



**South Yorkshire and Bassetlaw
Integrated Care System
Mental Health and Learning Disabilities
Work Programme**

**Suicide Prevention Programme
Project Template**



Project Initiation Document

Planning: Project Initiation Document (PID)

The PID fully defines the project and forms the contract between the Project Lead and the South Yorkshire and Bassetlaw Mental Health and Learning Disabilities Executive Steering Group. It provides a baseline against which the Executive Steering Group can assess progress, issues and ask on-going viability questions.

The PID also provides a useful single source of reference for others to quickly and easily find out what the project is about. It answers the following questions:

- What is the project aiming to achieve?
- Why it is important to achieve it?
- Who will be involved and what are their responsibilities?
- How and when will it happen?

Barnsley Suicide-prevention Plan

Amendment History:

Version	Date	Amendment History
0.1	7 th November 2018	First draft for comment
0.2	7 th December 2018	Year 1 Signed of at Barnsley Suicide Prevention Group and Crisis Care Concordat
0.3	24 th July 2019	Year 2 plans agreed at Barnsley Suicide Prevention Group and Crisis Care Concordat

Approvals:

This document must be approved by the locality suicide prevention group and the SYB ICS MHL D Executive Steering Group:

Name	Signature	Title / Responsibility	Date	Version
Patrick Otway		Head of Commissioning (Mental Health, Children's, Maternity and Specialised	07/12/2018	
Diane Lee		Head of Public Health – Barnsley Council	07/12/2018	

Related Documents:

It is expected that each project will have considered/hold the following documents, which should be made available on request:

Name	Owner	Location
Risk and Issue Register	???	
Stakeholder Engagement Strategy / Communications Plan	???	
Equality Analysis	???	





1 Project Background – Why is this project needed?

Fingertips Profiles Updates (PHOF and Suicide Prevention Profiles) Barnsley- December 2018

Suicide rate (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 populations)

The latest data from the Fingertips Profiles Updates (PHOF and Suicide Prevention Profiles) shows that Barnsley suicide rates are currently in line with the national average. We have seen a small decrease between 2013-15 and 2014-16, the 3-year combined rate increased from 10.8 to 10.1 per 100,000 ¹DSR between 2014-16 and 2015-17. As a comparison England decreased from 9.9 to 9.6 per 100,000 DSR.

Barnsley is also ranked similar to England (Red RAG-status) and ranks as 7th highest compared to 16 ²CIPFA Nearest Neighbour local authorities. There were 62 deaths over the three years 2015 to 2017.

Males account nearly 84% suicide deaths in Barnsley from 2015-17 (52 deaths) which is higher than the national trend of around 75%. This places Barnsley 4th out of CIPFA Nearest Neighbour local authorities with a rate of 17.6 per 100,000

The female rate has remained lower than the national averages with the being 3.1 per 100,000 from 2010-17 (10 Deaths). With this in mind, Barnsley's current real time surveillance has seen an extreme surge in female suicides in 2018.

Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This can only be done by working collaboratively across all sectors within Barnsley. Barnsley established a suicide prevention group which has met since 2016 with a designated action plan to address preventing death by suicide. Barnsley has developed some excellent joint working between statutory partners and the voluntary sector. Suicide Prevention is a high priority in the borough and we will continue to push this agenda forwards.

Barnsley's action plan reflects the actions to target men, develop work with primary care, address self-harm and improve the care and support for people accessing mental health services following self-harm or attempted suicide.

¹ DSR: Directly age-standardised rate.

² CIPFA: Chartered Institute of Public Finance and Accountancy

Project Aims:

