

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 multiagency 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 boards¹.

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

1.3 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 a	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
Reduce stigma of mental health and suicideTrain key ambassasuicide•••	 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) 	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 multi- agency 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.	Plan and deliver a place- based 5 Ways to Wellbeing campaign.	Awareness of 5 Ways to Wellbeing improves from baseline across target audiences.	Torbay Local Authority Public Health (TLAPH)



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		Better promotion and sign up to the Mental Health Prevention Concordat across the system.	Work on engaging key organisation representatives to be official advocates for positive mental wellbeing and suicide prevention.	Member sign up/attendance at steering group. Councillor sign up to the Mental Health Prevention Concordat.	Public Health England (PHE)/TLAPH
Promote resilience	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 <u>Support for Children and</u> <u>Young People's Emotional Health and</u> <u>Wellbeing Local Transformation Plan Refresh</u> (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.	Website will be live. 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	Summarised report and a plan for next steps.	CCG



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
			event for schools to		
			establish next steps.		
		Schools and colleges are	Establish what emotional	Assets register of current	TLAPH/CCG
		identifying high levels of	health and wellbeing/	school provision.	
		emotional distress in their	additional support is		
		pupils with a lack of local	currently available on a		
		statutory support services.	school-by-school basis.		
		Many CAMHS referrals are			
		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.	
			evaluation of KOOTH from		
			Devon and Plymouth LAs.		
		Public sector staffs are	Establish a multi-agency	Member sign	TLAPH/CCG/Torbay
		reporting poor emotional	mental health prevention	up/attendance at steering	and Southern Devo
		health and wellbeing with	steering group.	group.	NHS Foundation
		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		
			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.	
		building for adults in the	intro sessions to courses		
		community (outside of a	around resilience when		
		workplace setting).	practicing self-management.		
ncrease	Continually promote the Samaritans and	Inconsistent provision of "It's	Source funds for a print run	Record of where leaflets	Torbay system
wareness of	Mindline South Devon and Torbay helplines.	Safe to Talk About Suicide"	of "It's Safe to Talk About	have been distributed.	
upport available		referral leaflets. Some GPs	Suicide" referral leaflets.		
o people		have leaflets but no			



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
experiencing suicidal thoughts		replenishment process in place.	Distribute to key people/venues.		
	Samaritans referrals from GPs to call patients back who require further support.	Low take up by practices currently	Continue to promote referrals via GP newsletter to all GP practices, highlighting the advantages experienced by other GPs.	Record number of referrals and successful referrals.	CCG/Samaritans
	Brixham Community Healthcare Working Group is established to support local people experiencing suicidal thoughts in Brixham.	Local interventions should complement support that is already available.	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 community.	Beer mat, app and safe place registrations are completed. Record distribution and promotion channels.	TLA/Torbay Community Development Trust (TCDT)
Community based	Links to 'Reducing Stigma, Raising Awareness' and	d 'Promote Resilience' sections at	-		
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



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
	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 through community interventions and multi- agency referrals.	A mix of skills and experience for delivering wellbeing intervention and agency/group referral to mental health services.	Delivery of Connect 5 training including local signposting resources.	Numbers trained in Connect 5. Ongoing evaluation of community support given.	TCDT/TLAPH/TSDFT
	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. They also offer community group support and a	Some friction between NHS provided services and Daybreak approaches to supporting public mental health through risk minimisation.	Promote and encourage others to promote Daybreak Learning Community as a self-referral resource.	Increase in self- referrals.	Step One Charity



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
	drop-in café for the community.		Better evidence and	Established evaluation	
	https://www.steponecharity.co.uk/services/me		promote outcomes.	framework.	
	ntal-health/daybreak/				
		Community approaches are	Growth of the Torbay	Awareness of Torbay	TLAPH
		'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		
			Community Grants fund		
			evaluation format.		
Reduce social	Links to community based approaches above				
solation	Geographically mapped persons living alone by	Unclear how this work has	Follow up how Community	Clearer picture of	TCDT/TLAPH
	output area (area of around 20 people) and	been used.	Builders are engaging	social isolation	
	Community Partnership Area to support TCDT		socially isolated individuals.	initiatives in place.	
	Community Builders to identify potentially				
	isolated 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.			



