Draft Action Plan

		Initial Actions	Lead	Partners	Timescale	Notes
Priori	ty 1: Reduce the	risk of suicide in key high-risk groups				
1.1 (1)	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. 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.	Cruse – Lesley Hales. Common Unity – Caron Thompson.			07/10/19: Emailed draft to MP. 22/10/19: Caron to scope and progress. 14/11/19: NS emailed for progress check.
1.2 (2)	Self-Harm	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. Ensure people are being asked why they are self-harming; no joined up services so if someone is presenting with an eating disorder, are they being asked about self-harm?	MIND/ BSMHFT (Cath Evans) and the Brief Assessment Teams in A&E. St Basil's – Jean Templeton.	Anna Lavis – UoB. Lisa McGowan (FTB).		NS to contact Helen Wadley. 14/11/19: NS emailed Helen Wadley – no response received.
1.3 (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.	BSMHFT – Simon Glover (Compass Team). Forward Thinking Birmingham.		Emailed draft to MP 07.10.2019. 29/10/19: met with Kerry Clifford.
1.4 (4)	Mental health patients	Mental Health Inpatient Settings: 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. IAPT & Community Mental Health Services: 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. Primary care: 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.	CCG: Dario Silvestro.	BSMHFT.		07/10/19: MP emailed Dario 06/11/19: email from Dario with progress update.

1.5 (5)	Birmingham Residents Born in Poland and Eastern	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.	BCC Public Health – Mo Phillips & Monika Rosanski.	07/10/19: Emailed draft to MP.
	Europe	Through the partnership with Warsaw, develop a shared learning approach to suicide prevention with Polish and Eastern European communities.		Met with Alicja on 17/10/19 and has received the Strategy and meeting invite sent out for next meeting. JV/ MP to work closely with Mayor of Warsaw.
1.6 (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.	BCC Public Health – Mo Phillips. Cruse – Lesley Hales. Samaritans – Pam Rutter.	07/10/19: Emailed draft to MP. MP emailed Lesley with cc to Pam Rutter asking Lesley to contact Pam. MP to chase.

		Action	Lead	Partners	Timescale	Notes
Priorit	ty 2: Tailor approa	ches to improve mental health in specific groups				
2.1 (7)	Those in prison or facing a custodial sentence	Engage the Criminal Justice System in a way that will ensure those most vulnerable are identified and supported across organisational boundaries.	NHE Regional Lead – Elaine Woodward.	NPS & CRC.		07/10/19: Emailed draft to MP. 22/10/19: MP to contact EW.
2.2 (8)	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. Work with schools and youth services to raise awareness and reduce the risks and promote anti bullying, promote mental wellbeing and tackle self-harm. Support schools to work with parents to have conversations regarding mental health resilience. 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.	Forward Thinking Birmingham – Lisa McGowan. PAPYRUS – Launa Brooks. Children's Trust.			07/10/19: Emailed draft to MP. 02/11/19: NS met with LM from FTB for progress update.
2.3 (9)	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.	Women's Aid – Tanya Edwards, Refugee Manager. RSVP – Lisa Thompson.			07/10/19: Emailed draft to MP. 11/11/19: NS met with TE to discuss progress and DASH reports. NS to email TE the Suicide Prevention online training. 09/12/19: NS to meet with Lisa Thompson, CEO of RSVP.
2.4 (10)	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 dishonourably discharged.	BCC Public Health – Mo Phillips. Armed Forces Covenant Steering Group – Susan Lowe & Natalie Stewart.			07/10/19: Emailed draft to MP. MP to be included on Agenda for Veteran Working Group.

2.5 (11)	People with Long Term Health Conditions People with untreated	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. Increase general awareness of the signs and symptoms of depression and ensure that people are aware of the support available and how to	CCG – Dario Silvestro. STP – Care Pathway Work. Year 2 - Linked to Men – Priority One.		07/10/19: Emailed draft to MP. 07/10/19: Mo Emailed Dario who is progressing. 06/11/19: email from Dario with progress update. N/A yet
(12)	depression	access it themselves or to signpost others.	,		
2.7 (13)	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 suicide awareness and prevention alongside training of frontline providers.	Review Year 2. PH Commissioning. Citizens Advise. Welfare Benefits. Neighbourhood Team. Academic Loan Sharks.	Street Intervention Team.	N/A yet
2.8 (14)	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. Ensure that mental health services are accessible and culturally competent to support LGBT people. 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.	Charity: Mental Health Unlocked – Francis Herran. BCC Public Health – Bradley Yakoob. LGBT Centre – Digbeth.	BCC Public Health – Mo Phillips.	08/10/19: Emailed draft to MP. Work with BY and link back into FH. 14/11/19: FH & BY met to progress tasks.
2.9 (15)	Black, Asian and minority ethnic groups	Work with communities and front –line organisations to reduce stigma around mental health and suicide. 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. Work with faith leaders and communities to support positive and constructive approaches to suicide prevention and improving mental wellbeing.	Charity: Mental Health Unlocked – Francis Herran. BCC Public Health – Bradley Yakoob. Assist. QE – Maureen Foxall. Time to Change – Andrew Nicholls.	BCC Public Health – Mo Phillips.	08/10/19: Emailed draft to MP. Work with BY and link back into FH. 14/11/19: FH & BY met to progress tasks.