1. Reducing suicide and self-harm in mental health services:

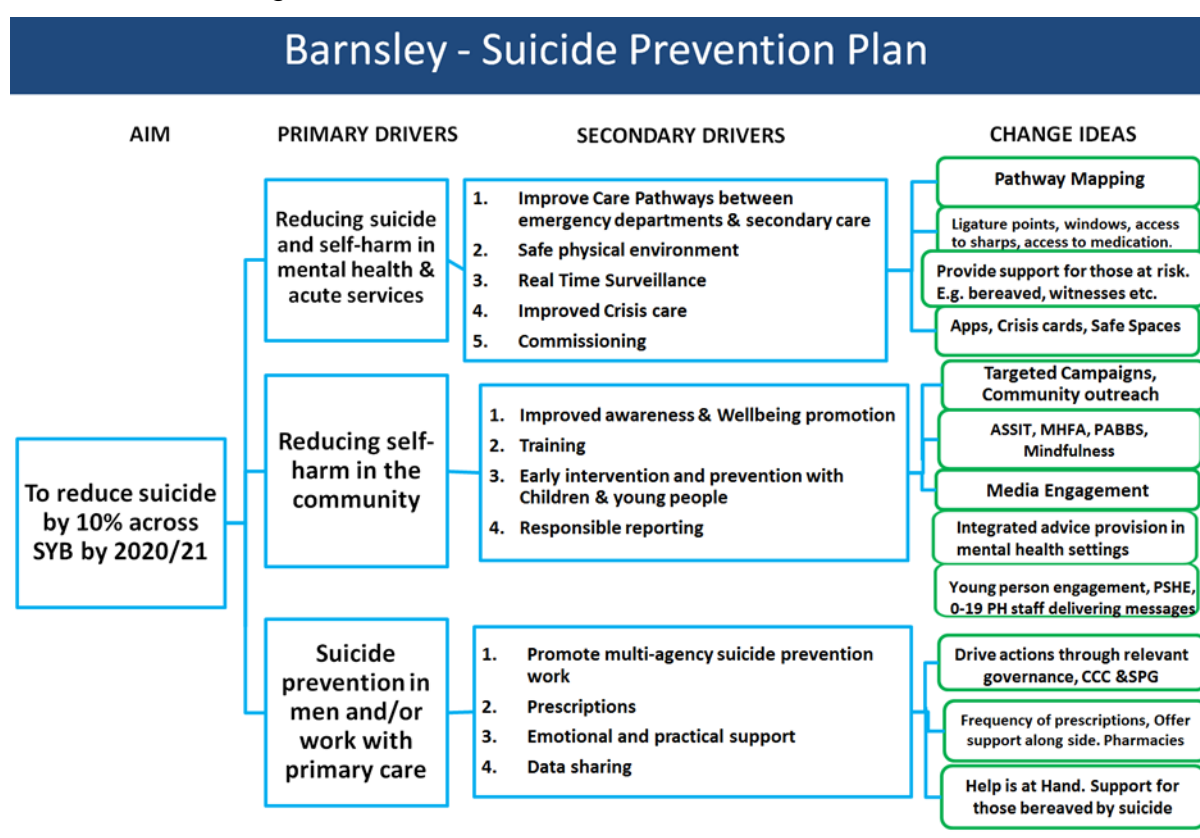
- Improve Care Pathways between emergency departments & secondary care
- Safe physical environment
- Real Time Surveillance
- Improved Crisis care commissioning

2. Reducing self-harm in community and acute services

- Improved awareness & Wellbeing promotion
- Training
- Early intervention and prevention with Children & young people
- Responsible reporting

3. Suicide prevention in men and/or work with primary care

- Promote multi-agency suicide prevention work
- Safer prescriptions
- Emotional and practical support
- Data sharing



Approvals

Group / Board	Date of Approval
Barnsley Suicide-prevention and self-harm group	Discussed on the 23 rd November. Agreed via e-mail
Mental Health and Learning disability Transformation Group	21 st November 2018
SYB Suicide Prevention Steering Group	
Executive Mental Health and Learning disability Steering Group	

2 Project Definition – What will the project deliver?

2.1 Objectives:

Overall aim: 10% reduction in suicide rates, with specific focus on:

1. Reducing suicide and self-harm in mental health services:

We have commissioned a range of training programmes for suicide prevention in line with the Health Education England competencies framework which seeks to improve the knowledge, skills and attitudes of professionals, community members and friends who may have proximity to those with suicidal ideation to improve their ability to intervene and offer support. Or alternatively, they aim to reduce suicidal thoughts and death by suicide in a target population. Broadly, there are three key approaches to training programmes:

- Gatekeeper training
- Skills based training
- General awareness and educational training

This is a 24 month programme and it is expected that a number of key performance indicators will be developed. This is an initial indicative set of indicators which will be refined with the provider during mobilisation.

