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Governance Support Town Hall Castle Circus Torquay

TQ1 3DR

Dear Member

HEALTH AND WELLBEING BOARD - THURSDAY, 12 JULY 2018

I am now able to enclose, for consideration at the Thursday, 12 July 2018 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No Item Page

4. Urgent items

(Pages 2 - 33)

 Torbay Suicide and Self-harm Prevention Plan – to endorse the plan and recommend its approval to the Elected Mayor.

Yours sincerely

Lisa Antrobus Clerk

(FINAL DRAFT)



Devon-wide Suicide Prevention Strategic Statement

Working together to make all communities in Devon, Plymouth and Torbay suicide safer communities







1 Vision

The Wider Devon Sustainability and Transformation Partnership (STP) includes the local authority areas of Devon, Torbay and Plymouth and sets out ambitious plans to improve health and transform care services. A key theme across the STP is an increased focus on prevention, and specifically prevention of mental ill-health, supported by the recent publication of the 'PHE Better Mental Health Prevention Concordat'.

Partners across Devon, Torbay and Plymouth are committed to working to together to reduce suicides. This strategic statement gives an overview of the strategic intent across the STP area. We recognise that each local authority area has its distinct make up of population demographics, environmental and social economic factors, therefore, more detailed local implementation plans will be developed for each area, detailing how organisations will work in partnership to reduce suicide among respective populations.

In 2016, there were **29 deaths** in Wider Devon as a result of **land transport accidents**

In the same year, **115 people** died as a result of **suicide** or unintentional injury

We believe that suicide is preventable and each of these deaths could potentially have been avoided. We aim to ensure that the whole of Devonis a place where people do not consider suicide as a solution to the challenges they face. We will aspire to make Devon a place that supports people in times of personal crisis and builds individual and community resilience to improve lives.

2 Introduction

Local Health and Wellbeing Boards provide the governance for suicide prevention and leadership of suicide prevention work is the responsibility of local authority public health teams. This leadership is provided through local strategic partnerships.

Suicide is a traumatic event; the impact is felt not only by immediate family and friends, but by people in workplaces, communities and wider society. It is estimated that every suicide costs the economy £1.67 million. This estimate includes direct costs which are involvement of the emergency services, healthcare interventions and investigations carried out by the police and coroner. There are additional indirect costs attributed which include the lost opportunity to contribute productively to the economy, including paid work, voluntary activities and looking after children or parents. Arguably though, the most fundamental impact of all is the loss of the opportunity to experience all that life holds as a result of suicide. The pain and grief that suicide can have on immediate family members and friends can be immense and long lasting. These very personal impacts are known by economists as 'intangible costs' because they are often hidden and difficult to value. It is these intangible costs that make-up approximately 70% of the total costs of suicide.

Suicide can often be the end of a complex history of risk factors and stressing events, and the risk for suicide reflects wider inequalities in social and economic circumstances. Suicide is preventable; however, the prevention approach must address the complexity of the issue. There are many effective ways in which individuals, communities and services can help to prevent suicide and this strategic statement is intended to recognise the contributions that can be made across all sectors of society.

This document sets out the local suicide prevention statement and implementation plans which are supported by national guidance. The 'Cross-Government Suicide Prevention Strategy', published in 2012 and subsequently updated in 2015 and 2017, sets out the Government's priorities for addressing suicide and self-harm. The national strategy fits with the aim of the 'Five Year Forward View for Mental Health' and sets the ambition to reduce the number of people who take their own lives in 2020/21 by 10% compared to 2016/17 levels.

It is acknowledged that, although there are some risk groups emerging through national trend data that require a focus for population approaches (eg middle-aged men and those with undiagnosed depression), there is great variation between local areas, therefore, the national ambition is for local delivery of suicide prevention with the target for every local area to have in place a multi-agency suicide prevention strategic partnership and action plan. To aid in this, Public Health England published "Guidance for developing a local suicide prevention action plan" in 2016 which provides specific guidance to Local Authorities to develop local plans and ambitions.

3 Why are we doing this?

3.1 The national picture

The most recent figures for suicide in the United Kingdom (2016 registrations) were published by the Office for National Statistics on 7th September 2017. The National Statistics definition of suicide (updated in 2016) includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over.

A reduction in suicide rates will only be achieved if prevention is prioritised by the NHS, local government, charities, British Transport Police and others, and a population approach is taken.

The headlines:

In 2016, there were **5,688** suicides among people in Great Britain. This is **202 less** than in 2015 and represents a reduction of **3.4%**.

There has been a fall in the age-standardised suicide rate for both males and females in England from 2015 to 2016. The overall suicide rate has fallen from **10.1** in **2015** to **9.5** per **100,000** people in 2016.

Suicide continues to affect more males than females. Suicide is the leading cause of death in men under 50 years old and across all broad age groups, the suicide rate for males is around **3 times** higher than for females.

The highest suicide rate is seen in middle-aged men. Males aged 40 to 44 have the highest rate at **23.7 per 100,000 people**. In females, the highest rate is seen in the 50 to 54 age group who have a rate of **8.1 per 100,000 people**.

The most common suicide method in the UK in 2016 was hanging, accounting for **59%** of male suicides and **43%** of female suicides respectively.

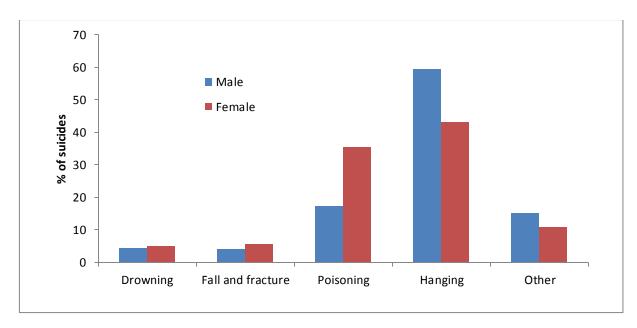


Figure 1. The proportion of suicide by method and sex, Great Britain, registered in 2016 (Office for National Statistics, National Records of Scotland)

In 2016, the South West had the highest age-standardised suicide rate for any English region at **11.2** per **100,000** people. London has the lowest at **7.8** per **100,000** people.

As well as gender and age, other known risk factors for suicide include self-harm, mental illness, employment status, marital status and physical ill-health.

It is estimated that the around a **third of people** who die by suicide are in current or recent contact with **mental health services**.

