

Birmingham City Council

City Council

2nd November 2021



Subject: Suicide Prevention Update
Report of: Councillor Paulette Hamilton
Cabinet Member for Health & Social Care
Report author: Dr Justin Varney, Director of Public Health

Does the report contain confidential or exempt information? Yes No

If relevant, state which appendix is exempt, and provide exempt information paragraph number or reason if confidential :

1 Motion

1.1 That Council notes the progress being made as set out in this report, and asks Members of the Council to undertake the ZSA Suicide Awareness E-Learning. This training can be accessed via [learning pool](#) and is available for all (search 'zero suicide alliance'). This will equip Members with information and training in respect of Suicide Prevention so that they can better support themselves, their constituents, and their colleagues.

2 Executive Summary

2.1 The Suicide Prevention Action Plan now mirrors the Scrutiny method of tracking the implementation of recommendations, and this allows us to effectively demonstrate evidence of progress against each of the actions. The Action Plan is set out in the Appendix.

2.2 Despite the ongoing pandemic, good progress is being made against actions with most being either, In Progress or Achieved.

2.3 We are now working on moving the two Year 2 Actions forward with plans underway to ensure progress is achieved and bids received as part of the Better Mental Health Fund will help toward this.

2.4 Local Data:

2.4.1 The Ministry of Justice recently published its [Annual Report](#) for 2020. For Birmingham and Solihull this confirms that there were 79 conclusions of

suicide recorded in 2020 with 65 being male and 14 being female. This accounts for 11% of our inquest conclusions which is a slight reduction from the previous year.

2.5 National Data:

- 2.5.1 In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000.
- 2.5.2 The decrease is likely to be driven by two factors; [a decrease in male suicides at the start of the coronavirus \(COVID 19\) pandemic](#), and delays in death registrations because of the pandemic.
- 2.5.3 Around three-quarters of registered suicide deaths in 2020 were for men (3,925 deaths; 75.1%), which follows a consistent trend back to the mid-1990s.
- 2.5.4 The England and Wales male suicide rate of 15.4 deaths per 100,000 is statistically significantly lower than in 2019 but consistent with rates in earlier years; for females, the rate was 4.9 deaths per 100,000, consistent with the past decade.
- 2.5.5 Males and females aged 45 to 49 years had the highest age-specific suicide rate (24.1 male and 7.1 female deaths per 100,000).

2.6 Wave 3 Update

2.6.1 Training – the Zero Suicide Alliance

2.6.2 We launched the Zero Suicide Alliance: Basic Suicide Awareness Skills training across Birmingham and Solihull on 28th June 2021. It is hosted on the TLDS Learning Pool website meaning that anyone can sign up for an account and undertake the training. There are two sets of e-learning on the platform; 37 have looked at it, the first e-learning (New Normal) which is about 10 minutes long has 32 completing, the second e-learning (Let's Talk About Suicide) which is about 25 minutes long has been completed by 23 people. 3 people have chosen to leave feedback for ZSA which has all been positive. In total across BSoI, we had over 150 people access the ZSA training from our WSPD campaign. This training is being promoted internally at BCC as well as through the Covid Champions network.

2.6.3 Bereavement Postvention

2.6.4 A survey has been created (in collaboration with various bereavement services) to understand the experience of those who have been bereaved by suicide's experience in accessing services and what could be improved. This can be completed by anyone (over the age of 18-years) who has been bereaved by suicide, professional or personal, across [Birmingham and Solihull](#).

2.6.5 Real Time Surveillance (RTS) System

2.6.6 Work around implementation of our RTS system is ongoing and we are currently waiting to confirm the pathway with the police and identify the capacity of the Vulnerable Persons Officers to support this. We are also including the triage team from Single Point of Access in our discussions to map out the pathway from the RTS to bereavement support.

