

## North Tyneside Suicide Prevention – Annual Action Plan: 2023–2025

The following Action Plan has been updated based on local intelligence and the findings and recommendations of the recently published (Sept 23) National Suicide Prevention Strategy for England 2023–2028. Developed to identify and bring together action to tackle suicide rates in groups of concern and to address suicide risk factors, the aims of the national strategy are to:

1. Reduce the suicide rate within 5 years (with initial reductions in 2.5 years)
2. Continue to improve support for people who self-harm.
3. Continue improve support for people who have been bereaved by suicide.

Suicide marks the ultimate loss of hope, meaning and purpose to life and it has a wide-ranging impact on families, communities and society. The factors that cause a person to take their own life are very often complex and include socioeconomic factors, experiences, certain risk factors and physical and mental ill health. Two thirds of people who take their own life are not in contact with mental health services but may be in contact with other local services.

Suicide is a major inequality issue. Suicide prevention is not the sole responsibility of any one sector of society, or of the health services alone. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide must address this complexity.

The areas for local action follow the national strategy priorities:

1. Improving data and evidence
2. Tailored, targeted support for priority groups
3. Addressing common population level risk factors
4. Promoting online safety and responsible media content
5. Providing effective crisis support
6. Reducing access to means and methods of suicide
7. Providing effective bereavement support (“postvention”)
8. Making suicide prevention everybody’s business

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We are committed to reducing the risk factors and increasing the protective factors for suicide across the life course. Effective suicide prevention requires a partnership approach with health, social care, voluntary sector, education, communities, business, and wider partners working in a coordinated way to reduce risk and to support those affected. North Tyneside suicide prevention task group will oversee the delivery and monitoring of the local action plan. Updates on progress will go to the Health and Wellbeing Board, Safeguarding Boards, Children and Young People’s Partnership Board and Caring Sub-Committee (Scrutiny Committee.)

Recommended priorities for short term action over the next year within our longer term co-ordinated whole system approach are set out in the table below. Each action has a named lead; however, it is expected that all members of the steering group will support actions where required.

### Suicide prevention supporting actions log.

The purpose of this log is to identify the most appropriate place for the broad range of suicide prevention activities to sit without having an unwieldy suicide prevention plan, engaging the right range of partners, embedding public mental health, and avoiding duplication. It aims to provide a log of activity so that overall suicide prevention progress can be monitored through the inputs of a range of partners.

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1. <b>Improving data and evidence</b> - to ensure that effective, evidence informed, and timely interventions continue to be developed and adapted. Improve system learning from available data to be able to adapt/escalate local approaches where possible, taking account of intersectionality of factors that contribute to suicide.			
	Objective	North Tyneside Local Actions	Lead
1a	Regularly monitor local data and trends to identify changing trends, clusters, or areas where action could be taken to prevent suicides in a timely manner.	<p>Analyse local data, comparing with national and regional routine data where available share with relevant stakeholders to facilitate wider system understanding.</p> <p>Monthly monitoring and analysis of near real time suicide surveillance data. This work is enabled with the new, interactive NRTSS PowerBI dashboard which updates daily alongside a monthly report. Public Health have a login to this dashboard which gives specific area-based information and alerts.</p>	Public Health linking with the Suicide Prevention Co-ordinator & Regional data analyst.
1b	Ensure our local approach to suicide prevention includes lived experience e.g. families, carers, friends directly affected by suicide.	Explore options so that the voices of people with lived experience are embedded in suicide prevention approaches in North Tyneside	Mental Health Alliance and Launchpad and Healthwatch SOBS, If You Care Share

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1c	<p>Develop a North Tyneside suicide cluster response plan to:</p> <ul style="list-style-type: none"> <li>• provide support to the bereaved, and</li> <li>• reduce the risk of further suicides.</li> </ul> <p>It is a stepped approach which will vary from one incident to another.</p>	<p>The suicide cluster response components will include:</p> <p><b>surveillance</b> – to identify and monitor occurrence of suicidal acts.</p> <p><b>information sharing</b> – between relevant agencies to ensure consistency of response.</p> <p><b>media issues</b> – to ensure responsible reporting.</p> <p><b>bereavement support</b> – to help those bereaved and affected by suicide.</p> <p><b>prevention</b> – to reduce risk of further suicides.</p> <p><b>monitoring and review</b> – to assess the impact of the response, what has been learned and to inform future plans.</p>	<p>Small Task and Finish group from the Suicide Prevention Steering Group</p>
1d	<p>Support regional work and specifically the near real time suicide surveillance (NRTSS) to compare regional routine data, explore partnership working and share good practice and intelligence with neighbouring authorities.</p>	<p>Attend monthly regional NRTSS meetings and NENC Suicide Prevention Strategy Programme meetings.</p>	<p>Public Health &amp; NENC ICB.</p>