It is also estimated that around a **third of people** who die by suicide have had contact with their **GP** in the lead up to their death, and around a **third of people** are not known to any **health or care services.**

3.2 Local Picture

The Wider Devon STP area includes the local authority areas of Plymouth, Torbay and Devon. Each local authority area holds mortality data for its resident population, including data on deaths from suicide and undetermined injury.

Since 2014, there have been **339** deaths from suicide or unintentional injury Devon-wide (*Suicides in England and Wales by Local Authority: Office for National Statistics: 2017*). Of these, over **three-quarters** of deaths occurred in **males**.

There are suggestions that, following a peak in 2014, the directly age-standardised suicide rate is decreasing Devon-wide but there is local variation. (see Appendix 1).

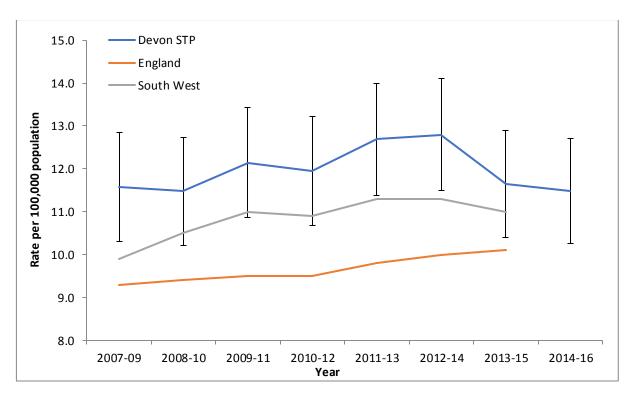


Figure 2. Trend in mortality from suicide and injury of undetermined intent Devon-wide. PHE Suicide Prevention Profiles - https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

However, presenting the overall picture may mask any trends occurring within specific risk groups.

Most deaths occur in the home (Figure 3). Deaths that are recorded as occurring in a hospital or communal establishment include those where the suicide attempt was made at home and the death occurred later in time.

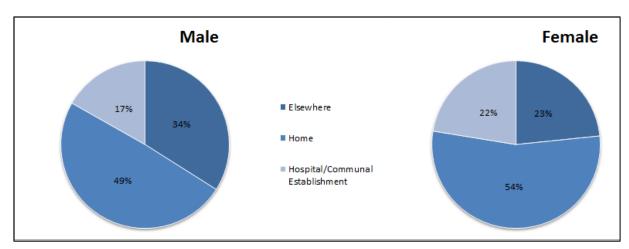


Figure 3. Place of death by gender, Devon-wide, 2014-2016 (Primary Care Mortality Database; Residents of Devon, Plymouth and Torbay)

Similarly, to the national picture the most common method of suicide Devon-wide was hanging, accounting for 55% of all male deaths and 36% of female deaths. Also reflecting the national picture, poisoning is the next most common method used, accounting for 37% of female deaths and 16% of male deaths (Figure 4).

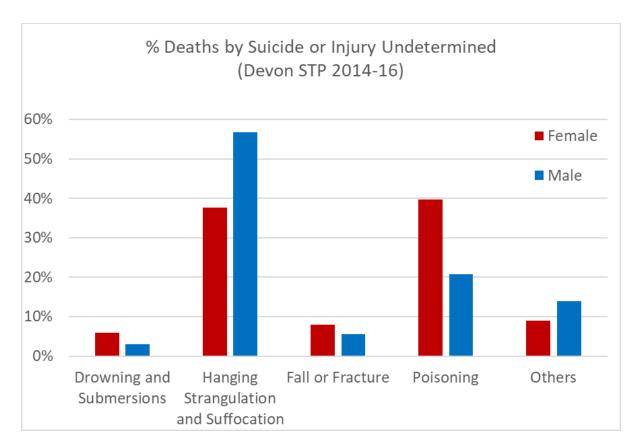


Figure 4. Method of suicide by gender, Devon-wide, 2014-2016 (Primary Care Mortality Database; Residents of Devon, Plymouth and Torbay)

The financial cost of a death by suicide is estimated at £1.67 million in terms of care and lost productivity. This means that the 115 suicides Devon-wide in 2016 cost the local economy £192 million.

4 What is the ambition?

The aim of this strategic statement is to set a bold target for suicide prevention, based upon local, regional and national ambitions. In 2014, the South West Regional Zero Suicide Collaborative set the highly ambitious target to reduce suicides across the South West to zero by October 2018. This was followed by national publication of 'The Five Year Forward View for Mental Health' in 2016 which sets the ambition that the number of people taking their own lives in 2020/21 will be reduced by 10% nationally compared to 2016/17 levels.

Devon-wide, we are committed to work in collaboration to reduce the number of suicides to zero. To start this process by 2020/21, we aim to reduce the number of people who take their own lives by 10% based on 2016/17 levels.

To achieve this reduction in suicide rates there needs to be a much stronger focus on suicide prevention and commitment from system leaders to make suicide prevention a priority.

"Working together to make all communities in Devon, Plymouth and Torbay suicide safer communities"

5 How do we aim to achieve this?

Suicide must be recognised as avoidable and therefore preventable. There are many effective ways that individuals, communities and services can work together to support people differently so that they do not see suicide as their only option.

Devon-wide partners will recognise the important contribution they can make and take a whole-community approach, recognising the contributions that can be made across all sectors of society. The approach will cover two tiers of action:

- **Level 1 Universal Interventions**: to build resilience and promote wellbeing at all ages for residents of Devon, Plymouth and Torbay.
- **Level 2 Targeted and vulnerable population groups:** targeted prevention of mental ill-health and early intervention for people at risk of mental health problems.

Improving the mental health of the population will support a reduction in suicide rates and this will be supported in ongoing work, at a local and strategic level, in support of the PHE Prevention Concordat for Better Mental Health.

To deliver the stated ambition, we will adopt the National Suicide Prevention Strategy which identifies seven key areas for actions. These are:

- 1. Reducing the risk of suicide in high risk groups
- 2. Tailoring approaches to improve mental health in specific groups
- 3. Reducing access to the means of suicide
- 4. Providing better information and support to those bereaved or affected by suicide
- 5. Supporting the media in delivering sensitive approaches to suicide and suicidal be haviour
- 6. Supporting research, data collection and monitoring; and
- 7. Reducing rates of self-harm as a key indicator of suicide risk.

The national strategy will be implemented locally in two ways:

The **two multi-agency suicide prevention groups** will bring together the statutory and voluntary organisations necessary to support the development and implementation of the local suicide prevention implementation plans. One group will cover Devon and Torbay local authority areas and one will cover Plymouth.