2.7 Public Health Lunch & Learn – Suicide Awareness

2.7.1 Public Health held a Lunch & Learn session on Suicide Awareness which was held on 30th September. It was incredibly well attended with 98 people in attendance. All participants agreed that it would be a good idea for the Zero Suicide Alliance Training to become mandatory for all managers so they can better support staff who are experiencing suicidal thoughts and feelings and staff members who have been bereaved by suicide. A lot of social workers who attended the training shared that they would be encouraging members of their teams and people they support to undertake the training through TLDS.

2.7.2 This session will be run again for individual teams who have expressed interest in having it as part of their team meeting. A suicide support group has also been mooted and I will be looking into the feasibility of setting this up for staff members who need support.

3 Background

- 3.1 The [Birmingham Suicide Prevention Strategy](#) was formally approved through the Health and Wellbeing Board. Full Birmingham City Council (BCC) agreed the Strategy on the 6th November 2019; the Strategy received unanimous cross-party support. It has been co-produced with high profile partners including the Coroner, Network Rail, NHS, Police, voluntary and community sectors, business and academic sectors of the City and with the support of Public Health England and NHS England.
- 3.2 The Birmingham Suicide Prevention Advisory Group is a collective for all our organisations (and specialisms) service providers and users, work together to reach a collective outcome of Zero Suicides. Engaging with all partners and stakeholders to ensure successful delivery is key to our success.
- 3.3 The Birmingham Suicide Prevention Advisory Group meets on a bi-monthly basis and was reconvened on 10th June 2021 after being stepped down in June 2020 so Public Health could focus on the emergency pandemic response.
- 3.4 Collaborative cross-sector working is evident with a number of service providers and stakeholders swapping details so they can find new ways in which to work together to ensure services are provided consistently and as widely as possible.
- 3.5 We are working with stakeholders from a wide-range of services, these include: -

3.5.1 Samaritans, Network Rail, the Aston Villa Foundation, CRUSE, Mind, the Coroner, Forward Thinking Birmingham, RSVP, Birmingham & Solihull Women's Aid, Centrala and the Polish community, the Slovak community, PHE, the LGBT Centre, BSol CCG, Kaleidoscope Plus, Birmingham Education Partnership, The Delicate Mind, Forward for Life, Common Unity, Liaison & Diversion Service, Papyrus.

4 Appendices

4.1 Suicide Prevention Action Plan

Appendix 4.1

The Tracking Process

In making its assessment, the Advisory Group may wish to consider: -

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1. Achieved	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2. Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
3. Not Achieved	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4. In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.
5. Achieved (outcomes to be monitored)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.

	<p>However, the outcome has not yet materialised, or “work on the ground” has yet to be seen.</p> <p>Reporting on the recommendation as part of the tracking process ceases. However, a report back on the outcome or continuing implementation will be reported back to the Committee as determined by the members in consultation with the Cabinet Member.</p>
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Progress with Actions

Priority 1: Reduce the risk of suicide in key high-risk groups				
No.	Recommendation	Responsibility	Timescale	Assessment
1.1	<p>Men: raise awareness among men of the support available and work with and through partners with specific focus on men’s engagement to reduce the stigma among men to discuss mental health and suicidal thoughts.</p> <p>Focus opportunities for awareness raising and health promotion in locations frequented by men (job centres, youth centres, sports venues, barbers, tattoo artists, music venues, pubs and clubs) drawing on existing good practice.</p>	<p>CRUSE (Lesley Hales)</p> <p>Common Unity (Caron Thompson)</p> <p>Forward for Life (Terry Rigby)</p> <p>Aston Villa Foundation (Ryan Hollings)</p>	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if ‘Not Achieved’)				
<p>Male specific groups are not yet being run face to face and CRUSE are awaiting the ‘go-ahead’ for these therapies to resume. These sessions are very diverse and well attended. Direct phone calls have gone up to Common Unity and Forward for Life and both services are seeing more direct engagement from men who are actively looking for support. The Teamwork programme is still providing outdoor sports activities and are currently engaging 60 males on a weekly basis to help improve their mental and physical health. Organisations will continue to collaborate and link directly with one another (TWR & AVFC re: Gladiator Sports).</p>				

