



**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?



South Yorkshire and Bassetlaw ICS Suicide Prevention Project

Amendment History:

Version	Date	Amendment History
0.1	13.12.18	First draft for comment

Approvals:

This document must be approved by SYB ICS MHL D Executive Steering Group:

Name	Signature	Title / Responsibility	Date	Version
Kathryn Singh		Chief Executive, RDASH		
Jackie Pederson		Chief Officer, Doncaster CCG		

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	SYB ICS	Futures Platform
Stakeholder Engagement Strategy / Communications Plan	SYB ICS	Futures Platform
Equality Analysis	SYB ICS	Futures Platform



1 Project Background – Why is this project needed?

The population of South Yorkshire and Bassetlaw Integrated Care System (ICS) (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield) is around 1.5 million, and the general population suicide rate is close to the national average. We would therefore expect at least 150 general population suicides per year, of whom between 37 and 38 would be mental health patients. The actual figure is 36 mental health patient suicides per year on average. Between 2005-2015 there were 1,413 deaths by suicide within South Yorkshire and Bassetlaw, 1,117 (79%) of these by men.

Secondary mental health services in South Yorkshire and Bassetlaw are provided by four trusts: Nottinghamshire Healthcare NHS Foundation Trust; Rotherham, Doncaster and South Humber NHS Foundation Trust; Sheffield Health and Social Care NHS Foundation Trust, and; South West Yorkshire Partnership NHS Foundation Trust. NCISH was notified of 401 suicides by patients in contact with South Yorkshire and Bassetlaw ICS in the 12 months before they died, in the 11 years 2005-2015.

South Yorkshire and Bassetlaw ICS patients who died were more likely to be male, and less likely to be unmarried or from a Black and minority ethnic background. The diagnostic profile was a little different, with fewer patients with schizophrenia and more with drug dependence and a history of alcohol misuse in South Yorkshire and Bassetlaw ICS. South Yorkshire and Bassetlaw ICS patients were also more likely to be adherent with medication, and it was less likely that the last contact was within a week of death. Hanging and gas inhalation were more common methods of death than in patients in England as a whole. Patients in South Yorkshire and Bassetlaw were more likely than patients across England as a whole to report adverse life events in the three months before death.

These patient characteristics were not the same across the four main mental health service providers. Many of the differences seen between South Yorkshire and Bassetlaw patients and patients in England as a whole were driven by Rotherham, Doncaster and South Humber NHS Trust, where the patients who died by suicide were more likely to be male, white, die by hanging/strangulation, and have a primary diagnosis of drug dependence/misuse, and a history of alcohol misuse than patients who died by suicide in England as a whole.

As the South Yorkshire and Bassetlaw ICS area has a higher than average suicide rate within particular cohorts of patients this project is required to deliver improvements in the following areas:

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



2 Project Definition – what will the project deliver?

2.1 Objectives

The SYB ICS Mental Health and Learning Disabilities Executive Steering Board have agreed that the following projects will be conducted on an SYB wide basis:

Real time surveillance (RTS) – task and finish group established following event held in September 2018, inclusive of police and Yorkshire Ambulance Service (YAS).

The task and finish group is looking to agree a definition and purpose of RTS including a definition of suicide surveillance, system level outcomes and local level outcomes. The group will then co-design a new RTS pathway focussing on:

- How we share information in a timely manner
- How we implement an early alert system
- How we can be responsive to a potential suicide or contagion
- How we identify those affected and bereaved by suicide to receive support in a timely manner
- How we can learn any lessons to prevent further loss of life

The group will then formulate a business case and procure an SYB wide service. The group is also keen to learn from other areas and is trying to arrange a visit to Lancashire and South Cumbria to learn from the implementation of their system. £35k has been allocated to this project.

Bereavement support – looking to procure the Innovation Unit to deliver a co-produced bereavement support pathway across SYB based on the Discover, Define, Develop and Deliver methodology. The project will also incorporating a research and evaluation element alongside input from experts by experience.