- Numbers of practitioners/workers trained
- Number of sessions delivered for each course, e.g. MHFA, SafeTalk, ASIST, PABBS, Bespoke packages.
- Positive staff evaluation of tools and training

- Positive feedback on knowledge
- Positive evaluation through achievement of patient/citizen related outcome measures

2. Reducing self-harm in community and acute services

- Training and awareness raising sessions to be conducted for self-harm which will also include looked after children and foster carers
- Community Response Resources to be produced and disseminated across different networks such as schools, workplaces and family centers.
- Strong Comms Campaigns across the year at key points raising awareness and signposting to relevant services. The campaign will include a video as well as targeted campaigns and material which build on the successful the #AlrightPal? campaign. There will be particular emphasis on certain awareness days such as mental health awareness day, suicide prevention day and in February when we see our highest rates of suicides in Barnsley.

3. Suicide prevention in men and/or work with primary care

- Training and raising awareness in relation to self-harm particularly in looked after children and foster carers but the training will have population focus.
- Training resources for GP's and other practice staff will be made available
- A specific Bereavement support service will be set up for primary care to refer into if they identify anyone who has been affected by suicide.

2.2 Scope and Exclusions

Organisations, groups and services affected by this project will include:

- Those at risk of suicide and/or self-harm, their family, friends and colleagues
- Those bereaved by suicide
- Primary Care
- Frontline workers across Barnsley including non-health settings
- Local sports establishments /clubs
- Establishments with a strong male focus e.g. pubs, manual workplaces ect.
- Police
- Employers from across the borough

- NHS and BMBC service
- Barnsley VCS
- Commissioners
- Community stakeholders

Outside of scope:

Whilst women are not currently covered in the secondary drivers, addressing suicide prevention amongst women must be considered given the intelligence we have around women for 2018. It is anticipated that some of the actions outlined earlier will impact on women. However to reach the 10% reduction in suicide it will need some more specific actions focusing on women.

2.3 Expected Benefits and Dis-Benefits

Benefits (outcomes perceived as positive)	To be experienced by
Secondary driver 1	
Improve Care Pathways between emergency departments & secondary care	Patients accessing mental health services. Mental health services. Primary care
Safe physical environment	Patients accessing mental health services Staff within mental health services.
Real Time Surveillance	Public Health, Police & Coroner's Office
Improved Crisis care Commissioning	Patients and staff accessing mental health services
Secondary driver 2	
Improved awareness & Wellbeing promotion	Wider community People who self-harm



	(all ages). Non mental health frontline workers
Training	Frontline MH workers. Schools/colleges. Wider Community Primary care
Early intervention and prevention with Children & young people	Children & Young People Schools/colleges. Parents
Responsible reporting	Wider community. Those affected by Suicide Journalists Media companies.
Secondary driver 3	
Promote multi-agency suicide prevention work	Population of Barnsley with a particular benefit to men
Prescriptions	Primary Care Patients Pharmacies
Emotional and practical support	Men Wider Community
Data sharing	People bereaved by

	suicide. Primary care Coroners officers Police
Dis-benefits (outcomes perceived as negative)	To be experienced by
Short delivery timescale means it will be harder to engage with some those most 'at risk' groups	Most at risk groups

2.4 Dependencies, Constraints and Interfaces

The project is dependent on the following:

- Receiving NHS England confirmation of year 2 funding
- Stakeholder engagement to deliver and promote the programme of work
- Availability and capacity of training providers to deliver in required timescale

The project has the following constraints:

- Timescale for delivery
- Unable to delivery larger projects due to procurement rules
- Availability of local project management time to deliver the plan
- Time of the year i.e. Christmas, high annual leave rates, NHS contract period etc.
- Lack of clarity of funding arrangements for year two

The project has the following interfaces:

- Barnsley Suicide Prevention Action Plan
- Barnsley Public Health Strategy
- Barnsley All Age Mental Health Commissioning Strategy
- Five Year Forward View For Mental Health
- Barnsley Health and Wellbeing Strategy
- Barnsley Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

3 Approach – How will you deliver the project?

The project will be overseen by the Barnsley's Suicide Prevention Group which meets bimonthly.