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Target a range of suicide first aid training to those likely to come into contact with high risk groups	Work with DTSPA to identify at risk groups and organisations to offer training to: Department of Work and Pensions (DWP), colleges, Blue light services, pharmacists, third sector, GPs and wider practice staff.	Potential of using the Fire Service to identify isolated individuals through standard safety checks. ASIST delivered to 189 participants from a number of statutory and voluntary organisations across Devon. Current number of local ASIST/safeTALK trainers and trainee numbers unknown in Torbay.	Explore using Fire Safety Checks as a mechanism for identifying the socially isolated. Promote suicide prevention first aiders in their organisations and in the community. Ensure those trained have a profile and become suicide prevention champions in their organisations and in the community. LIBOR funding awarded to train Blue Light Workers and families across the South West. Look for opportunities for additional funding for ASIST, safeTALK, suicideTALK.	Definitive answer as to whether this is viable option or not. DTSPA database of trainers and trainees. Encourage trainees to report successful interventions/collect stories.	DTSPSG/DTSPA

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/hairdressers locally	be investigated and evaluated	Barbertalk.	trained. Number of	Collective/TLAPH
aged men		in the Torbay context.		referrals to services.	
		Work required to help identify males with mental health conditions who are not in touch with services or their community.	Target suicide awareness messages in traditional male settings, including sports clubs, pubs, betting shops, etc.	Numbers of venues where messaged have been distributed.	Torbay System
		10			



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
			Explore Department of	Definitive answer as to	
			Work and Pensions	whether this is viable	
			Employment Support	option or not.	
			Allowance Claimants for		
			mental health conditions or		
			addictions and their service		
Reduce the risk of		More work required from	pathways. Include woman as a key	Utilise learning from	TLAPH
suicide in woman		suicide audit to profile	exploration priority in the	suicide audit to better	TLAFT
		woman.	refresh of suicide audit.	target suicide	
		woman.		prevention for women.	
		Work required to help identify	Target suicide awareness	Numbers of venues	Torbay System
		females with mental health	messages in traditional	where messaged have	
		conditions who are not in	female settings, including	been distributed.	
		touch with services or their	hairdressers, gyms,		
		community.	nurseries, primary schools,		
			hospitals (Links to Reduce	Definitive answer as to	
			the risk of suicide in those in	whether this is viable	
			specific occupational	option or not.	
			groups).		
			Explore Department of		
			Work and Pensions		
			Employment Support		
			Allowance Claimants for		
			mental health conditions or		
			addictions and their service		
			pathways.		
Reduce the risk of	CAMHS -				CCG/DPT/TSDFT/ Step
suicide in those that	http://www.southdevonandtorbayccg.nhs.uk				One
are in the care of	/about-us/commissioning/our-				
mental health services	plans/Pages/camhs-transformation-plan.aspx				
services	Devon Partnership Trust -				
	https://www.dpt.nhs.uk/resources/policies-				
	and-procedures				
		1		1	



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
	Step One -				
	https://www.steponecharity.co.uk/services/				
	<u>mental-health/</u>				
	STP driven project: SD&T CCG developing				CCG
	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	Explore data links with	Cross-tabbed suicide	TLAPH
		currently cross-tab suicide	TSDFT and DPT with coroner	audit.	
		deaths with mental health	suicide deaths data.		
		services.			
Reduce the risk of	Support for 'persistent' offenders when			Number of persistent	MOJ/HMP
uicide in those in	released from custody.			offenders supported	
ontact with the					Dorset, Devon & Cornwa
riminal justice	Community partnering to ensure seamless				Community Rehabilitation
ystem	care and support when moving from custody				Company
	back into the community.				
		More work required with	Pete's Dragons to deliver	Database of trainers	Devon and Cornwall
		youth offending.	ASIST training to all Youth	and trainees. Links to	Police
			Intervention Officers and	DTSPA database.	
			Youth Offending Team	Encourage trainees to	
			Police Officers within Torbay	report successful	
			and Devon.	interventions/collect	
				stories.	
Reduce the risk of					
uicide in those with					
history of self-		See Section 2	.8 of this document.		
harm					
Reduce the risk of	Structured psychosocial interventions on a	Gaps exist in access to	Discuss and progress	Clear pathways for	TSDFT/TLAPH/DPT
uicide in those who	1:1 and group work basis through drug and	specialist mental health	arrangements with primary	clients falling through	
ise drugs and/or	alcohol treatment services as standard.	services, e.g. for those still	care mental health services.	the gaps.	
lcohol	Consultants at Shrublands House are duel	using drugs, referred from			
	trained in psychiatry and addiction.	primary care but don't meet			
		the threshold or are too			
		erratic to engage.			



