service users (adults)
Service users (children and young people)
Other Portsmouth City Council stakeholders
Portsmouth City Council Cabinet Members
Director of Public Health
Director of Children's Services
Deputy Director of Children's Services
Children & Young People's Lead, Public Health
Director of Adults Services
Deputy Director of Adults Services

ICU Mental Health Lead (adults)
ICU Mental Health Lead (children's)
ICU Children's Lead
Adult Strategy
C&YP Strategy
Portsmouth City Council (MCC) Homelessness Team
Children's Safeguarding
Adult's Safeguarding
Mental health services
NHS Solent
CAHMS
CCG and primary care
CCG strategic lead
CCG Clinical Lead
GP Alliance
Other voluntary sector stakeholders
Samaritans
Portsmouth Voluntary Service
Any other charities that have a strong local presence? Including those that work with people with chronic physical health conditions.
What about men's sports/men's stakeholders i.e. Portsmouth FC? This is something we can talk to Cheryl about developing a relationship with if not already. Works really well in Southampton.
Other stakeholders
University of Southampton (research interests around suicide prevention). Leading Universities for suicide prevention include University of Bristol.
Workplace Health
Schools
Early Help Team
Young people represented enough? Do we have a voluntary sector group representing CYP MH and emotional wellbeing? No Limits in Southampton.