Local Task and finish groups will be established to deliver the 3 Drivers set out below. These will be fed back to the local Suicide prevention group as well as the SYB suicide prevention steering group.

- Reducing suicide and self-harm in mental health services.
- Reducing self-harm in community and acute services
- Suicide prevention in men and/or work with primary care

GUIDANCE NOTE: Provide a summary of how you expect the project objectives will be delivered

3.1.0 Deliverables / Desired Outcomes

<i>Outline Deliverables</i>	<i>Identify who will deliver it</i>	<i>Explain how it will be delivered</i>	<i>Describe Your desired outcomes from the deliverables and how you measure these</i>	<i>Provide an indicative timescale for delivery</i>	<i>Provide indicative costings</i>
Stage 1 – Delivery before Christmas 2018					
Ensure Money is transferred from Sheffield CCG to Barnsley CCG and then to BMBC	Phil Ainsworth Diane Lee	Barnsley CCG has agreed the money will be coming to them which will be sent straight to BMBC's account.	Need the money first in order to action anything.	December 2018	N/A
Stage 2: Delivery by March 2019					
Community Response Resources	Barnsley Suicide Prevention Group	Packs will be produced and disseminated across different networks such as schools, workplaces and family centers.	Outcome: Consistent messages are delivered. Timely support offered. Measurement Feedback from evaluation forms Possible follow up	Date extended to September 2019	
Strong Comms Campaigns across the year at key points	Comms teams from Local SP group and	Communications plan and activity to be scheduled in for key dates	Outcome: Improved awareness of	By March 2019	£890

raising awareness and signposting to relevant services. IAPT, MINDSPACE, TADS, CAMHS ect.	local groups Project 14, LJJ	in the year e.g. Suicide Prevention day, World Mental Health Day. Sponsored advertisements on social media and physical events.	Suicide and services available to support people early. Measurement Social media analytics. Community comments Case studies if available.		
Stage 3: Delivery during 2019/20					
Training for front line and community staff ASSIT, PABBS, SAFETALK ect. Training and awareness raising sessions to be conducted for self-harm which will also include looked after children and foster carers but the training will have population focus.	Training Provider- CHILYPEP	Explore most sustainable way of deliver suicide prevention training with multiple providers and commission them to deliver to community staff.	Outcome: Improved support for those at risk of suicide and those bereaved by suicide. Measurement: Numbers attending the course. Evaluations from the training New postvention support to be evaluated.	By March 2020.	£30,000
Training resources for GP's and other practice staff will be made available	Suicide Prevention Group	Resource's for GP's to be able to use and disseminate as and when required. A specific Bereavement support service will be set up for primary care to refer into if they identify anyone who has been affected by suicide.	Outcome: Increase Knowledge for GP's around suicide prevention and support services available for patients who have been affected by suicide. Measure: Referrals from GPs CCG feedback about the resources	By March 2020	<i>See Above Training Budget</i>

			via GP BEST training events.		
Bereavement support	AMPARO	Listening services will be set up for people who have been bereaved by suicide. Referrals can be made by a number of services namely front line such as police, coroners officers and funeral directors	Outcome: One to one individual support Help with any media enquiries Practical support when dealing with the Police or Coroner Help with overcoming feelings of isolation Putting people in touch with local services that can help Measure: Exit Questions which capture; People being treated with respect and dignity People perceptions of the practical and emotional support they received Quality of visits received Being kept informed of progress		£16,182.07
Establish Local SOBS group for further ongoing bereavement support	SOBS	Work with AMAPARO, comms and SOBS to establish a local group	Outcomes Sustainable bereavement support for those affected by suicide	December 2019	N/A

GUIDANCE NOTE: Detail your products and deliverables. It may be help to define them by stage as per table below.