Money has been made available from the Better Mental Health Fund and we are seeking to commission community organisations, faith organisations and community groups across Birmingham to provide Mental Health First Aid (MHFA) training and Mental Health First Aid Instructor Training to their staff and communities. One of the lots has been allocated to men, specifically; "MHFA and MHFA Instructor Training for organisations supporting Men". We will be going out to re-tender on Find it in Birmingham to ensure this lot is met.

Priority 1: Reduce the risk of suicide in key high-risk groups

No.	Recommendation	Responsibility	Timescale	Assessment
1.2	<p>Self-Harm/ Self-Injury: implement NICE guidance on the treatment of self-harm, including assessments at Emergency Department, including psychosocial assessments and mental health liaison services with appropriate follow-up support and care, and ensuring that serial presentations of self-harm should be red-flagged as a high suicide risk.</p> <p>Ensure people are being asked why they are self-harming when they present to services; if someone is presenting with an eating disorder, are they being asked about self-harm?</p>	Forward Thinking Birmingham (Lisa McGowan)	Ongoing	4

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

FTB is seeing much closer collaboration between themselves, BEP, and the Education teams; they are running films, webinars, and video calls for students. Anxiety concerns have been raised around isolation and bereavement and workshops have been held. Work is developing around teachers with Breathe Education providing advice and support. Looking to invest in bespoke films and courses along with SP awareness, self-harm and anxiety tools for teachers.

FTB have been awarded funding from Public Health to support and sustain the needs of Teachers; Parents and Early Years staff in the Covid era to maintain Children & young people's mental health and wellbeing and reduce emerging mental health difficulties through easy access to responsive and bespoke online Early Preventative Educational Interventions. The Breathe

Education website will be a digital 'one-stop' online repository for online education and resources supporting adults who work with or support CYP's mental health & wellbeing.

Priority 1: Reduce the risk of suicide in key high-risk groups				
No.	Recommendation	Responsibility	Timescale	Assessment
1.3	Substance Misuse: ensure that Mental Health and Substance Misuse services are working collaboratively to implement the NICE Dual Diagnosis guidance and establish coherent dual diagnosis pathways of care.	CGL (Kerry Clifford)	Ongoing	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
NS emailed on 11/06/21 for update				

Priority 1: Reduce the risk of suicide in key high-risk groups				
No.	Recommendation	Responsibility	Timescale	Assessment
1.4	<p><u>Mental Health Inpatient Settings:</u></p> <p>Ensure through commissioning levers and proactive support that all mental health in-patient providers have 'zero suicide ambition in-patient action plans' in place that are being implemented and are demonstrating progress.</p> <p><u>IAPT & Community Mental Health Services:</u></p> <p>Ensure that the commissioning of IAPT and community mental health services does not create referral or exclusion barriers for treatment for individuals with a history of self-harm or suicidal intent.</p>	CCG (Virginia Muchena) SP Coordinator (Aarti Kumari)	Ongoing	4

	<p><u>Primary Care:</u></p> <p>Ensure through commissioning and service improvement levers that all primary care clinical staff and front-line administrative staff have suicide awareness and prevention training. Suicide prevention training for all GP's.</p>			
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>BSMHFT now has a robust strategy along with mitigations in place; more visible staff, a more therapeutic environment, and reduced ligature points/ items. This work is ongoing, but progress has been (and continues to be) made. Safer prescribing practices are also in place to ensure there is no medical stockpiling. IAPT Services are running across BSMHFT and CAMHS. Work is being undertaken with the CCG arund training and BSol Training Hub has been identified as appropriate for Primary Care Staff.</p>				