There will be **localised suicide prevention implementation plans** based on the national strategy and local intelligence on suicide risk. Each local authority area (Plymouth, Torbay and Devon) will be responsible for developing and delivering their own local implementation plan that best suits the needs of their population.

6 Developing local implementation plans:

We intend to adopt the national strategy and using local data and knowledge, produce a set of local priorities for suicide prevention. The implementation plans will be developed following the steps set out below:

- 1. Review the national evidence base, best practice from other areas and local data to inform local priorities
- 2. Collate and review the current prevention activities in place and identify gaps in provision

- Draft implementation plans with full engagement from stakeholders through the local strategic partnerships
- 4. Develop monitoring and evaluation plans for the suicide prevention groups.

The plans will be co-owned by a range of statutory and voluntary agencies, which will all participate by incorporating organisations' actions into the plans and working collaboratively to identify priority areas.

Once complete, the implementation plans will be made available on the local authority websites and will undergo annual review. A Devon-wide review of the data will be undertaken with sharing of best practice and, where it is appropriate, work will be undertaken on a Devon-wide level.

7 References

Office for National Statistics. Statistical Bulleting, 2016. Suicides in the UK: 2015 registrations. Available at:

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Public Health England. Prevention Concordat for Better Mental Health. 2017. Available at: https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-planning-resource

HM Government: Preventing Suicide in England. A cross-government outcomes strategy to save lives. 2012. Available at: https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

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Mental Health Taskforce to the NHS in England. The Five Year Forward View for Mental Health.2016. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

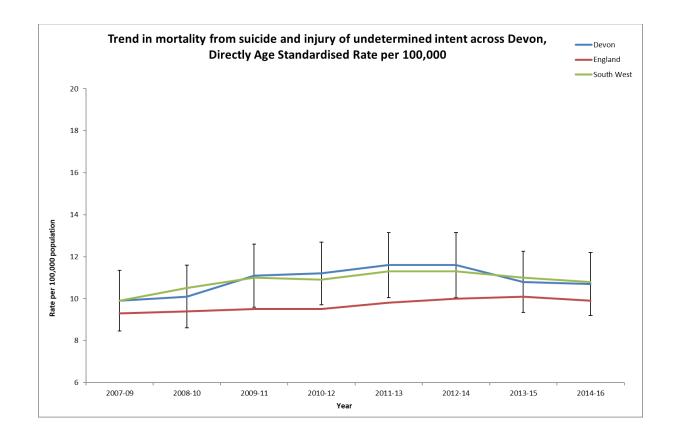
Platts, McClean J, McCollam A, et al (2006) Evaluation of the first phase of 'Choose Life': The national strategy and action plan to prevent suicide in Scotland. Scottish Executive Social Research. Edinburgh

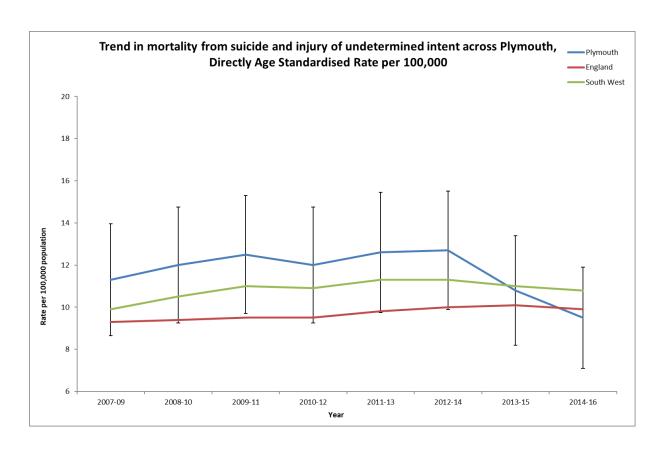
8 Glossary

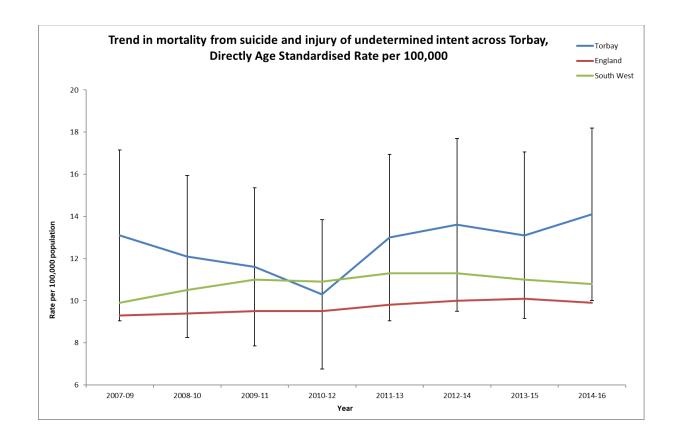
STP	Sustainable Transformation Partnership
PHE	Public Health England
LA	Local Authority
OPCC	Office of the Police and Crime Commissioner

Public Health England – Suicide Prevention Profiles

https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide









2018-2019

1. Background

1.1 National Context

The government's national strategy for England, <u>Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save</u>

<u>lives</u> and the Mental Health Taskforce's report to NHS England, <u>The Five year forward view for mental health</u>, recommends that local areas should develop multi-agency suicide prevention strategies and action plans in order to help reduce local suicides. In England, responsibility for the suicide prevention strategy and action plan usually lies with local government through health and wellbeing boards ¹.

national strategy outlines two principle objectives: reduce the suicide rate in the general population and provide better support for those bereaved or effected by suicide. The following are the six areas of action:

- $\frac{1}{10}$ 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
 - 7. Reducing rates of self-harm as a key indicator of suicide risk

1.2 Local Context

Locally the **suicide prevention strategy** is a collaborative document produced and shared by Devon County Council, Plymouth City Council and Torbay Council: *Devon-wide Suicide Prevention Strategic Statement*. This aligns to the Devon Sustainability Transformation Partnership (STP).

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

Locally the **suicide prevention action plan** is produced and owned by each local authority area. Devon County Council and Torbay Council plans are closely aligned due to the multi-agency Devon and Torbay Suicide Prevention Strategy Group (DTSPSG) who collectively contribute towards each plan. Both action plans are framed around the seven national action areas outlined above and account for universal as well as targeted interventions as outlined in the *Devonwide Suicide Prevention Strategic Statement*. Torbay and Devon share a Devon-wide suicide outcomes framework as shown in Appendix 1.