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1e	Understand needs of our local population; particularly identified ‘at risk’ groups from local data, service and partnership intelligence.	<p>Learning used to shape suicide prevention activity and approaches.</p> <p>Opportunities include intelligence from:</p> <ul style="list-style-type: none"> <li>- Relevant JSNAs – e.g., Gambling; Drugs and Alcohol,</li> <li>- Schools’ health and wellbeing survey (SHEU survey)</li> <li>- Right Care, Right Person approach</li> <li>- Talking Therapies IAPT</li> <li>- Crisis Teams</li> <li>- Street triage</li> <li>- Community Treatment Team</li> <li>- Primary Care Mental Health Wellbeing Service</li> <li>- North Tyneside Recovery Partnership</li> <li>- CAMHS</li> <li>- Participation and Engagement work</li> <li>- VCSE Mental Health Alliance</li> <li>- Poverty Network</li> <li>- Safeguarding Boards</li> <li>- Employability Partnership – DWP</li> <li>- Domestic Abuse Partnership</li> <li>- Domestic Homicide Review Learning</li> </ul>	Suicide Prevention Steering Group Members
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If	Support the clinical audit work with NECs and NENC ICB and share learning.	Developing the clinical audit of deaths notified through the nRTSS and the subsequent thematic analyses of collated multiagency data. The intention is to create a mechanism for cross-organisational learning to drive preventative activity through supporting ICB and Place strategies which will include establishing high risk groups, trends and taking any learning into action. The data will be used for the primary purpose of learning lessons and identifying improvement actions at an individual level and population level.	NENC ICB
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2. **Tailored, targeted support for priority groups** - including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone. Some population groups face an increased risk of suicide, and our priority is to reduce risk in these groups. We will ensure there is bespoke action and interventions that are effective and accessible for everyone.

	Objective	North Tyneside Local Actions	Lead
2a	Increase overall suicide prevention awareness and build community resilience, recognising that suicide prevention is most effective when it is combined with wider work addressing population health, the social determinants of health, and their link with health and wellbeing.	<p>Ensure key messages, campaigns, and communication about suicide prevention reach the community and key at-risk groups throughout the year e.g., use the borough’s social media channels and other communication channels to promote World Suicide Prevention Day and other relevant campaign days.</p> <p>Use Council Community Hubs and VCSE partners including the North Tyneside VCSE mental health alliance to promote services and support that reduce isolation, loneliness and increase community connectivity. Peer Led support – Discover ME/ Recovery College model</p> <p>Support employers to improve the support they provide for the mental wellbeing of employees – through the Better Health at Work award.</p>	Public Health and Mental Health Alliance with all partners

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2b	<p>Deliver workforce suicide awareness and prevention training, so that frontline staff have more confidence and skills to talk about suicide in line with their job role and understand what local support and organisations are available in North Tyneside</p>	<p>Establish baseline of the number of individuals /organisations trained and required investment for a co-ordinated programme of suicide prevention training.</p> <p>Survey Primary Care Networks to establish suicide prevention needs of GPs and staff in in primary care setting (training, resources, best practice guidance).</p> <p>Develop a workforce programme of tailored suicide awareness and prevention training. To include primary care, and people working with priority groups outlined in the national strategy and 'at risk' groups identified locally based on intelligence and past audits.</p>	<p>Public Health will fund and organise roll out of training programme.</p>
2c	<p>Deliver Community Mental Health Transformation locally for improved access to effective mental health services to improve patient outcomes and experiences.</p>	<p>Increase accessibility of community mental health services for adults and older adults in line with the national requirements of the community transformation programme</p> <p>Safe Haven opening</p>	<p>Community Mental Health transformation Steering Group</p>



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3. Addressing common population level risk factors – to provide early intervention and tailored support Work done 'upstream' to promote good mental health, emotional resilience and wellbeing can play a role (by reducing the flow of people into 'at risk' groups) in our plans for suicide prevention. This includes giving people the tools and confidence to talk openly about their mental health.			
Objective		North Tyneside Local Actions	Lead
3a	Improving mental health and wellbeing across the life course at a population level (with targeted support for priority groups), focusing on the protective factors for positive mental health and reducing the risk factors for poor mental health	Delivery of the CYP Mental Health and Emotional Wellbeing Strategy	CYP MH Strategic Group and Barnardo's Alliance  Working Age Adults Group  Ageing Well / Living Well Partnership
3b	Protecting and supporting those with multiple and complex needs, specifically around substance misuse.	Map and review pathways of support for people with co-occurring mental health and substance misuse conditions for all ages  Suicide awareness training and safety planning for drug and alcohol service	Drugs Alliance