Barnsley Budget Year 1

£78,167

Bereavement Support -**£16,182.07**

Training - **£30,000.00**

Comms and Marketing - **£890**

£46,242.07 (£31,094.93 earmarked for year 2)

Deliverables / Desired Outcomes – Year 2

The suicide prevention monies for Year 2 are to be utilised to focus on the following areas:

1. Reduction within services via quality improvement: self-harm care within acute hospitals and/or generally within mental health services
2. Prevention beyond secondary services: place-based community prevention work targeting; primary care support
3. Prevention beyond secondary services: place-based community prevention work targeting; middle-aged men

The table below illustrates how the Year 2 funding will be utilised to achieve suicide prevention outcomes based on the criteria outlined above:

Year 2 funding also contains monies from year 1 which hadn't been allocated or is a continuation

<i>Outline Deliverables</i>	<i>Identify who will deliver it</i>	<i>Explain how it will be delivered</i>	<i>Describe Your desired outcomes from the deliverables and how you measure these</i>	<i>Provide an indicative timescale for delivery</i>	<i>Provide indicative costings</i>
Comms and marketing	BMBC Comms & Barnsley Suicide Prevention Group	BMBC Comms will be pulling together a 12 month comms plan which will include the production of a local video	Outcome is to have an increased awareness of suicide in the community as well as promote positive mental health. It will	September 2019	£20,000

		targeted at me.	build on the #AlrightPal campaign and social media analytics and other media coverage will be monitored and evaluated.		
Self-harm project for young people	Barnsley Suicide Prevention Group	Develop a physical resource pack for schools on self-harm which also offers advice and support to parents. To be done in conjunction with young people and schools.	This is based on current data we have for self-harm rates in Barnsley for CYP as well as anecdotal information we have from schools and professionals. Measurement will be based on usage and feedback from CYP, Parents and schools.	September 2019	£20,000
Community Project Grants	Barnsley Suicide Prevention Group	Set up a grants process that allows community groups to bid in for pots of money for targeted work on suicide prevention. Grants will support bids that are related to self-harm/suicide in the community and primary care as well as targeted work with men.	Outcomes will be set out in a generic specification and bids into the grant will determine how these will be met. This will allow organisations to be innovative in how they deliver projects.	August 2019	£39,000
Bereavement Support	Barnsley Suicide Prevention Group	Following the outcome of the bereavement workshop in July we will look at the findings to see what kind of service will best suit the needs of	To be determined after the bereavement workshop in July.	December 2019	£30,000



		Barnsley with the hope that the ICS can have some standard approaches to what people will be offered and have access to when they have been bereaved by suicide.			
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Barnsley Budget Year 2

£78,167 + 31,094.93 from Year 1 = £109,261.93

Bereavement Support -£30,000

Community Support Grants - £39,000

Self-harm project for young people - £20,000

Comms and marketing (including video) £20,000

Total - £109,000


Stakeholder Engagement & Communications

- Members of the Barnsley Suicide Prevention Group
- People affected by suicide
- GP's and Practice nurses
- Communication Leads for Suicide prevention plan partners
- Barnsley VCS
- Elected members
- Frontline workers across Barnsley including non-health setting
- Local sports establishments /clubs
- Schools/colleges

GUIDANCE NOTE: List the key stakeholder groups and their nominated representatives (where known).

3.1 Cost and Resource

Secondary drivers	Deliverables	Resources	High Level Cost £
Reducing suicide and self-harm in mental health services	<ul style="list-style-type: none"> Communications plan and activity to be scheduled in for key dates in the year e.g. Suicide Prevention day, World Mental Health Day. Sustainable way of deliver suicide prevention training with multiple providers and commission them to deliver to community staff. A specific Bereavement support service will be set up for primary care to refer into if they identify anyone who has been affected by suicide. 	Training provider MH services (SWYPT) Communications leads VCS Bereavement support provider	See Above Costings
Reducing self-harm in community and acute services	<ul style="list-style-type: none"> Packs will be produced and disseminated across different networks such as schools, workplaces and family centres. Work with AMAPARO, comms and SOBS to establish a local group 	Resource Packs AMPARO People Bereaved by Suicide (SOBS) Local Schools Local Workplaces	See Above Costings
Suicide prevention in men and/or work with primary care	<ul style="list-style-type: none"> Resource's for GP's to be able to use and disseminate as and when required. Staff to be trained determined by local intelligence and data 	Primary Care Barnsley CCG Public Health, BMBC Elected members Community based staff VCS Communications leads Local employers Local sports clubs	See Above Costings



GUIDANCE NOTE: Insert high-level statement of cost for the different elements of the project and the resources i.e. people/organisations required to deliver the project.