The plans will be co-owned by a range of statutory and voluntary agencies, which will all participate by incorporating organisations' actions into plans and working collaboratively to identify priority areas. Once complete the plans will be made available on the local authority's website and will undergo annual review. A Devon-wide review of the data will be undertaken with sharing of best practice and, where it is appropriate, work will be undertaken on a Devon-wide level.



Aim

There is no acceptable number of suicides in Torbay – the aim should be an aspiration of zero suicides. Realistically this action plans aims to reduce the agestandardised rate of suicides in Torbay by 10% by 2021, in accordance with the aspirations of the national strategy (see Section 1.1). This would be a reduction from the current baseline age-standardised rate of 14.1 suicides (2014-2016) to 12.7 suicides per 100,000 resident Torbay population by 2021 (2018-2021). See appendix 1 for the Devon-wide outcomes framework which includes additional related outcome measures.

1.4 List of abbreviations

List of abbreviations					
ASIST – Applied Suicide Intervention Skills Training	MECC – Making Every Contact Count (training)				
CAMHS – Children and Adolescent Mental Health Service	MHFA – Mental Health First Aid (training)				
CCG – Clinical Commissioning Group (commission most health services)	MOJ – Ministry of Justice				
DPT – Devon Partnership Trust (adult mental health provider)	PHE – Public Health England				
DTSPA – Devon and Torbay Suicide Prevention Alliance	SWAST – South West Ambulance Service Team				
DTSPSG – Devon and Torbay Suicide Prevention Strategic Group	TCDT – Torbay Community Development Trust				
DWP – Department of Work and Pensions	TLA – Torbay Local Authority				
HMP – Her Majesty's Prisons	TLAPH – Torbay Local Authority Public Health				
HIPSI – High Intensity Psychosocial Interventions	TSDFT – Torbay and Southern Devon Foundation Trust				

2. Torbay Suicide Prevention Plan 2018-2019

2.1 Universal interventions

The following universal interventions relate to all seven national areas of action (see section 1.1) either directly or indirectly.

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Objective Reduce stigma of mental health and suicide Page OP TIME TO THE TIME TIME TO THE TIME TO TH	Train key people to become mental health ambassadors through various courses such as: Mental Health First Aid (MHFA) Making Every Contact Count (MECC) Connect 5 Applied Suicide Intervention Skills Training (ASIST) SafeTalk SuicideTalk Recent training includes MHFA and MECC to volunteers in Brixham who are concerned about suicide in their local community.	No collective database of trainers or trainees.	Support those trained to have a profile and become suicide prevention champions in their organisation or community. Link with Torbay CVS to train further staff and volunteers to be trainers.	Database/web profile of individuals trained. Links to DTSPA database.	Devon and Torbay Suicide Prevention Strategic Groups (DTSPSG)/Torbay system
	Mental health awareness raising events: "Time to Talk" – Torbay hospital	Future events need a more multi-agency audience focus.	"Suicide Prevention; Working Together in Devon – Event 2" – organised by Torbay Devon Suicide Prevention Alliance (DTSPA), led by Devon Partnership Trust (DPT) Establish a Torbay multiagency mental health prevention steering group.	Member sign up/attendance at steering group.	DTSPA/Torbay System
		No consistent universal health promotion offer to reduce stigma of mental health and suicide for the public sector or wider population. Better promotion and sign up	Plan and deliver a place- based 5 Ways to Wellbeing campaign. Work on engaging key	Awareness of 5 Ways to Wellbeing improves from baseline across target audiences. Member sign	Torbay Local Authority Public Health (TLAPH) Public Health England

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		to the Mental Health Prevention Concordat across the system.	organisation representatives to be official advocates for positive mental wellbeing and suicide prevention.	up/attendance at steering group. Councillor sign up to the Mental Health Prevention Concordat.	(PHE)/TLAPH
Promote resilience Page 16	CCGs, LAs, NHS trusts, schools, Children and Adolescent Mental Health services (CAMHS), South West Ambulance Service Trust (SWAST) and Devon third sector providers collaborating under the Devon-wide Support for Children and Young People's Emotional Health and Wellbeing Local Transformation Plan Refresh (2017-2022). Resilience and 5 Ways to Wellbeing are promoted throughout with the following specific priority: 1B – Families, schools, colleges, local communities and services will be able to develop and support resilience.	Better linkage required across the system to support collaboration and promote resilience.	Two Anna Freud CAMHS and schools LINK events to be run in Torbay. A LA coordinated Wellbeing Outcome Network steering group will be established to ride on the momentum achieved from these events.	System progress towards CASCADE Anna Freud framework improves from baseline.	Torbay Local Authority (TLA) /TLAPH/Clinical Commissioning Group (CCG)
	Research, produce and review content for the emotional health and wellbeing section of the new Torbay Healthy Learning Website. This will provide information, resources and local/national support links to local schools and colleges to improve whole-school mental wellbeing.	The Torbay Healthy Learning Website was previously promoted to schools but due to capacity has not been completed. Trust will need to be regained for the resource to be used.	Work with the web design team to help launch the emotional health and wellbeing content of the website. Promote the website through the Wellbeing Outcomes Network, Torbay Children's Safeguarding Board education sub-group and individual schools/college if required.	Google Analytics hits on website pages. Completion of audit tool by schools – progress from baseline	TLAPH
	Dartington school survey research on emotional health and wellbeing has been completed.	Analysis for schools is difficult to understand and needs to be turned into intervention.	CCG to summarise key points, disseminate to partners and arrange an event for schools to establish next steps.	Summarised report and a plan for next steps.	CCG