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Objective	Action 2017/2018 DPT sub-contracted to deliver treatment services for more complex clients. HIPSI available for those with trauma (sub- contracted to private therapists) doing residential rehab or if the mental health pathway fails. 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 main objectives is to promote recovery from substance misuse.	Low level mental health support (beyond psychosocial intervention) is unavailable concurrently with treatment provision at the moment. 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. Further targeted promotion beneficial for this population group.	Panel member with lived experience. Increase in the number of recovery focused projects.	TLAPH/CCG/TCDT
		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) Target health professionals –	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
		particularly female nurses (align to female objective) Target those in media occupations			



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		Target those who provide			
		care for others (including			
		older carers)			
		Target females in nursery and			
		primary school roles (align to			
		female objective)			
3 Tailor app	roaches to improve mental health in s	pecific groups			
Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Reduce the risk of uicide in children	Links to 'Supporting Resilience' in Section 2.1 of t	his document.			
nd young people	Suicide training delivered to Churston Grammar	No standardised training	Orchid Community	Children and young	TDSPA/TLA
	School Sixth Form (Brixham).	school-based programme	Associates to research	persons training offer	
		available.	viability of children and	for suicide awareness.	
			young people specific		
			training programme in		
			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	
	people aged 8-25 years.		Healthy Learning Website to		
			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
uicide 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		1	1	



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
	benefitting from training locally (see 2.1 Reducing Stigma).				
Reduce the risk of suicide in people with long-term conditions	GPs and the DPT depression and anxiety service (DAS) are aware that people with LTCs are more likely to require support with their mental health as well.	Unknown what signposting or support is offered in hospital Outpatient clinics.	Research what signposting or support is provided for people with long-term conditions.	Clearer picture of support and signposting provided across the system.	CCG/DPT/TSDFT
Survivors of abuse or violence (including sexual abuse)	Torbay Domestic Abuse Service (TDAS) offer the following training courses: perpetrator, FREEDOM, Confidence First, Helping Hands.	Domestic abuse services in Torbay tend to focus on high- risk/crisis cases. No family based provision. Focussed on victim and perpetrator.	Re-commissioning of TDAS service (Autumn 2018) with consideration for whole- family, coordinated, co- located, trauma informed, multi-agency service.	TDAS is successfully re- commissioned.	TLAPH/TDAS
		No commissioned service to support victims of sexual violence.	Raise awareness of prevalence and impact of sexual violence with commissioners. Work towards White Ribbon Accreditation.	Improved awareness and recognition from commissioners. White Ribbon Accreditation.	
		Poor and 'siloed' data collection between providers.	Work with partners to produce more meaningful data to assist response and future planning.	Data is able to be used to inform planning.	
	Develop and promote 'Are you OK?' as a single point of contact for all domestic abuse and sexual violence information in Torbay.		Continue to promote 'Are you OK' to partners across the system and link to other resources such as Torbay Healthy Learning Website (schools).	Google Analytics site usage.	TLAPH/TDAS
		Devon Partnership Trust (DPT) do not support domestic abuse related mental health problems. Insufficient capacity within current range of CVC support programmes.			TLAPH/TDAS



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
Reduce risk of	12 Food Banks supporting people in Torbay	Food Bank staff and locations	Explore closer working with	Food Banks promoting	TLAPH
uicide in people	who are struggling to feed themselves and their	could be used to promote	Food Banks.	suicide prevention	
who are especially	families.	suicide prevention services.		literature and	
ulnerable due to				signposting users.	
ocial and	SD&T CCG commission PLUSS Opportunities – a				CCG
conomic	service which supports people with mental				
ircumstances	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	SuicideTALK and Samaritans presentations to be	Number trained. Number of clients	TLA/DWP/DTSPA
		cause additional hardship to			
		those who are already vulnerable.	delivered to Jobcentre staff (in South Devon) in	referred on as a result.	
		vullerable.			
			anticipation of Universal		
			Credit roll out.		
			LA working party set up to		
			support the potential		
			impact of universal credit.		
			Explore opportunities with		
			DWP, particularly		
			Employment Support		
			Allowance claimants with a		
			mental health condition.		
		Torbay has a significantly	Ageing Well and Big Lottery		
		higher proportion of residents	Fund Financial Advice		
		on low incomes are living in a	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		