The first phase of the project will focus on:


Understand current provision from multiple perspectives (including academics, professionals and people with lived experience)

Horizon scanning for the best models from the UK and beyond

Developing an idea for a new solution, and creating a handbook, service blueprint of visual representation of core features and functions

£25K has been allocated to this project.

Media – initially we intended to run a workshop for local journalists and communications leads on media reporting of suicides. However, having researched this idea more thoroughly local media have advised that a workshop approach is ineffective and the project will now focus on exploring the following:



We propose a set of five activities that together would generate insights, draft materials and an action plan for an SYB-wide public health campaign, a campaign that would aim to:

1. Tackle stigma – to strengthen the general public's ability to engage with, and talk about, suicide.
2. Raise awareness of where people in distress can get help - i.e. the range of existing local and regional services.
3. Empower the general public - with simple tools to help others in distress - learning from Small Talk Saves Lives.
4. Build the confidence of civic institutions (eg employers, schools, universities) - to engage in preventative work with their populations - learning from Time to Change.
5. Mobilise the energy of media partners - focusing on developing their role in changing public attitudes and awareness raising – through good reporting and wider coverage of suicide.

£19K has been allocated to this project.


Retrospective Coroners Audit - This audit will look at the Coroners records relating to deaths where the verdict was suicide for each of the SY&B areas during the period January 2017-2018.

Sheffield University will be commissioned to deliver this work and the lead contact is Dr Phil Oliver. The audit will be completed between January – March 2019

A standardised data collation template will be developed in collaboration with the ICS Suicide Prevention Group.

As well as the general demographic information, the research would be particularly looking into the circumstances surrounding the death that enables the ICS Steering Group to build up a richer narrative about the wider personal, economic and societal factors that contributed to the suicide that could be used to inform the development of future local and ICS level suicide prevention work. In addition to looking at whether the person had any existing mental health issues/conditions and the contact they had with formal services prior to taking their life, the audit will also examine the extent to which the following circumstances contributed to the circumstances surrounding the suicide;

- Financial difficulties and the impact of austerity/wider economic factors
- LGBTQ
- Problem gambling
- Where the death was a female, then some exploration of the 'protective factors' surrounding the person. This reflects some anecdotal local perception that we are seeing women taking their life who have 'protective' factors (e.g. children) and we need to understand this better as this feels out of kilter with the existing evidence base
- Substance misuse

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- Relationship with the armed forces, either as a veteran or as part of a serving family
 - Identification of any opportunistic contact points there might have been in the run up to the suicide where suicide prevention interventions might have been possible, especially in those cases where the person was not known to mental health services
 - A particular look at the contact the person had with primary care and whether there are any opportunities to develop primary care systems to 'flag' people who may be experiencing an accumulation of risk factors for suicide which in isolation may not be picked up.

£30K has been allocated to this project.

2.2 Scope and Exclusions

The organisations / groups / services that the SYB ICS level projects will impact on are as follows:

- Those at risk of suicide and/or self-harm, their family, friends and colleagues
- Those bereaved by suicide
- Primary Care
- Frontline workers including non-health settings
- Local sports establishments /clubs
- Establishments with a strong male focus e.g. pubs, manual workplaces etc.
- Police and Ambulance Trusts
- Employers from across the area
- Community stakeholders
- Voluntary and community sector partners i.e. SOBS, Mind, Rethink Samaritans etc.

Local Authorities:

- Barnsley MBC
- Nottinghamshire County Council (Bassetlaw)
- Doncaster MBC
- Rotherham MBC
- Sheffield City Council

Mental Health Providers:

- South West Yorkshire Partnerships NHS Foundation Trusts (Barnsley)
- Nottinghamshire Healthcare NHS Foundation Trust (Bassetlaw)
- Rotherham, Doncaster and South Humber NHS Foundation Trust (Rotherham and Doncaster)
- Sheffield Health and Social Care NHS Foundation Trust (Sheffield)

Acute Trusts:

- Barnsley Hospital NHS Foundation Trust
- Doncaster and Bassetlaw NHS Foundation Trust
- The Rotherham Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust