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		Schools and colleges are identifying high levels of	Establish what emotional health and wellbeing/	Assets register of current school provision.	TLAPH/CCG
		emotional distress in their	additional support is	school provision.	
		pupils with a lack of local	currently available on a		
		statutory support services.	school-by-school basis.		
		Many CAMHS referrals are	3CHOOL-DY-3CHOOLDASIS.		
		returned due to pupils not	Re-establish schools	A clear yes or no to online	
		meeting thresholds or multi-	appetite for an online	counselling provision	
		faceted issues that a single	counselling resource such as	based on evaluation and	
		service cannot support.	KOOTH or ZUMOS. Review	schools appetite.	
		Sci vice cumoes apport.	evaluation of KOOTH from	sensors appearer	
D			Devon and Plymouth LAs.		
Page		Public sector staffs are	Establish a multi-agency	Member sign	TLAPH/CCG/Torbay
O		reporting poor emotional	mental health prevention	up/attendance at steering	and Southern Devor
17		health and wellbeing with	steering group.	group.	NHS Foundation
7		high rates of absenteeism,			Trust (TSDFT)
		presenteeism and high staff	Plan and deliver a place-	Awareness of 5 Ways to	, ,
		turnover.	based 5 Ways to Wellbeing	Wellbeing improves from	
			campaign.	baseline across target	
				audiences.	
			Mental health as a focus	Numbers trained in MHFA.	
			area for training (parity with	Numbers trameum vinra.	
			physical first aiders) and		
			campaigning via workplace		
			wellbeing groups.		
		Few free courses (other than	Step One Charity Daybreak	Numbers attended and	Step One Charity
		online) offered on resilience	Learning Community to run	resilience outcome data.	Step One chartty
		building for adults in the	intro sessions to courses		
		community (outside of a	around resilience when		
		workplace setting).	practicing self-management.		
Increase	Continually promote the Samaritans and	Inconsistent provision of "It's	Source funds for a print run	Record of where leaflets	Torbay system
awareness of	Mindline South Devon and Torbay helplines.	Safe to Talk About Suicide"	of "It's Safe to Talk About	have been distributed.	
support available	, , ,	referral leaflets. Some GPs	Suicide" referral leaflets.		
to people		have leaflets but no	Distribute to key		
experiencing		replenishment process in	people/venues.		
suicidal thoughts		place.			

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Page 18	Samaritans referrals from GPs to call patients back who require further support. Brixham Community Healthcare Working Group is established to support local people experiencing suicidal thoughts in Brixham.	Low take up by practices currently Local interventions should complement support that is already available.	Continue to promote referrals via GP newsletter to all GP practices, highlighting the advantages experienced by other GPs. Produce referral beer mats using a local brand, local suicide prevention app with South Devon college and register 'safe places' with businesses in the Brixham	Record number of referrals and successful referrals. Beer mat, app and safe place registrations are completed. Record distribution and promotion channels.	CCG/Samaritans TLA/Torbay Community Development Trust (TCDT)
Community based	Links to 'Reducing Stigma, Raising Awareness' an	d 'Promote Resilience' sections a	community. bove		
approaches	Provision of ward and town based Joint Strategic Needs Assessment profiles to highlight local need and support third sector funding bids.	Ward and town profiles still to be disseminated to third sector.	Disseminate JSNA to third sector.	Record of networks/audiences shared with.	TLAPH
	South Devon and Torbay Community Grants Fund to develop opportunities for community- driven initiatives to improve the health and wellbeing of local populations within South Devon and Torbay.	Engagement in evaluation is inconsistent across projects.	Evaluation to be discussed and agreed with the funding panel upfront so applicants know what to expect.	Completed evaluations for all grant funded projects.	TLAPH/CCG/TCDT
	Ageing well/CDT community builders and Health and wellbeing coordinators continuing to support residents to improve their wellbeing and reduce mental ill health and suicide	A mix of skills and experience for delivering wellbeing intervention and agency/group referral to	Delivery of Connect 5 training including local signposting resources.	Numbers trained in Connect 5. Ongoing evaluation of community support	TCDT/TLAPH/TSDFT

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Page 19	through community interventions and multi- agency referrals.	mental health services.		given.	
	Healthwatch continuing to support and escalate community health and social care issues and support the community and voluntary sector.		Support and expand the Croft Hall social prescribing model.	Social prescribing reduces GP appointments for non-medical problems (wider determinants of health).	Healthwatch/CAB
	The Torbay Orb asset database migrating to Devon Pinpoint live directory to provide a centralised web presence for related community initiatives and groups.	Launch campaign required to promote Devon Pinpoint.	Deliver a workforce and population facing communications strategy. Secure funding to develop technical links between four main directories (Pinpoint, NHS DoS, Pod and DeVA)	Record of groups and web hits.	CCG/LAPH
	The Torbay Timebank works by allowing people to help each other volunteer within their communities. Timebank users can offer their own skills and benefit from the skills of others who've offered theirs. Examples of support include befriending.	Currently an underutilised resource.	Promote and encourage others to promote Timebank at every opportunity.	Record of users/successful exchanges	TCDT
	Community Partnerships - https://www.torbaycdt.org.uk/community- partnerships/	Some groups particularly active, others not functioning well.	Better engage Community Partnerships with Torbay Healthy Towns approach.	Community Partnerships embedded within Health Towns model.	TCDT/TLAPH
	Step One Charity Daybreak Learning Community delivers free self-management courses and activities by staff and volunteers with lived experience. Courses include managing anxiety, depression and self-harm.	Some friction between NHS provided services and Daybreak approaches to supporting public mental health through risk	Promote and encourage others to promote Daybreak Learning Community as a self-referral resource.	Increase in self- referrals.	Step One Charity
	They also offer community group support and a drop-in café for the community. https://www.steponecharity.co.uk/services/mental-health/daybreak/	minimisation.	Better evidence and promote outcomes.	Established evaluation framework.	
		Community approaches are	Growth of the Torbay	Awareness of Torbay	TLAPH

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		'siloed' across the system.	Healthy Towns model which	Healthy Towns as a	
			aims to bring communities	local community	
			together to help create	approach.	
			healthy happy towns.		
		No consistent evaluation of	Ensure outputs, outcomes		TLAPH/TCDT
		third sector support.	and evaluation (where		
			possible) are worked into		
			future third sector delivery.		
			Could be built up on South		
			Devon and Torbay		
D			Community Grants fund		
<u>u</u>			evaluation format.		
educe social	Links to community based approaches above				
is Dation	Geographically mapped persons living alone by	Unclear how this work has	Follow up how Community	Clearer picture of	TCDT/TLAPH
20	output area (area of around 20 people) and	been used.	Builders are engaging	socialisolation	
O	Community Partnership Area to support TCDT		socially is olated individuals.	initiatives in place.	
	Community Builders to identify potentially				
	is olated individuals.				
	Third sector specific initiatives:	No consistent evaluation of	Ensure outputs, outcomes	Evaluation data	TCDT/TLAPH
		third sector support.	and evaluation (where	available for initiatives.	
	Brixham Does Care – befriending		possible) are worked into		
	charity		future third sector delivery.		
	 Men in Sheds (Brixham Yes, Chelston 				
	Community Builders)				
	 TCDT community Builders 				
	 Step One Charity Daybreak Learning 				
	Community (run friendship groups,				
	cafes and weekly activities)				
		Potential of using Funeral	Explore this as an option for	Definitive answer as to	TLAPH
		Directors and deaths	leaflets and promotion of	whether this is viable	
		registration as a contact point	Devon Pinpoint and	option or not.	
		to identify recently bereaved	Timebank.		
		or widowed.			
		Potential of using the Fire	Explore using Fire Safety	Definitive answer as to	
		Service to identify isolated	Checks as a mechanism for	whether this is viable	
		individuals through standard	identifying the socially	option or not.	