Priority 1: Reduce the risk of suicide in key high-risk groups				
No.	Recommendation	Responsibility	Timescale	Assessment
1.5	<p>Work with Polish and Eastern European communities, and the groups that are most engaged with them, as well as with service providers to ensure mental health and wellbeing services are culturally appropriate/ sensitive.</p> <p>Through the partnership with Warsaw, develop a shared learning approach to suicide prevention with Polish and Eastern European communities.</p>	<p>Centrala Slovak Club Public Health (Mo Phillips, Natalie Stewart, Graham Lines).</p>	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>We are working with the Polish and Eastern European communities around the bereavement offer to ensure it is culturally competent and a meeting has been scheduled to discuss what services need to look like for these communities. PH will also be</p>				

meeting with Alicja and Dana to discuss what their needs are and how PH can help. Common Unity has also been delivering face to face SCHEMA for frontline staff across the BSol footprint for Polish and Eastern European communities.

Money has been made available from the Better Mental Health Fund and we are seeking to commission community organisations, faith organisations and community groups across Birmingham to provide Mental Health First Aid (MHFA) training and Mental Health First Aid Instructor Training to their staff and communities. One of the lots has been allocated to men, specifically; "MHFA and MHFA Instructor Training for organisations supporting Polish & Eastern European Communities". We will be going out to re-tender on Find it in Birmingham to ensure this lot is met.

Priority 1: Reduce the risk of suicide in key high-risk groups

No.	Recommendation	Responsibility	Timescale	Assessment
1.6	People in skilled trade occupations: work with employers, developers and trade professional bodies to raise awareness of suicide and reduce the risks associated with the workplace.	Public Health (Mo Phillips, Natalie Stewart) CRUSE (Lesley Hales) Samaritans	Ongoing	4

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

We are currently working with Mates in Mind to ensure employers, developers, and trade professionals have an awareness of suicide and reduce the risk in the workplace by signposting to training. This is especially important given that Birmingham will be hosting the Commonwealth Games in 2022 and work is being done to ensure that tradespeople coming into the city can access services if they need them.

Priority 2: Tailor approaches to improve mental health in specific groups

No.	Recommendation	Responsibility	Timescale	Assessment
2.1	Those in prison or facing a custodial sentence: engage the Criminal Justice System in a way that will ensure those most	Public Health	Ongoing	5

	vulnerable are identified and supported across organisational boundaries.			
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>This action fits with the work that The Criminal Justice Liaison and Diversion service provide. They are a specialized team provided by Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) to work within police custody suites and Birmingham Magistrates Court and Birmingham Crown Court.</p> <p>Liaison & Diversion Practitioners offer assessments to individuals with vulnerabilities, making referrals to services to meet their needs if appropriate. They liaise with all professionals involved with the service user, in order to safeguard, care plan and provide relevant and timely support.</p> <p>The outreach service works with service users, both adults and youth, towards a mutually agreed goal, focusing on addressing any health or social needs through the use of relevant statutory or non-statutory community services.</p> <p>The Service also has dedicated support workers based within Birmingham Changing Futures and ANAWIM and Peer Mentors from Shelter who are available to accept direct referrals and offer support.</p>				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.2	Children and Young People: work with partners to improve the awareness of suicide risk and prevention for children, young people and parents across the 0-19yr workforce. i.e. midwives, health visitors, teachers, youth workers, community sport coaches, etc.	Forward Thinking Birmingham (Paul Patterson) PAPYRUS Children's Trust BEP	Ongoing	5