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
			best utility deals and help		
			for those getting into debt.		
			https://ageingwelltorbay.co		
			<u>m/fair/</u>		

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
		Recent completed suicides have been associated with a specific location in Brixham.	Multi-sector response to frequently used location by Brixham Community Healthcare Working Group.	Preventative steps are taken at frequently used location in line with evidence based practice.	TLA
Reduce 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	Continue to promote through CCG newsletter. Potential for a re-run of GP suicide masterclass events.	GP masterclass training plan.	CCG/TLAPH
		associated with completed suicides locally.	Follow up if CCG Meds Management has managed to advice police and scene of crime investigators to remove Oramorph from homes of deceased.	Clearly picture from Meds Management.	
Reduce the means of suicide in people in contact with mental health services	DPT inpatient ligature policy: DPT S05 Environmental Ligature Policy May <u>16.doc</u>	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	Continued 'Safer Cell' development and analysis.			Safety in custody statistics	НМР/МОЈ



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
with the Criminal	Removing the means and opportunity; removal				
Justice System	of razors etc.				
Rail and	Network Rail has trained staff and British	Rail suicides in hotspots such			Network Rail
underground	Transport Police in partnership with	as Dawlish, Totnes, Newton			
network	Samaritans.	Abbot where visibility from			Samaritans
		the station is low.			

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
mprove support or people ereaved by uicide	Step-by-step (Samaritans) programme support for schools and colleges post suicide. Pete's Dragons – Exmouth with some support in Brixham	No centralised resource detailing bereavement services that are available after suicide.	Provide schools with information on how to deal with bereavement from suicide in schools via the Torbay Healthy Learning Website.	Increase in referrals to current agencies.	DTSPA/TLAPH/CCG
	Potential support available: https://www.torbayandsouthdevon.nhs.uk/upl oads/25221.pdf		Explore the use of Devon Pinpoint as a centralised resource for bereavement support information.	Increase hits on Devon Pinpoint.	
			Improve signposting via the Torbay Public Health website mental health pages.	Increase hits on Torbay Public Health pages.	
		Minimal service provision for those specifically bereaved by suicide. Counselling generally not offered until someone is 3-months into the bereavement cycle which may	Work in partnership to explore funding opportunities for Pete's Dragons or other suitable bereavement services.	Funding secured for more provision in Torbay.	DTSPA/TLAPH
		be too late in the scenario of suicide.	LIBOR funding secured to train Blue Light workers who come into contact with suicides.	Numbers of Blue Light Workers Trained. Reduction of 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	transgressions from	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		
			communications (including		
			social media) protocol when		
			a local suicide occurs and		
			disseminate across system		
			channels.		

2.7 Support research, data collection and monitoring

Evidence the impact of suicide prevention initiativesNo clear picture of what data is routinely collected across the system relating to incomplete/completeReview what data is routinely collected across the system, how isComprehensive local suicide audit.DTSPSG/DTSP DTSPSG/DTSP	Objective		Action 2017/2018 Gaps identified	Next steps 2018/2019	Outputs	Leads
	ct of suicide	ro	is routinely collected across	routinely collected across		DTSPSG/DTSPA
suicides. could be better used for evaluation.		di: co	incomplete/complete	disseminated and how it could be better used for		



Objective	Action 2017/2018	Gaps identified	Next steps 2018/2019	Outputs	Leads
		Current suicide audit does not link with other data sources such as mental health provision, GP records, police, SWAST, DWP.	Explore alternative approaches to suicide audit, including real time data. Align suicide audit with Devon and Plymouth approaches.		
		A real-time data picture (qualitative initially) should be captured around local communities via media monitoring.	Monitor local news and social media channels for more timely information on local suicides.		
Identify the gaps in service delivery		Gaps as above for 'Evidence the impact of suicide prevention initiatives'	Actions as above for 'Evidence the impact of suicide prevention initiatives'	Output as above for 'Evidence the impact of suicide prevention initiatives'	Leads as above for 'Evidence the impact of suicide prevention initiatives'
Align suicide prevention across the Devon STP	Working with DTSPSG and DTSPA to ensure a consistent and joined up approach to suicide prevention.Working with SDTCCG mental health commissioners to better align suicide prevention work with the 5 year forward view and STP.	Gaps as above for 'Evidence the impact of suicide prevention initiatives' Additional local groups (Brixham) are not aligned to DTSPSG and DTSPA although individual members may be contributing to both.	Actions as above for 'Evidence the impact of suicide prevention initiatives' Link/represent local operational groups with strategic groups.	Output as above for 'Evidence the impact of suicide prevention initiatives'	Leads as above for 'Evidence the impact of suicide prevention initiatives'