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		safety checks.	isolated.		
Target a range of	Work with DTSPA to identify at risk groups and	ASIST delivered to 189	Promote suicide prevention	DTSPA database of	DTSPSG/DTSPA
suicide first aid	organisations to offer training to: Department	participants from a number of	first aiders in their	trainers and trainees.	
training to those	of Work and Pensions (DWP), colleges, Blue	statutory and voluntary	organisations and in the		
likely to come into	light services, pharmacists, third sector, GPs	organisations across Devon.	community.	Encourage trainees to	
contact with high	and wider practice staff.	Current number of local		report successful	
risk groups		ASIST/safeTALK trainers and	Ensure those trained have a	interventions/collect	
		trainee numbers unknown in	profile and become suicide	stories.	
		Torbay.	prevention champions in		
			their organisations and in		
┰			the community.		
Page					
ge			LIBOR funding awarded to		
			train Blue Light Workers and		
21			families across the South		
			West.		
			Look for opportunities for		
			additional funding for ASIST,		
			safeTALK, suicideTALK.		

2.2 Reduce the risk of suicide in high risk groups

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Reduce the risk of	Barbertalk pilot has worked with 42	Barbertalk product needs to	Support and evidence	Number of Barber's	Lion Barber's
suicide in middle-	barbers/hairdresserslocally	be investigated and evaluated	Barbertalk.	trained. Number of	Collective/TLAPH
aged men		in the Torbay context.		referrals to services.	
		Work required to help identify	Target suicide awareness	Numbers of venues	Torbay System
		males with mental health	messages in traditional male	where messaged have	
		conditions who are not in	settings, including sports	been distributed.	
		touch with services or their	clubs, pubs, betting shops,		
		community.	etc.		
			Explore Department of	Definitive answer as to	
			Work and Pensions	whether this is viable	
			Employment Support	option or not.	
			Allowance Claimants for		

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
			mental health conditions or addictions and their service pathways.		
Reduce the risk of suicide in woman		More work required from suicide audit to profile woman.	Include woman as a key exploration priority in the refresh of suicide audit.	Utilise learning from suicide audit to better target suicide prevention for women.	TLAPH
Page 22		Work required to help identify females with mental health conditions who are not in touch with services or their community.	Target suicide awareness messages in traditional female settings, including hairdressers, gyms, nurseries, primary schools, hospitals (Links to Reduce the risk of suicide in those in specific occupational groups). Explore Department of Work and Pensions Employment Support Allowance Claimants for mental health conditions or addictions and their service pathways.	Numbers of venues where messaged have been distributed. Definitive answer as to whether this is viable option or not.	Torbay System
Reduce the risk of suicide in those that are in the care of mental health services	CAMHS - http://www.southdevonandtorbayccg.nhs.uk /about-us/commissioning/our- plans/Pages/camhs-transformation-plan.aspx Devon Partnership Trust - https://www.dpt.nhs.uk/resources/policies- and-procedures Step One - https://www.steponecharity.co.uk/services/ mental-health/				CCG/DPT/TSDFT/ Step One
	STP driven project: SD&T CCG developing				CCG

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
	Single Point Of Access contract with NEW Devon CCG where any person with mental health problems (after crisis support) can dial 111 and will be transferred to a trained mental health worker.				
		Suicide audit does not currently cross-tab suicide deaths with mental health services.	Explore data links with TSDFT and DPT with coroner suicide deaths data.	Cross-tabbed suicide audit.	TLAPH
Reduce the risk of suicide in those in captact with the command justice system	Support for 'persistent' offenders when released from custody. Community partnering to ensure seamless care and support when moving from custody backinto the community.			Number of persistent offenders supported	MOJ/HMP Dorset, Devon & Cornwall Community Rehabilitation Company
ω	·	More work required with youth offending.	Pete's Dragons to deliver ASIST training to all Youth Intervention Officers and Youth Offending Team Police Officers within Torbay and Devon.	Database of trainers and trainees. Links to DTSPA database. Encourage trainees to report successful interventions/collect stories.	Devon and Cornwall Police
Reduce the risk of suicide in those with a history of self- harm		See Section 2.	8 of this document.		
Reduce the risk of suicide in those who use drugs and/or alcohol	Structured psychosocial interventions on a 1:1 and group work basis through drug and alcohol treatment services as standard. Consultants at Shrublands House are duel trained in psychiatry and addiction.	Gaps exist in access to specialist mental health services, e.g. for those still using drugs, referred from primary care but don't meet the threshold or are too erratic to engage.	Discuss and progress arrangements with primary care mental health services.	Clear pathways for clients falling through the gaps.	TSDFT/TLAPH/DPT
	DPT sub-contracted to deliver treatment services for more complex clients. HIPSI	Low level mental health support (beyond psychosocial			

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
	available for those with trauma (sub- contracted to private therapists) doing residential rehabor if the mental health pathway fails.	intervention) is unavailable concurrently with treatment provision at the moment.			
	South Devon and Torbay Community Grants Fund to develop opportunities for community-driven initiatives to improve the health and wellbeing of local populations within South Devon and Torbay. One of the	Relative to other topics, there were fewer projects concerned with recovery from substance misuse.	At least one grant fund panel member with lived experience of recovery from substance misuse.	Panel member with lived experience.	TLAPH/CCG/TCDT
D	main objectives is to promote recovery from substance misuse.		Further targeted promotion beneficial for this population group.	Increase in the number of recovery focused projects.	
Page 24		Suicide audit currently only captures confirmed suicides. Overdose and drug and alcohol related deaths could be explored further.	Explore STP wider risk factor audit – deaths from overdose through addictive lifestyle	Definitive answer as to whether or not to produce an STP audit.	DTSPSG
Reduce the risk of suicide in those in specific occupational groups		Target men working in lowest-skilled occupations (align to middle aged men objective) Target men working in low and skilled labouring roles (align to middle aged men objective)	Use locally available data to identify occupational groups with a high risk in Torbay. Are they consistent with national findings.	Annual suicide audit findings	TDSPSG
		Target health professionals – particularly female nurses (align to female objective)			
		Target those in media occupations Target those who provide care for others (including older carers)			