<p>Work with schools and youth services to raise awareness and reduce the risks and promote anti bullying, promote mental wellbeing and tackle self-harm.</p> <p>Support schools to work with parents to have conversations regarding mental health resilience.</p> <p>Support staff and settings working with young people facing multiple challenges that might put them at greater risk to have appropriate training and awareness of how to prevent suicide e.g. looked after children, young offenders, children with special educational needs, LGBT youth.</p>			
<p>Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')</p>			
<p>FTB is seeing much closer collaboration between themselves, BEP, and the Education teams; they are running films, webinars, and video calls for students. Anxiety concerns have been raised around isolation and bereavement and workshops have been held. Work is developing around teachers with Breathe Education providing advice and support. Looking to invest in bespoke films and courses along with SP awareness, self-harm and anxiety tools for teachers. National trial on bullying is ongoing in 30 schools. POPYRUS are engaging with schools, colleges, and universities with their Schools Guide resource.</p> <p>FTB have been awarded funding from Public Health to support and sustain the needs of Teachers; Parents and Early Years staff in the Covid era to maintain Children & young people's mental health and wellbeing and reduce emerging mental health difficulties through easy access to responsive and bespoke online Early Preventative Educational Interventions. The Breathe Education website will be a digital 'one-stop' online repository for online education and resources supporting adults who work with or support CYP's mental health & wellbeing.</p>			

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.3	Survivors of abuse or violence, including sexual abuse: ensure that pathways of care and support for victims of violence and abuse consider mental health support and suicide prevention explicitly in risk assessment and through staff training.	Birmingham & Solihull Women's Aid (Tanya Edwards) RSVP (Lisa Thompson)	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
Public Health are now linked in with the Community Safety Partnership and we are working together to ensure joined-up working across the teams on Domestic Abuse and the Rape and Sexual Violence Strategy for Women and Girls.				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.4	Veterans: work with partners in the armed forces to consider how best to support veterans and reduce risk of suicide, especially among those who are Early Service Leavers.	Public Health Armed Forces Covenant Steering Group	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
The Armed Forces Covenant Partnership meetings are currently running on a quarterly basis				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment

2.5	People with Long Term Health Conditions: work with NHS partners to embed mental health awareness and suicide prevention and risk assessment into chronic disease care and support pathways through direct commissioning and staff training.	CCG (Virginia Muchena)	Ongoing	5
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
NS and VM to meet to discuss.				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.6	People with untreated depression: increase general awareness of the signs and symptoms of depression and ensure that people are aware of the support available and how to access it themselves or to signpost others.	Public Health	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
We are linking in with the GP Trainee to run a series of Webinars around Depression based on the BHealthy model from the Wellbeing Cell. This will include engagement with community leaders and connectors, and promotion of the Helpline.				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.7	People who are especially vulnerable due to social and economic circumstances: consider how in the welfare support pathways, especially around financial and debt advice, homelessness and bereavement there is active integration of	Anawim (Joy Doal)	Ongoing	4

	suicide awareness and prevention alongside training of frontline providers			
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>Money has been made available from the Better Mental Health Fund for Anawin Birmingham Centre for Women to deliver Mental Wellbeing Support for Women with multiple complex needs. The intervention is targeted at women aged 35-50 years with multiple complex needs. Current service users include those within the criminal justice system, victims of domestic abuse, rape, sexual exploitation, substance misuse. The intervention is based within one of Birmingham's most deprived wards with a large Bangladeshi population and comprises training on Regulating Emotions and Dealing with Distress (REDD), and Seeking Safety. It would develop digital content and translated training and support resources and offers a series of events including coffee mornings and walking groups.</p>				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.8	<p>Lesbian, Gay, Bisexual and Transgender people: work with providers and frontline services to increase awareness of suicide risk and mental health inequalities affecting LGBT people, especially young LGBT people, those with disabilities, from BAME communities and the elderly.</p> <p>Ensure that mental health services are accessible and culturally competent to support LGBT people.</p> <p>Work with the Community Cohesion and PREVENT team to amplify and support work to reduce homophobic, transphobic and biphobic hate crime and discrimination which may contribute to suicide and self-harm.</p>	Public Health LGBT Centre	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				

A provider has been commissioned on behalf of the Office of the Police & Crime Commissioner to deliver work around the PREVENT agenda and hate crime. The LGBT Centre has been commissioned to deliver against the following actions as part of the Better Mental Health Fund bid:

Direct service delivery: increase counselling hours in order to support people on the waiting list by using sessional counsellors to support people with specialist LGBT affirmative person-centred counselling.

