

East Sussex Suicide Prevention Plan

April 2018 – March 2019

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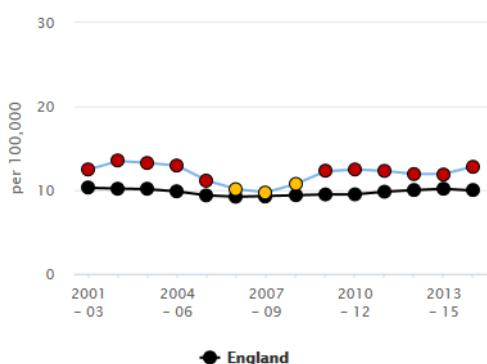
1. Introduction

Nationally suicide is a major issue for society. The overall trend in the suicide rate has been decreasing since 1998 until 2008 but has been rising slightly since. In 2013 there were 4,727 suicides recorded, a rise of 214 since 2012.¹ Each one of these suicides is a tragedy and can be devastating for all those affected.

2. Suicide in East Sussex

East Sussex has a significantly higher suicide rate than the England average, which has been the case for a number of years.

Figure 1: Suicide Rate in East Sussex compared to England (Directly standardised rate - per 100,000)



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	South East England	England
2001 - 03	163	12.5	10.6	14.6	10.0	10.3
2002 - 04	177	13.5	11.5	15.6	10.0	10.2
2003 - 05	177	13.2	11.3	15.4	9.8	10.1
2004 - 06	174	12.9	11.0	15.0	9.6	9.8
2005 - 07	154	11.1	9.4	13.0	9.1	9.4
2006 - 08	140	10.1	8.5	11.9	8.9	9.2
2007 - 09	134	9.7	8.1	11.6	9.1	9.3
2008 - 10	146	10.7	9.0	12.7	9.3	9.4
2009 - 11	167	12.2	10.4	14.3	9.5	9.5
2010 - 12	173	12.5	10.6	14.5	9.3	9.5
2011 - 13	174	12.3	10.5	14.3	9.9	9.8
2012 - 14	170	11.9	10.2	13.9	10.1	10.0
2013 - 15	172	11.9	10.2	13.9	10.2	10.1
2014 - 16	184	12.8	11.0	14.9	9.8	9.9

Source: Public Health England (based on ONS source data)

Source: Public Health Profiles. Accessed 27/06

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000044/pat/6/par/E12000008/ati/102/are/E10000011/iid/41001/age/285/sex/4>

Analysis of data from the office for National Statistics mortality files for the ten year reporting period 2006 – 2016 showed that:

- There were 896 suicides in East Sussex (an average of 81 suicides per year) of which around two thirds (594) were East Sussex residents and a third (302) non-East Sussex residents.²
- 31% (276) of all the suicide deaths occurring in East Sussex took place at Beachy Head
- Of all the suicide deaths at Beachy Head, 80% were of non-residents: suicide at Beachy Head accounted for 74% (222) of all non-resident suicides and 9% (54) of all resident suicides.³

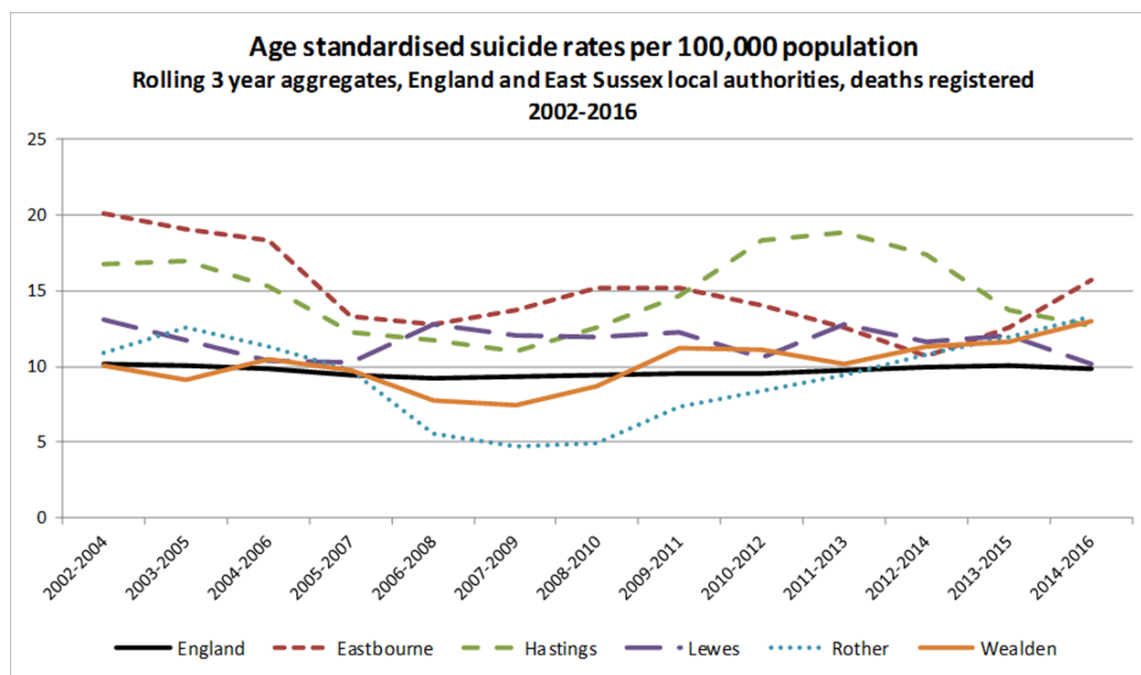
¹ Department of Health. Statistical update on Suicide. February 2015.

