

# **Dorset Suicide Prevention Strategy & Implementation Plan**

## **Introduction**

Dorset has had a suicide prevention (SP) strategy for four years since the national suicide prevention strategy came in to being. The strategy was developed in partnership with a range of VCSE and statutory organisations. The Samaritans, Dorset Mind, Dorset MH Forum, Rethink Mental Illness, people who have personal experience of the impact of suicide or attempted suicides came together with Public Health Dorset, BCP Council, Dorset Council, Dorset Police, South West Ambulance Service, Dorset Health Care, Dorset Clinical Commissioning Group.

The National Suicide Prevention Strategy and Crisis Care Concordat were the initial drivers for the development of the Dorset Strategy. Subsequently the NHS Five Year Forward and then in 2019 the NHS Long-Term Plan has included suicide reduction targets (10%) which is a consideration in the Dorset strategy but not the main driving force. The main ambition is to work to prevent all deaths by suicide where possible. This ambition is outlined in the vision statement below.

The Suicide Prevention Strategy has been reviewed each year and develop and this year there is a deliverable plan with finances linked to it that will enable the delivery of the strategy.

During 2020 partners have been able to review the strategy and develop the implementation plan. There have been two fundamental changes that have driven forward the developments.

1. Funding became available on a recurrent basis which has enabled the six workstreams in the strategy to be taken forward.
2. Real time surveillance data informing about deaths due to suicide and attempted suicides. This data will enable the strategy to be targeted to need or emerging themes such as location or method.

The two factors above in tandem with the continued partnership commitment has given direction and renewed energy to work toward no death by suicide in Dorset.

## **Suicide Prevention in Dorset The Vision**

It is the shared vision of all partners signed up to the suicide prevention strategy that “no one living in Dorset will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide”.

The overriding ambition of the strategy is to prevent death by suicide. The intention is to achieve zero-suicides - Suicide is preventable.

This will be achieved by compassionately and consistently providing information, advice and support based on the identified needs, trends and themes emerging from the Real Time Surveillance Data; and from then on work, to ensure that people in Dorset have the right support to enable them to make different choices.

## How the vision be realised

There are six workstreams in the strategy all with separate functions but with overlapping aims and all responsive to the information being provided through the real time surveillance. The six workstreams are:

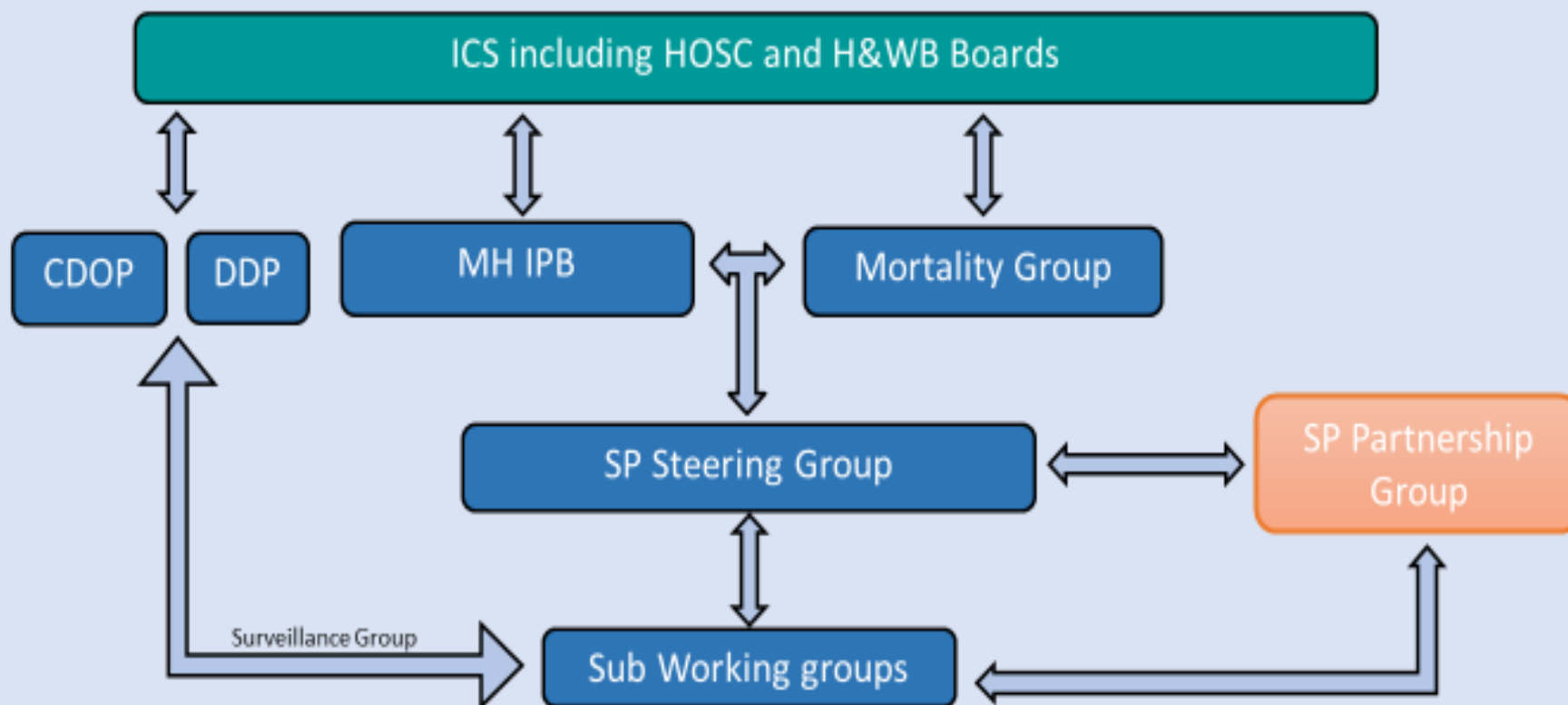
- i. Develop and use real time surveillance (RTS) data about deaths by suicide and attempted suicides to inform the strategy and local responses. The RTS information will help shape strategy, influence practice and create the responsive iterative plan that is flexible enough to respond to changing trends and local need.
  - a. The Suicide Interruption Group development will seek to address the needs of people who frequently attempt suicide. The aim of this group is to prevent people moving from the attempt data to the completed suicide list.
- ii. Support the development of a group of people who have lived experience related to the impact of suicide or attempted suicide. The group will have support to develop their skills in relation to using their lived experience to help others. The group will advise, recommend and support any developments linked to the prevention strategy.
- iii. Develop the Voluntary Community Social Enterprise partnership group to extend the delivery reach of the strategy and build resilience in local communities.
- iv. Development of a bereavement offer for people who have experienced the loss of someone through suicide (also included complicated loss linked to Covid)
- v. Develop a rolling programme of suicide prevention training aimed wherever needed as information comes in through the RTS
- vi. Develop local media campaign aimed at suicide prevention in Dorset in both rural and conurbation areas.

Each workstream has or will have a “product description” that describes what is expected in terms of preparation and delivery with timescales and outcomes clearly articulated.

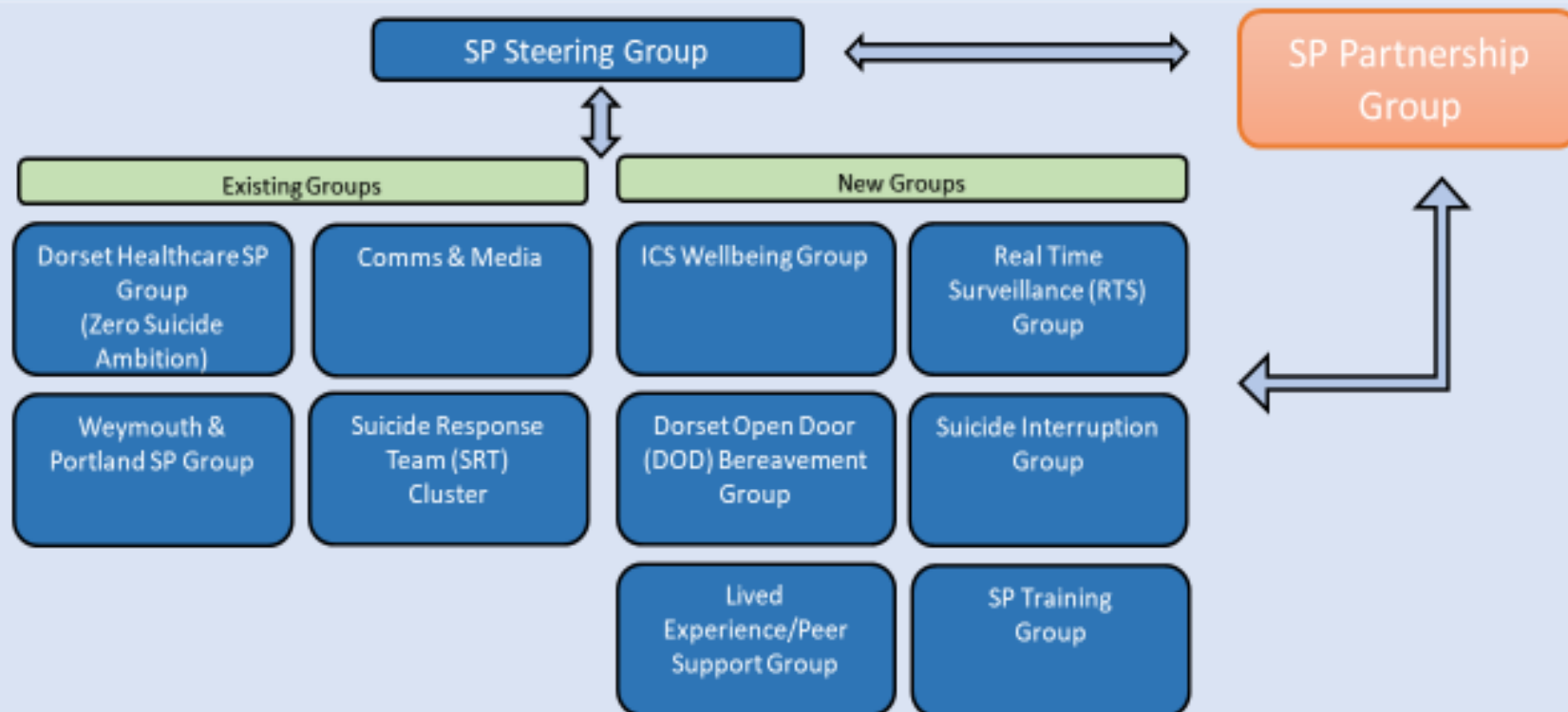
Each product description will be codesigned with the identified leads and the steering group to ensure consistency with the vision expressed above.