Clinical Commissioning Groups:

- NHS Barnsley CCG
- NHS Bassetlaw CCG
- NHS Doncaster CCG
- NHS Rotherham CCG
- NHS Sheffield CCG

2.3 Expected Benefits and Dis-Benefits

Benefits (outcomes perceived as positive)	To be experienced by
Reduction in suicide and self-harm rates that will have a positive outcome on society, individuals and families and achievement of reduction target.	All stakeholders
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 funding
- Stakeholder engagement to deliver and promote the programme of work
- Availability and capacity of project team to deliver in required timescale
- Ability to procure projects in limited timeframes

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
- Lack of clarity of funding arrangements for year two

The project has the following interfaces:

- All stakeholders listed in section 2.2 alongside Public Health England, NCISH and NHS England North Region

3 Approach – How will you deliver the project?

The project will be overseen by the SYB ICS Suicide Prevention Steering Group, which meets monthly.

Named leads will be responsible for each of the four projects forming Task and Finish Delivery Groups, involving other partners where required.

3.1.0 Deliverables / Desired Outcomes

<i>Outline Deliverable</i>	<i>Identify Who Will Deliver It</i>	<i>Explain How It Will Be Delivered</i>	<i>Describe Your Desired Outcomes from the Deliverable and How you will measure these</i>	<i>Provide an Indicative Timescale for Delivery</i>	<i>Provide an Indicative Costing</i>
Stage 1					
Real time surveillance	Project lead, service designer and researcher	<p>The task and finish group is looking to agree a definition and purpose of RTS including a definition of suicide surveillance, system level outcomes and local level outcomes. The group will then co-design a new RTS pathway focussing on:</p> <ul style="list-style-type: none"> - How we share information in a timely manner - How we implement an early alert system - How we can be 	<p>The RTS service will increase joint working across all partners in SYB and ensure support is provided to those affected in a timely manner to reduce the impact of the event.</p> <p>Measures will include numbers of people picked up</p>	<p>Scoping phase: January – March 2019</p> <p>Implementation phase: March 2019 onwards</p> <p>Evaluation: March 2020</p>	£35,000

<i>Outline Deliverable</i>	<i>Identify Who Will Deliver It</i>	<i>Explain How It Will Be Delivered</i>	<i>Describe Your Desired Outcomes from the Deliverable and How you will measure these</i>	<i>Provide an Indicative Timescale for Delivery</i>	<i>Provide an Indicative Costing</i>
		<p>responsive to a potential suicide or contagion</p> <ul style="list-style-type: none"> - How we identify those affected and bereaved by suicide to receive support in a timely manner - How we can learn any lessons to prevent further loss of life <p>The group will then formulate a business case and procure an SYB wide service. The group is also keen to learn from other areas and is trying to arrange a visit to Lancashire and South Cumbria to learn from the implementation of their system.</p>	via the RTS system, timelines in which support was initiated, outcomes of the support.		
Bereavement support	Project lead, service designer and researcher	Innovation Unit to deliver a co-produced bereavement support pathway across SYB based on the Discover, Define, Develop and Deliver methodology. The project will also	The work will focus on designing new ways to provide comfort and solace to the bereaved, and to help	Scoping phase: January – March 2019 Implementation phase: March 2019	£25,000

<i>Outline Deliverable</i>	<i>Identify Who Will Deliver It</i>	<i>Explain How It Will Be Delivered</i>	<i>Describe Your Desired Outcomes from the Deliverable and How you will measure these</i>	<i>Provide an Indicative Timescale for Delivery</i>	<i>Provide an Indicative Costing</i>
		<p>incorporating a research and evaluation element alongside input from experts by experience.</p> <p>The first phase of the project will focus on:</p> <p>Understand current provision from multiple perspectives (including academics, professionals and people with lived experience)</p> <p>Horizon scanning for the best models from the UK and beyond</p> <p>Developing an idea for a new solution, and creating a handbook, service blueprint of visual representation of core features and functions</p>	<p>them make sense of their experience and heal through the grieving process.</p> <p>Measures will be qualitative in nature and will focus on interviews with experts by experience.</p> <p>Quantitative measures could include reviewing the number of people bereaved by suicide who go on to take their own lives against a baseline from the most recently</p>	<p>onwards</p> <p>Evaluation: March 2020</p>	