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
		hospital admissions in	Young Persons mental	need and service	
		children aged 15-24 years.	health service commissioner	provision.	
			and Step One Charity to		
			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-harm in		
			schools via the Torbay		
			Healthy Learning Website.		
		High service usage due to self-	First Response business case	Reduction in self-harm	CCG
		harm in hospitals, SWAST and	by the CCG. This is a self-	admissions, ambulance	
		GPs.	referral support service for	and GP call outs.	
			people in emotional/mental		
			health crisis which has been		
			successfully run and		
			evaluated.		
		21			-



3 Appendix 1 – working draft STP outcomes framework

Significantly higher than England

Significantly lower than England

F

Charts

85 and over

80 to 84

75 to 79

70 to 74

es to e

60 to 64

55 to 59

50 to 54

Not significantly different to England average

Admissions for Self Harm, 2012/13-2016/17, Devon STP

			_															
	Indicator	Time Period														Unit of Measure	Guide	Source
	Number of staff or volunteers trained in ASIST and safeTALK															Count		
	Number of organisations with staff or volunteers trained in ASIST and safeTALK															Count		
	Number of referrals to Samaritans call back service															Count		
	Number of organisations referring to Samaritans call back service															Count		
	Number of referrals to Pete's Dragons															Count		
	The number of media guidelines disseminated															Count		
	The number of editors engaging with the local suicide prevention lead															Count		
	The results of national data showing improvement in local reporting															-		
ntion		Time Period			P Context				luthoriti				Localiti			Unit of Measure	Guide	Sou
ntion	S Indicator	Time Period	STP	ST SW	P Context		Devon	Local A Plymouth	1	es LA Chart	East	North			ality Chart	Unit of Measure	Guide	Sour
ntion		Time Period 2014-16	STP 11.5				Devon 10.7		1		East 11.5		West So		ality Chart	Unit of Measure DSR per 100,000	Guide Higher is worse	
ention	Indicator			sw	England			Plymouth	Torbay			13.7	West 50	uth Loc	ality Chart	DSR per 100,000 Crude rate per		PHO
ention	Indicator Suicide rate (all ages)	2014-16	11.5	5W 11.0	England	STP Trend	10.7	Plymouth 9.5	Torbay 14.1			13.7	West 50	uth Loc	ality Chart	DSR per 100,000	Higher is worse	PHC Local me
ntion	Indicator Suicide rate (all ages) Suicide rate (males, aged 15-24)	2014-16 2015-17	11.5 11.6	5W 11.0 -	England	STP Trend	10.7 10.1	Plymouth 9.5 13.8	Torbay 14.1 14.2		11.5	13.7	West Sc 10.1 1 to be po	outh Loc 1.9	ality Chart	DSR per 100,000 Crude rate per 100.000 Crude rate per	Higher is worse Higher is worse	PHC Local me
ention enge	Indicator Suicide rate (all ages) Suicide rate (males, aged 15-24) Suicide rate (females, aged 15-24)	2014-16 2015-17 2015-17	11.5 11.6 2.4	5W 11.0	England 10.1 -	STP Trend	10.7 10.1 1.6	Plymouth 9.5 13.8 1.7	Torbay 14.1 14.2 10.2		11.5	13.7 Data 858.1	West Sc 10.1 1 1 to be po 579.8 93	outh Loc 1.9 opulated	ality Chart	DSR per 100,000 Crude rate per 100.000 Crude rate per 100,000	Higher is worse Higher is worse Higher is worse	PHC Local me Local me PHC