2.10 (16)	Refugees and asylum seekers. Work to ensure active consideration of suicide prevention and risk assessment in refugee and asylum seeker care and support pathway and that there is appropriate access to mental health support and car when required.	144 14 6)	08/10/19: Emailed draft to MP. MP to chase AR. 11/10/19: email received from AR stating he discuss with Monika a strategic assessment for refugees and migration which can provide some info and intel.
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		Action	Lead	Partners	Timescale	
Priori	ty 3: Reduce acce	ss to the means of suicide				
3.1 (17)	Planning and Building Design	High Risk Environments – amends the Birmingham developer's toolkit to reflect suicide prevention measures when reviewing planning applications. 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. 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.	BCC Public Health – Kyle Stott. Network Rail – Richard Godwin.			08/10/19: Emailed draft to MP. 19/11/19: Email received from KS with progress update and he is now in contact with RG.
3.2 (18)	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 already working on this.	WMCA – Sean Russell.		08/10/19: Emailed draft to MP. 22/10/19: CT to scope and progress. 14/11/19: NS emailed for progress check.
3.3 (19)	Identification and reduction in High Frequency Locations.	Establish an epidemiological and evidence-based process to identify suicide environmental 'hot spots' and a risk reduction protocol.	BCC Public Health – Kyle Stott. Natalie Stewart (Geographical Surveillance/Trends). Network Rail – Richard Godwin.			08/10/19: Emailed draft to MP. 19/11/19: Email received from KS with progress update and he is now in contact with RG.
3.4 (20)	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: Dario Silvestro.			07/10/19: Emailed draft to MP. 07/10/19 MP emailed Dario who is progressing. 06/11/19: email from Dario with progress update.

3.5 (21)	Control of Gases and Liquids	Support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.	BCC Trading Standards emailed Donna Bensley & Vir Ahluwalia, no reply from Vir, Donna declined.
			19/11/19: NS emailed Janet Bradley for a contact/ name who suggested Vir Ahluwalia and Donna Bensley on 28/11/19. 03/12/19: NS emailed Vir Alhuwalia.

Action	1		Lead	Partners	Timescale	Notes		
Priorit	riority 4: Provide better information and support to those bereaved or affected by suicide							
4.1 (22)	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.			07/10/19: Emailed draft to MP. 22/10/19: Caron to scope and progress along with Pam Rutter. MP to email PR about this. 14/11/19: NS emailed for progress check.		
4.2 (23)	Support Services	Work with commissioners across the city partnership to review the provision of bereavement support, including specialist support for bereavement through suicide. Work with service providers and commissioners and front-line services to develop a more coherent postvention pathway for individuals affected by suicide. Encourage employers to use the Business in the Community/PHE suicide prevention and postvention toolkits.	Cruse – Lesley Hales. Common Unity – Caron Thompson.			07/10/19: Emailed draft to MP. 21/10/19: Caron to scope and progress with Lesley Hales. 14/11/19: NS emailed for progress check.		

Actio	n		Lead	Partners	Timescale	Notes			
Priori	riority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour								
5.1 (24)	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 – Pam Rutter. BCC External Communications – Sarah Kirby (Press & PR Manager) – emailed 03.10.2019. 15.10.2019 spoke to Sarah, happy to come to Dec meeting and for her details to be passed to Pam Rutter. CGL BEP (Birmingham Education Partnership) 0121 285 0924 – Anna Robinson.			07/10/19: Emailed draft to MP. 27/11/19: PR & JV emailed regarding promotion of expert guidelines and plan a workshop in Birmingham for local journalists to support a better approach.			

Actio	n		Lead	Partners	Timescale	
		search, data collection and monitoring 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.	PHE – Institute of Mental Health – Task & finish Working Group – phone Paul Sanderson, ask who would represent. BCC Public Health – Susan Lowe.	Partners	Timescale	07/10/19: Emailed draft to MP. 07/10/19 MP emailed Dario PS to coordinate. 06/11/19: email from Dario
		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.	CCG – Dario Silvestro.			with progress update. 03/12/19: PS to make contact with SL.