Outline Deliverable	Identify Who Will Deliver It	Explain How It Will Be Delivered	Describe Your Desired Outcomes from the Deliverable and How you will measure these	Provide an Indicative Timescale for Delivery	Provide an Indicative Costing
			available data.		
Media	Project lead, service designer and researcher	<p>We propose a set of five activities that together would generate insights, draft materials and an action plan for an SYB-wide public health campaign, a campaign that would aim to:</p> <ol style="list-style-type: none"> 1. Tackle stigma – to strengthen the general public's ability to engage with, and talk about, suicide. 2. Raise awareness of where people in distress can get help - i.e. the range of existing local and regional services. 3. Empower the general public - with simple tools to help others in distress - learning from Small Talk Saves Lives. 4. Build the confidence of civic institutions (eg employers, schools, universities) - to 	<p>A high level of commitment from SYB partners – including media partners to collaborate and deliver suicide prevention campaigns and improving reporting of suicide.</p> <p>Renewed focus on working towards the SYB vision of a 10% reduction in suicide.</p> <p>Enhanced ability to deliver the SYB strategy (for example more men knowing where to get help, and choosing to access it,</p>	<p>Scoping phase: November – December 2018</p> <p>Implementation phase: January-March 2019</p>	£19,000

Outline Deliverable	Identify Who Will Deliver It	Explain How It Will Be Delivered	Describe Your Desired Outcomes from the Deliverable and How you will measure these	Provide an Indicative Timescale for Delivery	Provide an Indicative Costing
		<p>engage in preventative work with their populations - learning from Time to Change.</p> <p>5. Mobilise the energy of media partners - focusing on developing their role in changing public attitudes and awareness raising – through good reporting and wider coverage of suicide.</p> <p>Measures will be qualitative in nature and will focus on regular review of local reporting and interviews with high risks groups i.e. men to understand level of knowledge around support available.</p>	as a direct result of the campaign).		
Retrospective coroners' audit	Lead researcher and assistant researchers	<p>Sheffield University will be commissioned to deliver this work and the lead contact is Dr Phil Oliver. The audit will be completed between January – March 2019</p> <p>A standardised data</p>	To have an enhanced understanding of the myriad factors that lead a person to take their own life and to implement	<p>Scoping phase: November – December 2018</p> <p>Implementation phase: January-March 2019</p> <p>Final report delivered</p>	£30,000

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		<p>collation template will be developed in collaboration with the ICS Suicide Prevention Group.</p> <p>As well as the general demographic information, the research would be particularly looking into the circumstances surrounding the death that enables the ICS Steering Group to build up a richer narrative about the wider personal, economic and societal factors that contributed to the suicide that could be used to inform the development of future local and ICS level suicide prevention work. In addition to looking at whether the person had any existing mental health issues/conditions and the contact they had with formal services prior to taking their life, the audit will also examine the extent to</p>	<p>the learning from this through local authority suicide prevention alliances.</p> <p>Measures will be qualitative in nature and will focus on peer review and sharing processes.</p>	April 2019	



<i>Outline Deliverable</i>	<i>Identify Who Will Deliver It</i>	<i>Explain How It Will Be Delivered</i>	<i>Describe Your Desired Outcomes from the Deliverable and How you will measure these</i>	<i>Provide an Indicative Timescale for Delivery</i>	<i>Provide an Indicative Costing</i>
		<p>which the following circumstances contributed to the circumstances surrounding the suicide;</p> <ul style="list-style-type: none">• Financial difficulties and the impact of austerity/wider economic factors• LGBTQ• Problem gambling• Where the death was a female, then some exploration of the 'protective factors' surrounding the person. This reflects some anecdotal local perception that we are seeing women taking their life who have 'protective' factors (e.g. children) and we need to understand this better as this feels out of kilter with the			