3.2 Equality

GUIDANCE NOTE: Identify that an equality impact assessment has taken place on all aspects of the project to reduce inequality or promote quality in line with duties under the Equality Act 2012.

This will be done via the relevant commissioning arrangements

3.3 Governance

Partners on the Rotherham Suicide Prevention and Self Harm Group include:

- BMBC - Public health, Communities, Social Care
- Barnsley Mental Health Forum (Service user and carer representatives)
- Barnsley CCG
- South Yorkshire Police
- South West Yorkshire Partnership Trust
- Barnsley Foundation Hospital Trust
- Barnsley Samaritans
- Rotherham United Sports Community Trust

The Barnsley Suicide Prevention Group and Crisis Care Concordat feed up to the Adult Joint Commissioning and Senior Strategic Development board which has a direct route to report into Barnsley's Health & Wellbeing Board.

GUIDANCE NOTE: Outline the structure and accountability of your local suicide prevention group. It helps to provide an organisation chart which defines reporting arrangements.

3.4 Reporting

GUIDANCE NOTE: Below is a list of suggested reporting – add in any other reporting lines you think are needed for the project.

Report	Frequency	Audience
Highlight / Status Report	Monthly	Locality Suicide Prevention Groups and SYB ICS Suicide Prevention Steering Group
Risk / Issues	Bi-Monthly	SYB ICS Suicide Prevention Steering

		Group and SYB ICS MHL D Executive Steering Group
Exception Report	As needed	SYB ICS Suicide Prevention Steering Group, SYB ICS MHL D Executive Steering Group and SYB ICS Collaborative Partnership Board
Lessons Learnt	Project close	Locality Suicide Prevention Groups, SYB ICS Suicide Prevention Steering Group and SYB ICS MHL D Executive Steering Group


3.5 Risks and Mitigations

The project has the following risks:

- Preventing suicide is complex. There are external factors which will undoubtable have an impact on local people and which are beyond the reach of this project.
- Timescale for delivery.
- Unable to deliver larger projects due to procurement rules and timescale.
- Availability of local project management time to deliver the plan.
- Time of the year i.e. Christmas, high annual leave rates, NHS contract period.
- Engaging the right partners.
- Reaching the most vulnerable at risk groups.
- Uncertainty about the level of funding for year 2 and when the money will be released.

Mitigations to the risks highlighted above include:

- Some activity will be developed further in Year 2.
- Partners of the Barnsley Suicide Prevention Group have been involved in developing these project proposals. All activity has been identified with the local suicide prevention action plan.
- Engaging with stakeholders who have intelligence on local community groups for example; leaders through the VCS and elected members to ensure we reach hard to reach groups.
- Partner organisations committing time to lead on various aspects of the project.

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- Strong governance arrangements to escalate issues as and when they might arise.

3.6 Sustainability

GUIDANCE NOTE: Provide a statement regarding how the projects you are initiating can be sustained in the future

1. Reducing suicide and self-harm in mental health services

- Training graduated response to suicide-prevention and self-harm training will be written into contracts.
- Established pathways will ensure that there is a consistent approach to improve the care of people at risk of suicide.
- The project will explore options to develop train the trainer models where possible.
- Included within a graduated response to suicide prevention training is access to national online suicide prevention training.
- Local SOBS group to be established which would be self-sustaining

2. Reducing self-harm in community and acute services

- The project will explore options to develop train the trainer models where possible.
- Included within a graduated response to suicide prevention training is access to national online suicide prevention training.
- The project will look to promote the use of existing national IT resources such as self-harm and suicide prevention Apps.
- Database of trainers who can be sent information updates for continuous development.

3. Suicide prevention in men and/or work with primary care

- The project work will involve local leaders, community groups and elected members.
- Included within a graduated response to suicide prevention training is access to national online suicide prevention training.
- Database of trainers who can be sent information updates for continuous development.
- The work in communities will work alongside schemes like the Well at Work scheme (South Yorkshire healthy workplace scheme).