The Governance for the work is described in the next section.

# Suicide Prevention (SP) - Strategy Governance



# Suicide Prevention (SP) – Sub Working Groups



## Suicide Prevention Strategy Implementation Plan

Workstream	Purpose	Lead organisation	By when
Development of real time surveillance (RTS)	<p>The real time surveillance (RTS) will enable up to date information about deaths by suicide and attempted suicides in Dorset. This information will enable immediate responses to emerging trends and themes and can help shape and reshape the ongoing implementation of the strategy.</p> <p>The development of a Suicide interruption Group will work to reduce the number of attempted suicides will develop mini work plan to achieve improved communications and responsiveness to client need.</p>	<p>PH Dorset</p> <p>Dorset CCG</p>	<p>May 2020</p> <p>September 2020</p>
Develop lived experience champions	The strategy places great importance on people who have lived experience of the impact of suicide. Throughout the partnership development lived experience has been a central feature and the aim is to develop a number of champions that work in to all the workstreams to keep this central to the work.	Dorset MH Forum	April 2021
Bereavement and media specialist	Two posts to be developed to work within the context of the Open-Door Service which is the Bereavement Support Partnership developed in response to deaths by suicide and death due to Covid. One post supporting the media and communications and the other post is a bereavement support co-ordinator to help people access the right part of the service to meet their needs. The Open-Door offer is a partnership offer including, Dorset Mind, Cruse, Race Equalities Council and Rethink Mental Illness. The service is for people experiencing complicated grief and will complement the work in Steps to Wellbeing.	Dorset MH Forum and Wellbeing and Recovery Partnership	September 2020
Community and Partnership group to be developed	The strategy has taken a partnership approach from the beginning. The aim is to have a strong working partnership, able to respond to needs and trends as they emerge from the RTS. The hoped is that the Voluntary Community Social Enterprise (VCSE) organisations will be able to mobilise and support people at risk of suicide or of attempting suicide. It is also hoped that the partners will take the lead in developing the partnership response. A mental health alliance might be the vehicle for achieving the ambition in the vision.	Dorset Mind	Ongoing from April 2021
Suicide Prevention Training	<p>This will be work with partners and will include:</p> <ul style="list-style-type: none"> <li>• SP First Aid,</li> <li>• Safe talk and Assist and</li> <li>• Specific High-Risk training</li> </ul> <p>The training initially will be offered in primary care and to first responders</p>	PH Dorset	Ongoing from April 2021
Local Media Campaigns	These will be developed in response to local need as it emerges but may also develop a suicide prevention campaign that is more generic for the Dorset context similar to the Manchester approach.	Kirsty Hillier	April 2021

### **The real time surveillance**

In terms of the delivery of the Suicide Prevention Strategy this work is the game changer that will enable the partnership group, the lived experience champions, the training and the comms and media groups to shape and develop a responsive iterative approach that will save lives.