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		<p>existing evidence base</p> <ul style="list-style-type: none">• Substance misuse• Relationship with the armed forces, either as a veteran or as part of a serving family• Identification of any opportunistic contact points there might have been in the run up to the suicide where suicide prevention interventions might have been possible, especially in those cases where the person was not known to mental health services<ul style="list-style-type: none">○ A particular look at the contact the person had with primary care and			



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		whether there are any opportunities to develop primary care systems to 'flag' people who may be experiencing an accumulation of risk factors for suicide which in isolation may not be picked up.			



3.2 Stakeholder Engagement & Communications

Key Stakeholders for this project include:

- Those at risk of suicide and/or self-harm, their family, friends and colleagues
- Those bereaved by suicide
- Primary Care
- Frontline workers including non-health settings
- Local sports establishments /clubs
- Establishments with a strong male focus e.g. pubs, manual workplaces etc.
- Police and Ambulance Trusts
- Employers from across the area
- Community stakeholders
- Voluntary and community sector partners i.e. SOBS, Mind, Rethink Samaritans etc.

Local Authorities:

- Barnsley MBC
- Nottinghamshire County Council (Bassetlaw)
- Doncaster MBC
- Rotherham MBC
- Sheffield City Council

Mental Health Providers:

- South West Yorkshire Partnerships NHS Foundation Trusts (Barnsley)
- Nottinghamshire Healthcare NHS Foundation Trust (Bassetlaw)
- Rotherham, Doncaster and South Humber NHS Foundation Trust (Rotherham and Doncaster)
- Sheffield Health and Social Care NHS Foundation Trust (Sheffield)

Acute Trusts:

- Barnsley Hospital NHS Foundation Trust
- Doncaster and Bassetlaw NHS Foundation Trust
- The Rotherham Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust

Clinical Commissioning Groups:

- NHS Barnsley CCG

- NHS Bassetlaw CCG
- NHS Doncaster CCG
- NHS Rotherham CCG
- NHS Sheffield CCG

The SYB ICS Communications Team will support the Suicide Prevention Project to communicate effectively with all stakeholders involved in the project.

3.3 Cost and Resource

Item	Resource	Cost
Real Time Surveillance	Project lead, service designer, researcher, costs of online system	£35,000
Bereavement Support	Project lead, service designer and researcher	£25,000
Media	Project lead, service designer and researcher	£19,000
Coroners Audit	Lead researcher and assistant researchers	£30,000
Total		TOTAL = £109,000

3.4 Equality

The planned programme of suicide prevention project work is non-discriminatory to any protected characteristics or other groups and all aspects of the project will reduce inequalities or promote equality in line with duties under the Equality Act 2012.

3.5 Governance

The SYB ICS Suicide Prevention Steering Group will report to the following bodies:

- SYB ICS Mental Health and Learning Disabilities Executive Steering Board
- SYB ICS Collaborative Partnership Board
- NHS England North Region Suicide Prevention Collaborative
- NHS England National Suicide Prevention Programme supported by NCISH

3.6 Reporting

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

3.7 Risks and Mitigations

The project has the following risks:

- Preventing suicide is complex. There are external factors that will impact on people that 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.
- Uncertainty about the level of funding for year 2.

Mitigations to the risks highlighted above include:

- Working with all stakeholders to mitigate against suicide risk.
- Working with stakeholders to ensure delivery within timescales.
- 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.
- Strong governance arrangements to escalate issues as and when they might arise.
- Some activity will be developed further in Year 2.



3.8 Sustainability

SYB ICS is committed at a system level to preventing suicide. Projects have been developed to focus on making suicide prevention a mainstream consideration for all stakeholders. The intention is to establish culture change, build awareness of the impact of suicide and equip staff and individuals with skills and competencies to prevent suicide and reach clusters of high risk groups. The pump priming monies received for these projects will ensure suicide awareness is embedded across the ICS and will become a mainstream consideration to support sustainable services going forwards.