Work with the creating a Mentally Healthy City partnership to develop strategic priorities and provide recommendations for the way forward following the intervention.

Provide LGBT mental health awareness training to professionals working across the mental health system in both the statutory and third sector aimed at increasing the cultural competency of frontline staff.

Provide an evaluation report focusing on the impact of the intervention, identifying what works and making key recommendations for next steps.

Money has been made available from the Better Mental Health Fund for the LGBT Centre to deliver Mental Health Awareness to Young People, Adults, Older Adults (LGBT community experiencing domestic abuse, and isolation). COVID-19 adversely impacted on the city's LGBT community. Local and national evidence has shown that social isolation, domestic abuse and mental health issues over the pandemic has increased. The interventions proposed are to increase counselling hours, undertake an LGBT needs assessment, develop strategic priorities, provide mental health awareness training to increase cultural competency, and provide an evaluation report focusing on the impact of these interventions

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment

2.9	<p>Black, Asian and Minority Ethnic groups: work with communities and front –line organisations to reduce stigma around mental health and suicide in Diverse Ethnic Communities.</p> <p>Bridge the gap between service providers and communities to ensure individuals in need are able to access support and that services can provide culturally relevant and competent services.</p> <p>Work with faith leaders and communities to support positive and constructive approaches to suicide prevention and improving mental wellbeing.</p>	The Delicate Mind (Nikhwat Marawat)	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if ‘Not Achieved’)				
<p>The Delicate Mind has been delivering a series of online sessions and seminars around mental health our most recent one being from an international perspective with speakers from across the world discussing the relevant mental health issues in their countries, we have just completed a research document for a third party organisation that is publishing a piece of work about how to best support Muslim Mental Health and has wider guidance for mental health professionals.</p> <p>We are continually signposting our communities to wider support available and are trialling options regarding long term mental health support we offer in house.</p> <p>Money has been granted under the Better Mental Health Fund to the Delicate Mind to fund the Mindful Muslims Programme (offering Peer to Peer bereavement support). This initiative will be offering peer-to-peer bereavement support for the Muslim community facilitated by a qualified and registered counsellor thereby ensuring emotional safeguarding. Will also include hosting a series of seminars to increase awareness and confidence building on issues surrounding mental health.</p>				

Priority 2: Tailor approaches to improve mental health in specific groups				
No.	Recommendation	Responsibility	Timescale	Assessment
2.10	Refugees and asylum seekers: work to ensure active consideration of suicide prevention and risk assessment in refugee and asylum seeker care and support pathways and that there is appropriate access to mental health support and care when required.	BCC Commissioning	Ongoing	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
NS emailed Bethany Finch again (13/10/21).				

Priority 3: Reduce access to the means of suicide				
No.	Recommendation	Responsibility	Timescale	Assessment
3.1	<p>Planning and Building Design (High Risk Environments): amend the Birmingham Developers Toolkit to reflect suicide prevention measures when reviewing planning applications.</p> <p>Work with the Local Authority Property and Housing team to include suicide risk in building design considerations for major refurbishments and upgrading of social housing stock and corporate assets and as an active consideration for 'high rise buildings' such as multi-storey car parks.</p> <p>Mapping potential high-risk sites through reviewing self-harm data and reports from health and police services and take action to reduce risk e.g. barriers, signage.</p>	<p>Samaritans (Dave Brown)</p> <p>Network Rail (Richard Godwin)</p>	Ongoing	5

Evidence of Progress (and Anticipated Completion Date if ‘Not Achieved’)

Network Rail shared the Suicide Prevention Guidance for Developers that was developed by Stoke-on-Trent City Council in June of 2020. Good collaboration on this Action with Network Rail and the Samaritans keeping us apprised of any incidents on the Rail Network and what mitigations have been put in place to reduce risk – barriers/ signage etc.

