

**Date:** 23/07/21

**Responsible Officers:** Natalie Stewart, Mo Phillips

### 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?

*Table 1: Category & Criteria*

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. <b>An anticipated date by which the recommendation is expected to become achieved must be advised.</b>
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. However, the outcome has not yet materialised, or “work on the ground” has yet to be seen. 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.

## Progress with Actions

### Priority 1.1: Reduce the risk of suicide in key high-risk groups

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.

**Responsible:** CRUSE, Common Unity, Forward for Life, Aston Villa Foundation

**Timescale:** Ongoing

**Assessment:** 4

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

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).

### Priority 1.2: Reduce the risk of suicide in key high-risk groups

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. 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?

**Responsible:** Forward Thinking Birmingham (FTB)

**Timescale:** Progressing

**Assessment:** 2

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

PH and FTB that this involves more partners than FTB alone so we will need to liaise with colleagues in local services to give a full update on this. Recorded as 'progressing'.

**Priority 1.3: Reduce the risk of suicide in key high-risk groups**

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.

**Responsible:** CGL

**Timescale:** Ongoing

**Assessment:** 2

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

An email update was sought on 11/06/21.

**Priority 1.4: Reduce the risk of suicide in key high-risk groups**

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.

**Responsible:** CCG, Suicide Prevention Coordinator

**Timescale:** Ongoing

**Assessment:** 4

## **Birmingham Suicide Prevention Advisory Group Action Plan 2020 – 2022**

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

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 around training and BSol Training Hub has been identified as appropriate for Primary Care Staff.

### **Priority 1.5: Reduce the risk of suicide in key high-risk groups**

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. Through the partnership with Warsaw, develop a shared learning approach to suicide prevention with Polish and Eastern European communities.

**Responsible:** Public Health

**Timescale:** Ongoing

**Assessment:** 4

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

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 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.

### **Priority 1.6: Reduce the risk of suicide in key high-risk groups**

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.

**Responsible:** Public Health, Cruse, Samaritans

**Timescale:** Ongoing

**Assessment:** 4

## **Birmingham Suicide Prevention Advisory Group Action Plan 2020 – 2022**

### **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 2.1: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** Public Health, Cruse, Samaritans

**Timescale:** Ongoing

**Assessment:** 5

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

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.

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.

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.

### **Priority 2.2: Tailor approaches to improve mental health in specific groups**

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.

## **Birmingham Suicide Prevention Advisory Group Action Plan 2020 – 2022**

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.

**Responsible:** Forward Thinking Birmingham, PAPYRUS, Children's Trust, BEP

**Timescale:** Ongoing

**Assessment:** 5

**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. National trial on bullying is ongoing in 30 schools. PAPYRUS are engaging with schools, colleges, and universities with their [Schools Guide](#) resource.

**Priority 2.3: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** Birmingham & Solihull Women's Aid, RSVP

**Timescale:** Ongoing

**Assessment:** 2

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

An email update was sought on 11/06/21.

**Priority 2.4: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** Public Health, Armed Forces Covenant Steering Group

**Timescale:** Ongoing

**Assessment:** 2

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

An email update was sought on 11/06/21.

**Priority 2.5: Tailor approaches to improve mental health in specific groups**

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

**Responsible:** CCG

**Timescale:** Ongoing

**Assessment:** 5

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

Public Health and CCG to meet to discuss.

**Priority 2.6: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** Public Health

**Timescale:** Ongoing

**Assessment:** 2

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

Link in with the GP Trainee starting in August to run a series of Webinars around Depression based on the BHealthy model – engage with community leaders and connectors. Promotion of the Helpline.

**Priority 2.7: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** Review in Year 2

**Timescale:** Ongoing

**Assessment:** 2

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

Better mental Health Fund: Anawim proposal will complete this work along with the Wise Steps training from The Waiting Room.

**Priority 2.8: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** Public Health, Birmingham LGBT Centre

**Timescale:** Ongoing

**Assessment:** 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.

**Priority 2.9: Tailor approaches to improve mental health in specific groups**

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.

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.



## **Birmingham Suicide Prevention Advisory Group Action Plan 2020 – 2022**

Work with faith leaders and communities to support positive and constructive approaches to suicide prevention and improving mental wellbeing.

**Responsible:** The Delicate Mind

**Timescale:** Ongoing

**Assessment:** 4

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

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. We are continually signposting our communities to wider support available and are trialling options regarding long term mental health support we offer in house.

**Priority 2.10: Tailor approaches to improve mental health in specific groups**

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.

**Responsible:** BCC Commissioning

**Timescale:** Ongoing

**Assessment:** 2

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

An email update was sought on 11/06/21.

**Priority 3.1: Reduce access to the means of suicide**

Planning and Building Design (High Risk Environments): amend the Birmingham Developers 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.

**Responsible:** Public Health, Network Rail

**Timescale:** Ongoing

**Assessment:** 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 3.2: Reduce access to the means of suicide**

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

**Responsible:** Common Unity, Forward For Life

**Timescale:** Ongoing

**Assessment:** 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.

**Priority 3.3: Reduce access to the means of suicide**

Identification and reduction in High Frequency Locations: establish an epidemiological and evidence-based process to identify suicide environmental high frequency locations and a risk reduction protocol.

**Responsible:** Network Rail, Samaritans

**Timescale:** Ongoing

**Assessment:** 4

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

This action relies heavily on the establishment of a Real Time Surveillance (RTS) System and discussions with the Police and Coroner are ongoing. The Samaritans assured us that this work is always ongoing and being monitored and intervention data is also collected.

**Priority 3.4: Reduce access to the means of suicide**

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.

**Responsible:** CCG

**Timescale:** Ongoing

**Assessment:** 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 3.5: Reduce access to the means of suicide**

Control of gasses and liquids: support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.

**Responsible:** Trading Standards

**Timescale:** Ongoing

**Assessment:** 2

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

Due to the ongoing pandemic, evidence of progress was deferred but an email update was sought on 14/06/21.

**Priority 4.1: Provide better information and support to those bereaved or affected by suicide**

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.

**Responsible:** Common Unity, Samaritans

**Timescale:** Ongoing

**Assessment:** 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 4.2: Provide better information and support to those bereaved or affected by suicide**

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.

**Responsible:** Common Unity, Cruse

**Timescale:** Ongoing

**Assessment:** 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.

**Priority 5.1: Support the media in delivering sensitive approaches to suicide and suicidal behaviour**

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>).

**Responsible:** Samaritans, BEP, BCC Comms Team

**Timescale:** Ongoing

**Assessment:** 5

## **Birmingham Suicide Prevention Advisory Group Action Plan 2020 – 2022**

### **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 6.1: Support research, data collection and monitoring**

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.

**Responsible:** PHE, Wave 3 Project Group

**Timescale:** Ongoing

**Assessment:** 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<sup>th</sup> 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.