Dorset has real time information about people who end their lives by suicide and real time information about people who make attempts at suicide.

Information coming to the data group shows themes, trends, locations and over time will build a comprehensive understanding of completed suicides and will provide an understanding specific to Dorset of people who frequently attempt suicide.

This real time information will enable the strategy and key workstreams to develop based on the understanding local need.

## **The Suicide interruption Group**

This is a group of people working with people in Dorset. They work in various settings such as mental health commissioning or mental health services or in safeguarding or the police or drug and alcohol services. The group meets every two weeks and has terms of reference and has governance and privacy impact assessment in place to make sure that all information is held in compliance with information Governance rules.

The information comes to the group via the RTS group that meets re suicide attempts. The criteria for coming to the Suicide interruption Group is that they have come to the attention of Dorset Police or SWASFT more than two times in a month. Most of the people so far have come to the attention of the police much more frequently than x2 in a month.

The group looks at the incidents, looks at what support is in place or not. Asks the question about is everything possible being done to mitigate risk and containing through support that individual whilst they are at a crisis point. The group has members that are able to influence practice and work to ensure that services are responding to presenting need in the way the person needs.

The group is in the formative stages but already has identified some key areas that will form the basis of a work plan.

The areas are

- Multi Agency Risk Management Meetings process and communication
- My Wellbeing and risk plans for every person who comes to the SIG
- Risk share protocol to enable different decisions to be made based on need and my wellbeing plans not just risk where possible
- The role of alcohol in attempted suicides

As the group settles into the role the above issues will be described in detail and have an agreed plan for development and implementation. The processes are described in the following 2 diagrams.



### **The Lived Experience Champions Group**

Dorset's Suicide Prevention Strategy has as a golden thread, the ambition for every workstream to have lived experience at the centre.

The lived experience champions group will be developed, and each person supported to deliberately share their experience to help inform the development and delivery of all the work streams in the Suicide Prevention Strategy.

The lived experience champions will work across and influence all the workstreams so that everything in the strategy has people at the heart of it.

The champions will have an agreed remit and influence all the other workstreams along with the VCSE partnership group.

## **The Suicide Prevention Partnership Group**

The Suicide Prevention Partnership Group is made up of all the partners involved in suicide prevention across Dorset. The structure of the suicide prevention work included a Steering Group and the Partnership Group. The two are interdependent and information goes back and forth between the groups so that there is always a cross check between the two groups.

The partnership group is represented on the Prevention Steering Group so that there is proper join up with all the workstreams the Dorset Strategy is taking forward.

The Partnership is made up of Voluntary, Community, Social Enterprise organisations and other interested parties include business people and others. The role of the group is to take forward the strategy and work in the wider community to share the messages that suicide is preventable and to get people across Dorset aware of and equipped to talk to people about suicide and suicide prevention.

The VCSE organisations and partners have a huge reach into local communities in Dorset and the partnership group is able to deliver their own organisations ambitions as well as work within the context of the Dorset wide Suicide Prevention Strategy.

## **Media and Communications Group**

The media and communications group is responsible for developing all the communications and messaging across Dorset in relation to national, regional and local information connected to suicide and suicide prevention.

The initial media and communications (comms) work has been agreed by the steering and partnership groups and this will proceed until there is clear local intelligence data to inform the next range of comms and media.

The real time surveillance intelligence data will help to shape the next tranche of work, for example, if it is clear from the data that a group of people are more likely to be at risk of death by suicide then the comms and media approach will be to provide information and target comms towards these groups and to the people who provide support.

The comms and media group will also be influenced by the partnership group and the lived experience champions because they will identify areas where comms and media support is crucial in delivering information to as wide an audience as possible.

The group, as with the other workstream groups will report and be accountable to the Suicide Prevention Steering Group to ensure that the work is delivered and supported as needed by the Steering Group.

## **The Training Group**

The training group is responsible for suicide prevention themed training. Not all of this will be named suicide prevention training, but all the training agreed by the Steering Group will have a prevention golden thread.

There are several training plans in place agreed by the steering group and initially there are three areas all targeted at front line staff, first responders and primary care and these are:

This will be work with partners and will include:

- SP First Aid,
- Safe talk and Assist and
- Specific High-Risk training

As the real time surveillance starts to be relied upon and the partnership and lived experience groups start to develop their work additional training areas will emerge. For example, men are at higher risk nationally (and appears to be the same across Dorset) would the Steering Group partners want to develop a training offer to barbers or sports clubs, or other places men frequent including work places.