Priority 3: Reduce access to the means of suicide

No.	Recommendation	Responsibility	Timescale	Assessment
3.2	Suicide Prevention Training for those working in high risk settings: increase awareness of suicide risk, and steps to intervene, in staff working in high risk areas e.g. park wardens, traffic wardens.	Common Unity (Caron Thompson) Forward for Life (Terry Rigby) Samaritans (Dave Brown)	Ongoing	5

Evidence of Progress (and Anticipated Completion Date if ‘Not Achieved’)

SCHEMA has been adapted into online training which has since been delivered to frontline staff along with Wise Steps; 250 members of staff trained since November 2020. This will also be rolled-out to staff and community members through the Better Mental Health Fund bid, next target is teachers. WMCA involved in getting the Private Sector trained.

Samaritans’ rail specific suicide prevention training, Managing Suicidal Contacts, made available to front line rail staff within the region. Staff training levels are monitored, and training promoted. Targeted promotion actively undertaken in Priority and Escalated locations.

Money has been granted under the Better Mental Health Fund to Common Unity and Forward for Life to deliver the Wise Step Community Connector Programme (Suicide Prevention Training to Black African, Black Caribbean, Indian, Pakistani, Bangladeshi, Central and Eastern European, and Chinese Communities. This intervention will deliver ‘train the trainer’ programmes to organisations and communities to raise awareness and be better prepared to identify and support people at risk of suicide. Tailored materials and learning resources along with a roll out of personalised Wise Steps courses that are culturally-

specific for suicide prevention support for our Black African, Black Caribbean, Pakistani, Indian, Bangladeshi, Central and Eastern European, and Chinese citizens as identified within the Birmingham Suicide Prevention Strategy.

Priority 3: Reduce access to the means of suicide

No.	Recommendation	Responsibility	Timescale	Assessment
3.3	Identification and reduction of High Frequency Locations on the rail network. Samaritans and Network Rail to continue to collate real time data on rail incidents in the region and feed into the group. Appropriate preventative and reactive measures to be taken by Network Rail, train operators and Samaritans, based on the specifics of individual incidents and their locations. Wider group to support Network Rail / Samaritans in actions where appropriate, particularly where community engagement would be beneficial.	Network Rail (Richard Godwin) Samaritans (Dave Brown)	Ongoing	4

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Dave Brown updated the group on recent incidents at Selly Oak and Stechford stations since the group last met, together with the actions undertaken in response. Monitoring of emerging risk locations is constantly ongoing within the rail industry, with data examined on fatalities, injurious attempts and life-saving interventions, together with the demographics of the individuals.

Priority 3: Reduce access to the means of suicide

No.	Recommendation	Responsibility	Timescale	Assessment
3.4	Safer prescribing: reduce the risk of medication stockpiling through safer prescribing practice, especially for patients in high risk groups and with high risk medication such as painkillers and anti-depressants through the NHS Medicines Management Programme	CCG (Virginia Muchena)	Ongoing	5

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
This work is ongoing, but progress has been (and continues to be) made. Safer prescribing practices are in place to ensure there is no medical stockpiling.				

Priority 3: Reduce access to the means of suicide

No.	Recommendation	Responsibility	Timescale	Assessment
3.5	Control of gasses and liquids: support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.	Trading Standards	Ongoing	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
Due to the ongoing pandemic, evidence of progress was deferred but NS emailed Donna Bensley for an update on 14/06/21.				