ention lenge	Indicator Suicide rate (all ages) Suicide rate (males, aged 15-24) Suicide rate (females, aged 15-24) Hospital admissions for self-harm (aged 10 - 24)	2014-16 2015-17 2015-17 2015-16	11.5 11.6 2.4 670.2	SW 11.0 - 597.8	England 10.1 - - 430.5	STP Trend	10.7 10.1 1.6 614.1	Plymouth 9.5 13.8 1.7 617.2	Torbay 14.1 14.2 10.2 1167.9		11.5	13.7 Data 858.1	West Sc 10.1 1 1 to be po 579.8 93	outh Loc 1.9	ality Chart	DSR per 100,000 Crude rate per 100.000 Crude rate per 100,000 DSR per 100,000	Higher is worse Higher is worse Higher is worse Higher is worse	PHC Local me Local me PHC PHC
tcome: ention lenge htal lth	Indicator Suicide rate (all ages) Suicide rate (males, aged 15-24) Suicide rate (females, aged 15-24) Hospital admissions for self-harm (aged 10 - 24) Hospital admissions for self-harm (all ages)	2014-16 2015-17 2015-17 2015-16 2016-17	11.5 11.6 2.4 670.2 235.5	SW 11.0 - 597.8 246.3	England 10.1 - 430.5 185.3	STP Trend	10.7 10.1 1.6 614.1 219.6	Plymouth 9.5 13.8 1.7 617.2 273.3	Torbay 14.1 14.2 10.2 1167.9 362.8		11.5	13.7 Data 858.1	West Sc 10.1 1 1 to be po 579.8 93	outh Loc 1.9 opulated	ality Chart	DSR per 100,000 Crude rate per 100.000 Crude rate per 100,000 DSR per 100,000 DSR per 100,000	Higher is worse Higher is worse Higher is worse Higher is worse Higher is worse	Sour PHC Local me Local me PHC Local me PHC
rention lenge	Indicator Suicide rate (all ages) Suicide rate (males, aged 15-24) Suicide rate (females, aged 15-24) Hospital admissions for self-harm (aged 10 - 24) Hospital admissions for self-harm (all ages) Hospital admissions for mental health conditions	2014-16 2015-17 2015-17 2015-16 2016-17 2015-16	11.5 11.6 2.4 670.2 235.5 115.5	SW 11.0 - 597.8 246.3 95.1	England 10.1 - 430.5 185.3 85.9	STP Trend	10.7 10.1 1.6 614.1 219.6 108	Plymouth 9.5 13.8 1.7 617.2 273.3 109.7	Torbay 14.1 14.2 10.2 1167.9 362.8 170.4		11.5	13.7 Data 858.1 5 Data	West Sc 10.1 1 1 to be po 579.8 93 1 to be po	opulated	ality Chart	DSR per 100,000 Crude rate per 100,000 DSR per 100,000 DSR per 100,000 DSR per 100,000	Higher is worse Higher is worse Higher is worse Higher is worse Higher is worse Higher is worse	PHC Local me Local me PHC Local me PHC
ention enge	Indicator Suicide rate (all ages) Suicide rate (males, aged 15-24) Suicide rate (females, aged 15-24) Hospital admissions for self-harm (aged 10 - 24) Hospital admissions for self-harm (all ages) Hospital admissions for mental health conditions Self-reported wellbeing (high anxiety score)	2014-16 2015-17 2015-17 2015-16 2016-17 2015-16 2015-16	11.5 11.6 2.4 670.2 235.5 115.5 19.1%	SW 11.0 - 597.8 246.3 95.1 18.5%	England 10.1 - 430.5 185.3 85.9 19.4%	STP Trend	10.7 10.1 1.6 614.1 219.6 108 18.0%	Plymouth 9.5 13.8 1.7 617.2 273.3 109.7 22.4%	Torbay 14.1 14.2 10.2 1167.9 362.8 170.4 19.3%		11.5	13.7 Data 858.1 5 Data	West Sc 10.1 1 1 to be po 579.8 93	opulated	ality Chart	DSR per 100,000 Crude rate per 100,000 DSR per 100,000 DSR per 100,000 DSR per 100,000 DSR per 100,000 Crude rate %	Higher is worse Higher is worse Higher is worse Higher is worse Higher is worse Higher is worse Higher is worse	PHC Local me Local me PHC PHC Local me

85 and over

80 to 84 75 to 79

70 to 74

65 to 69

60 to 64

55 to 59

50 to 54

F

Μ

Suicide and Injury Undetermined, 2013-2017, Devon STP

Μ

particularly in younger females.

 Re-admissions for self-harm appear to be driving the high rates. 9 out of 36 LAs were in the tenth decile for the highest rate ratios, 3 of which are within the wider Devon footprint - Torridge, North Devon and Torbay.

• Re-admissions increase with age from the age of 10 to 64 years.

 Suicide rates in the Devon STP are significantly higher than the England average in all ages and rates remain relatively static.

· Higher suicide rates among males compared to females.