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		Target females in nursery and			
		primary school roles (align to			
		female objective)			

2.3 Tailor approaches to improve mental health in specific groups

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Reduce the risk of	Links to 'Supporting Resilience' in Section 2.1 of t	his document.			
suicide in children					
and young people	Suicide training delivered to Churston Grammar	No standardised training	Orchid Community	Children and young	TDSPA/TLA
a a	School Sixth Form (Brixham).	school-based programme available.	Associates to research	persons training offer for suicide awareness.	
Page		avarrable.	viability of children and	for suicide awareness.	
			young people specific training programme in		
25			Torbay.		
	Brixham Youth Enquiry Service (YES) provides	No equivalent service in	Include all available service	Asset map local service	TLAPH/Torbay System
	information and sustained support to young	Paignton or Torquay.	provision in the Torbay	provision	12 ii 11, 101 bay bystein
	people aged 8-25 years.	. 0	Healthy Learning Website to		
	property of the second		promote to school staff.		
			Support additional		
			provision.		
		Children and young people	Explore how to Include	Children and young	TLAPH
		are not well captured by	children and young in	peoples representation	
		previous suicide audits.	suicide audit going forward.	in annual suicide audit	
Reduce the risk of	Staff in SD&T CCG and the TSDFT are trained in	No standard MHFA training in	Organise MHFA training for	Numbers trained in	CCG/TSDFT/LAPH
suicide in people	MHFA which is designed to provide a support	Torbay Council.	some Torbay Council staff.	MHFA.	
with untreated	network for employees who are struggling with				
depression	their mental health. Support could be providing		Explore running more GP	GP masterclass training	
	a listening ear or signposting to services (see		awareness raising sessions.	plan.	
	2.1 Promote Resilience). Volunteers also				
	benefitting from training locally (see 2.1				
	Reducing Stigma).				
Reduce the risk of	GPs and the DPT depression and anxiety service	Unknown what signposting or	Research what signposting	Clearer picture of	CCG/DPT/TSDFT
suicide in people	(DAS) are aware that people with LTCs are	supportis offered in hospital	or support is provided for	support and	
with long-term	more likely to require support with their mental	Outpatient clinics.	people with long-term	signposting provided	

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
conditions	health as well.		conditions.	across the system.	
Survivors of abuse or violence (including sexual abuse) Page 26	health as well. Torbay Domestic Abuse Service (TDAS) offer the following training courses: perpetrator, FREEDOM, Confidence First, Helping Hands. Develop and promote 'Are you OK?' as a single point of contact for all domestic abuse and sexual violence information in Torbay.	Domestic abuse services in Torbay tend to focus on high- risk/crisis cases. No family based provision. Focussed on victim and perpetrator. No commissioned service to support victims of sexual violence. Poor and 'siloed' data collection between providers.	Re-commissioning of TDAS service (Autumn 2018) with consideration for whole-family, coordinated, colocated, trauma informed, multi-agency service. Raise awareness of prevalence and impact of sexual violence with commissioners. Work towards White Ribbon Accreditation. Work with partners to produce more meaningful data to assist response and future planning. Continue to promote 'Are you OK' to partners across the system and link to other resources such as Torbay	across the system. TDAS is successfully recommissioned. Improved awareness and recognition from commissioners. White Ribbon Accreditation. Data is able to be used to inform planning. Google Analytics site usage.	TLAPH/TDAS TLAPH/TDAS
Dadway with of	12 Food Double comparting goods in Touble	Devon Partnership Trust (DPT) do not support domestic abuse related mental health problems. Insufficient capacity within current range of CVC support programmes.	Healthy Learning Website (schools).	Food Double security	TLAPH/TDAS
Reduce risk of suicide in people who are especially vulnerable due to social and	12 Food Banks supporting people in Torbay who are struggling to feed themselves and their families. SD&T CCG commission PLUSS Opportunities – a	Food Bank staff and locations could be used to promote suicide prevention services.	Explore closer working with Food Banks.	Food Banks promoting suicide prevention literature and signposting users.	TLAPH CCG

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
economic circumstances	service which supports people with mental health issues to achieve their aspirations towards work: https://www.pluss.org.uk/sites/default/files/us ers/PlussAdmin2/Pluss%20opportunities%20V3 .2_1.pdf	Universal Credit is likely to cause additional hardship to those who are already	SuicideTALK and Samaritans presentations to be delivered to Jobcentre staff	Number trained. Number of clients referred on as a result.	TLA/DWP/DTSPA
Page 27		vulnerable.	(in South Devon) in anticipation of Universal Credit roll out. LA working party set up to support the potential	Telefred on as a result.	
7			impact of universal credit. Explore opportunities with DWP, particularly Employment Support Allowance claimants with a		
		Torbay has a significantly higher proportion of residents on low incomes are living in a	mental health condition. Ageing Well and Big Lottery Fund Financial Advice Information and Resilience		
		low income family.	(FAIR) project aims to address issues of poverty in old age. It will offer will offer advice and information about benefits, managing		
			your money, getting the best utility deals and help for those getting into debt. https://ageingwelltorbay.com/fair/		

2.4 Reduce access to the means of suicide

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Reduce the means of suicide in public places		Data currently not supporting the location of local suicides.	Strengthen approach to suicide audit across STP. Trends over time.	Torbay suicide audit.	TLAPH
סד		Recent completed suicides have been associated with Berry Head Cliffs.	Multi-sector response to Berry Head cliffs via Brixham Community Healthcare Working Group.	Preventative steps are taken at Berry Head Cliffs in line with evidence based practice.	TLA
Holuce the means of suicide in 'at risk' groups	Lead CCG mental health GP requesting reduced use of Amitriptyline and careful monitoring of insulin from GPs.	Combinations of Amitriptyline, Tramadol, Metapazines and Oramorph regularly prescribed by GPs for pain relief and have been associated with completed suicides locally.	Continue to promote through CCG newsletter. Potential for a re-run of GP suicide masterclass events. Follow up if CCG Meds Management has managed to advice police and scene of crime investigators to remove Oramorph from homes of deceased.	GP masterclass training plan. Clearly picture from Meds Management.	CCG/TLAPH
Reduce the means of suicide in people in contact with mental health services	DPT inpatient ligature policy: DPT S05 Environmental Ligature Policy May 16.doc	Some inpatient settings in older buildings with increased ligature risk (Wonford House). Mainly in rehabilitation settings as opposed to acute.	Plans to renovate or replace older inpatient settings.	Removal of ligature risks.	DPT/CCG
Reduce the means of suicide in people in contact with the Criminal Justice System	Continued 'Safer Cell' development and analysis. Removing the means and opportunity; removal of razors etc.			Safety in custody statistics	нмр/мој
Rail and underground network	Network Rail has trained staff and British Transport Police in partnership with Samaritans.	Rail suicides in hotspots such as Dawlish, Totnes, Newton Abbot where visibility from the station is low.			Network Rail Samaritans