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3c	Protecting and supporting economically vulnerable residents	Ensure the strategic work being done to minimise health and socio-economic inequalities in North Tyneside through the Poverty Partnership and Network empowers partners to promote comms, provide brief advice and strengthen signposting to appropriate services.	Local Poverty Partnership  Employability Partnership.
3d	Self-Harm: Many people who die by suicide have a history of self-harm, and we know that self-harm is a significant concern in its own right. This action plan will consider self-harm in relation to suicide risk.	Understanding more about the local picture through a public Health Assessment into alcohol-specific hospital admissions and self-harm related hospital admissions in young people in North Tyneside.  Link in with the regional 'near miss' suicide group for shared learning	Public Health  CAMHS / ICB
3e	Promoting physical activity and mental health benefits	Continue to provide insight to Active North Tyneside on suicide prevention and mental wellbeing, and empower partners to promote comms, provide brief advice and strengthen signposting to appropriate services.  Monitor any activity and themes coming from Active North Tyneside's Mental Health First Aid Network	Public Health and Active North Tyneside.

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<p>4. <b>Promoting online safety and responsible media content</b> – to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm. There has been some emerging evidence of the link between the online environment and suicide across different age groups.</p>			
Objective		North Tyneside Local Actions	Lead
4a	Ensure sensitive coverage of suicides in the local media, recognising that there is a link between media reporting of suicide and imitative behaviours.	<p>Ensure local media are aware of, and encourage them to follow, the Samaritans' guidance on responsible media reporting.</p> <p>Risk Factors – what are they – how to promote it/ raise awareness with the general population – Debt/ social housing/ relationship breakdown.</p>	LA Comms working as appropriately with ICB et al communication teams
4b	Ensure responsible reporting during any potential clusters.	Included in Cluster Response Plan (point 1.C)	Cluster response T&F group

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5. Providing effective crisis support - across sectors for those who reach crisis point.			
Objective		North Tyneside Local Actions	Lead
5a	Ensure that anyone experiencing suicidal crisis can access timely and effective support in the most appropriate environment for them.	<p>Improve accessibility and signposting to timely and effective support and information for anyone experiencing suicidal crisis.</p> <p>Development of the “Safe Haven” – Crisis Café /</p> <p>Together in a Crisis – Every Turn</p> <p>Street triage</p>	<p>Community Mental Health transformation Steering Group</p> <p>Crisis Teams</p>
5b	Ensure safer hospital discharge with follow up within 72 hours after leaving hospital.	A&E – psychiatric liaison team – 72 hour follow up	

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6. Reducing access to means and methods and of suicide - where this is appropriate and necessary as an intervention to prevent suicides. Reducing access or delaying access to the means of suicide for that crisis moment can prevent a suicide from taking place.			
Objective		North Tyneside Local Actions	Lead
6a	Tackle high frequency locations in North Tyneside and monitor for new/emerging methods of suicide.	<p>North Tyneside does not have high frequency locations for completed suicides as in some other regional areas.</p> <p>Continue to monitor NRTSS for emerging new methods of suicide/patterns.</p>	Public Health

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7. Providing effective bereavement support (“postvention”) - to those affected by suicide			
In addition to the need for immediate emotional and practical support, people who are bereaved through suicide are at greater risk of suicide and poor mental health.			
Target areas		North Tyneside Local Actions	Lead
7a	Continue to promote effective, peer led postvention support for adults in North Tyneside	<p>Ensure postvention support is offered and available to those recently bereaved and affected by suicide.</p> <p>Promote ‘If U Care Share’, Cruse Bereavement and SOBS Whitley Bay which is available to North Tyneside Residents bereaved by suicide for postvention support.</p> <p>Promote Barnardo’s bereavement counselling for Children and Young People support.</p> <p>Promote bereavement support through Living Well North Tyneside &amp; MECC platforms.</p>	ICB

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<p><b>8. Making suicide prevention everybody’s business</b> - so that we can maximise our collective impact and support to prevent suicides. System leadership, quality improvement and communications requires clear leadership and governance across the wider suicide prevention system are essential to coordinate and drive suicide prevention efforts.</p>			
Target areas		North Tyneside Local Actions	Lead
8a	Bringing together the wider partners across the North Tyneside system	An annual face to face event to share good practice and local delivery via the MH Alliance	Suicide prevention task group / MH Alliance