Priority 4: Provide better information and support to those bereaved or affected by suicide

No.	Recommendation	Responsibility	Timescale	Assessment
4.1	Support Resources: increase visibility of signposting resources such as 'Help is at Hand' and Waiting Room Resource Key through front line professionals working with individuals who are affected by suicide.	Common Unity (Caron Thompson) Samaritans (Pam Rutter)	Ongoing	5

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
The Waiting Room has now been translated into over 100 languages and the website (to date) has recorded over 100,000 hits. The Waiting Room fobs have also been distributed via food packages to vulnerable persons. Collaborative work ongoing between Common Unity and FTB to target school students.				

Priority 4: Provide better information and support to those bereaved or affected by suicide

No.	Recommendation	Responsibility	Timescale	Assessment
4.2	<p>Support Services: work with commissioners across the city partnership to review the provision of bereavement support, including specialist support for bereavement through suicide.</p> <p>Work with service providers and commissioners and front-line services to develop a more coherent postvention pathway for individuals affected by suicide.</p> <p>Encourage employers to use the Business in the Community/PHE suicide prevention and postvention toolkits.</p>	<p>Common Unity (Caron Thompson)</p> <p>CRUSE (Lesley Hales)</p>	Ongoing	5

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

As part of the Suicide Wave 3 Transformational funding, priority was given to expand our bereavement service and to look at ways to strengthen our postvention offer across BSol. A Bereavement Services Survey is being drawn up to seek opinions about how we can improve the support we provide in suicide bereavement. A Bereavement Signposting flyer has been drawn up and is in the process of being agreed through BCC and Solihull MBC Comms.

A survey has been created (in collaboration with various bereavement services) to understand the experience of those who have been bereaved by suicide's experience in accessing services and what could be improved. This can be completed by anyone (over the age of 18-years) who has been bereaved by suicide, professional or personal, across Birmingham and Solihull.

[Birmingham and Solihull Bereavement by Suicide Survey](#)

Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

No.	Recommendation	Responsibility	Timescale	Assessment
5.1	Promotion of expert guidelines: Work with local and regional media, especially considering media focused on high-risk communities, to increase awareness of well-developed expert guides for journalists such as by The Samaritans (https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide)	Samaritans (Dave Brown) BEP BCC Comms Team	Ongoing	5
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
Media monitoring is in place and the Suicide Prevention Advisory Group has also been tasked with monitoring and signposting to the Samaritans guidance. Online training for journalists is also available and very accessible.				

Priority 6: Support research, data collection and monitoring				
No.	Recommendation	Responsibility	Timescale	Assessment
6.1	Increase intelligence: work with partners across the West Midlands to develop the approach to real time surveillance to start to identify trends and hot-spots across the region – recognising that this is more effective than a single city approach due to the small numbers. Consider additional research into the reasons people decide to take their own life, especially in the context of high-risk groups. Consider work to consolidate an ongoing focus on best practice evidence base as future work emerges as part of the annual refresh of the action plan.	DHSC (Paul Sanderson) Wave 3 Group (Aarti Kumari, Virginia Muchena, Jo Luxmore-Brown, Natalie Stewart)	Ongoing	4
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
A meeting was held with the Birmingham Coroner to discuss the RTS proposal on 6 th April. The RTS system requires robust partnership working across several agencies including Police, Coroners, Birmingham and Solihull LA's and the CCG, amongst				

others. Progress has been made regarding the sign off of on data sharing agreement that has all key partner input. One key decision to be made is whether the BSol RTS will be coroner led or police led. We are currently exploring the pros and cons of both systems and working with partner agencies to decide on the best model for BSol. The next stage for this work is for further discussions to take place with our Coroners and with West Midlands Police and have a clear understanding on the sharing of responsibilities.

BTP has implemented a system akin to RTS in collection of data and initially shared that they had enquired with WMP regarding this data collection but had not received any contact. Since then it seems that WMP have responded and come on board with this process, and whilst they acknowledge there are limitations in the data they collect, they will help in any way they can. This is great news and will hopefully help to raise awareness of some of the issues we have locally, on a wider scale with data collection. The Wave 3 team will meet with our contacts from WMP to progress this.