2.5 Provide better information and support to those bereaved or affected by suicide

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Improve support	Step-by-step (Samaritans) programme support	No centralised resource	Provide schools with	Increase in referrals to	DTSPA/TLAPH/CCG
for people	for schools and colleges post suicide.	detailing bereavement	information on how to deal	current agencies.	
bereaved by		services that are available	with bereavement from		
suicide	Pete's Dragons – Exmouth with some support	after suicide.	suicide in schools via the		
	in Brixham		Torbay Healthy Learning		
			Website.		
	Potential support available:				
	https://www.torbayandsouthdevon.nhs.uk/upl		Explore the use of Devon	Increase hits on Devon	
	oads/25221.pdf		Pinpoint as a centralised	Pinpoint.	
▽			resource for bereavement		
Page			support information.		
<u>J</u> e					
			Improve signposting via the	Increase hits on Torbay	
29			Torbay Public Health	Public Health pages.	
			website mental health		
			pages.		
		Minimal service provision for	Work in partnership to	Funding secured for	DTSPA/TLAPH
		those specifically bereaved by	explore funding	more provision in	
		suicide. Counselling generally	opportunities for Pete's	Torbay.	
		not offered until someone is	Dragons or other suitable		
		3-months into the	bereavement services.		
		bereavement cycle which may			
		be too late in the scenario of	LIBOR funding secured to	Numbers of Blue Light	
		suicide.	train Blue Light workers who	Workers Trained.	
			come into contact with	Reduction of suicides	
			suicides.	in Blue Light Workers	

2.6 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Improve sensitive	Samaritans have developed 'Media Guidelines	No local collated examples of	Report potential media	Number of positive	TLAPH/TLA/TDSPSG
reporting of	for the reporting of suicide' which all SW	sensitive and less sensitive	transgressionsfrom	communications	
suicide in printed	suicide leads have sent to editors of local	suicide media reporting.	guidelines to the	opportunities built	
and social media	newspapers (including internal		Samaritans.	upon.	
	communications).				
			Collate examples of good		
			and bad reporting.		
			Prevention is possible!		
▽			Create a standard		
Page			communications (including		
ll e			social media) protocol when		
			a local suicide occurs and		
30			disseminate across system		
			channels.		

2.7 Support research, data collection and monitoring

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Evidence the		No clear picture of what data	Review what data is	Comprehensive local	DTSPSG/DTSPA
impact of suicide		is routinely collected across	routinely collected across	suicide audit.	
prevention		the system relating to	the system, how is		
initiatives		incomplete/complete	disseminated and how it		
		suicides.	could be better used for		
			evaluation.		
		Current suicide audit does not	Explore alternative		
		link with other data sources	approaches to suicide audit,		
		such as mental health	including real time data.		
		provision, GP records, police,	Align suicide audit with		
		SWAST, DWP.	Devon and Plymouth		
			approaches.		
		A real-time data picture	Monitor local news and		
		(qualitative initially) should be	social media channels for		

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		captured around local	more timely information on		
		communities via media	local suicides.		
		monitoring.			
Identify the gaps		Gaps as above for 'Evidence	Actions as above for	Output as above for	Leads as above for
in service delivery		the impact of suicide	'Evidence the impact of	'Evidence the impact of	'Evidence the impact of
		prevention initiatives'	suicide prevention	suicide prevention	suicide prevention
			initiatives'	initiatives'	initiatives'
Align suicide	Working with DTSPSG and DTSPA to ensure a	Gaps as above for 'Evidence	Actions as above for	Output as above for	Leads as above for
prevention across	consistent and joined up approach to suicide	the impact of suicide	'Evidence the impact of	'Evidence the impact of	'Evidence the impact o
Devon STP	prevention.	prevention initiatives'	suicide prevention	suicide prevention	suicide prevention
Φ			initiatives'	initiatives'	initiatives'
$\frac{3}{2}$	Working with SDTCCG mental health				
_	commissioners to better align suicide	Additional local groups	Link/represent local		
	prevention work with the 5 year forward view	(Brixham) are not aligned to	operational groups with		
	and STP.	DTSPSG and DTSPA although	strategic groups.		
		individual members may be			
		contributing to both.			

2.8 Reduce rates of self-harm as a key indicator of suicide risk (additional local action area)

Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Reduce rates of	Step One Charity (Day Break Community	Some mistrust of risk	Explore and evaluate course	Clearer picture of	CCG/LAPH
self-harm	Learning Centre) providing courses on	minimisation as a strategy to	delivery and one-to-one	service provision and	
	developing strategies to self-manage self-harm.	support people who self-	support.	success outcomes.	
		harm.			
	Self-management apps recommended by				
	CAMHS Torbay:				
	https://www.torbayandsouthdevon.nhs.uk/upl				
	oads/camhs-recommended-apps.pdf				
		High rates of self harm	Work with Children's and	Clearer picture of local	CCG/LAPH/Step One
<u>P</u>		hospital admissions in	Young Persons mental	need and service	
Page		children aged 15-24 years.	health service commissioner	provision.	
 			and Step One Charity to		
32			explore self-harm locally.		
		Unknown what support is	Promote information and	Schools are more	
		available beyond	local/national service	confident with how to	
		commissioned services.	provision to support	tackle and when to	
			children and young people	refer pupil self-harm.	
			experiencing self-harmin		
			schools via the Torbay		
		High consists was as due to calf	Healthy Learning Website.	Daduation in calf bound	555
		High service usage due to self- harm in hospitals, SWAST and	First Response business case by the CCG. This is a self-	Reduction in self-harm	CCG
		GPs.	referral support service for	admissions, ambulance and GP call outs.	
		Grs.	people in emotional/mental	and or can outs.	
			health crisis which has been		
			successfully run and		
L			evaluated.		

3 Appendix 1

Include Devon-wide outcomes framework...

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