² Suicide in East Sussex: Analysis of ONS Mortality data 2006-13, October 2015.

- The commonest methods of suicide for East Sussex residents were ‘hanging, strangulation and suffocation’, and ‘poisoning’ as is the case nationally. However the proportion of deaths due to falling from a height was several times higher than the national average.
- The recent suicide audit showed that the largest proportion (58%) of resident suicides occurred at home.

Figure 2 and Table 1 show that the suicide rates vary by local authority within East Sussex. Rates have generally been highest in Hastings and Eastbourne followed by Lewes, but since 2008/10 rates in the rural areas of Rother and Wealden have been increasing, and in 2014/16 they equalled the Hastings rate and exceeded that of Lewes. Table 1 shows that the age standardised suicide rates for 2014-2016 were highest in Eastbourne, at 15.7 per 100,000 population, and lowest in Lewes, at 10.2. In 2014-16 Eastbourne has the 11th highest rate in England.

Figure 2: Suicides in England and East Sussex local Authorities



³ The term Beachy Head refer to the approximately 3.7 miles of sea cliffs spanning from Birling Gap westwards to Holywell at the western edge of Eastbourne.

Table 1: Numbers of suicides and age standardised suicide rates per 100,000 population by local authority, 2014-2016

Local Authority	Number of Deaths	Age Standardised Suicide Rate (per 100,000 population)
East Sussex* (2013-2015)	172	11.9
Eastbourne	42	15.7 highest rate in East Sussex
Hastings	30	12.7
Lewes	27	10.2 lowest rate in East Sussex
Rother	31	13.3
Wealden	54	13.0

Source: ONS Statistical Bulletin, Suicides in England and Wales by Local Authority, released 7th September 2017

* Source: Public Health Profiles Fingertips tool

There are links between deprivation and suicide in that local analysis found that people who lived in the most deprived 20% of East Sussex lower super output areas accounted for a third of all resident suicides. There was less than half this number of deaths for residents living in the least deprived 20% of areas, as well as for residents living in the second most deprived 20% of areas⁴.

In addition, East Sussex has a higher rate of emergency hospital admissions for self-harm than England (Figure 3); this represents episodes of self-harm that are severe enough to warrant hospital admissions. There is a significant and persistent risk of future suicide following an episode of self-harm.

Figure 3: Emergency hospital admissions for self-harm, per 100,000 population

England	196.5
East Sussex	222.7
Eastbourne	244.2
Hastings	316.7
Lewes	263.8
Rother	186.8
Wealden	139.7

Source: Public health Outcomes Framework (PHOF) 2015/16.

⁴ Suicide in East Sussex: Analysis of ONS mortality data, 2006-2013, Public Health Briefing, December 2015

Summary of findings of suicide audit

A recent suicide audit examined all deaths from suicide recorded on the public health database between 2004-2013 using data collected from East Sussex Coroner's Office)

East Sussex residents

- Between 2004 and 2016, the deaths of 906 people in East Sussex were recorded on the public health database, 589 of whom were East Sussex residents (65%) and 317 of whom were non-residents (35%).
- Suicide in East Sussex residents follows the national pattern, in that most suicides are in males between 30-59 years of age.
- In 2016, 71% of East Sussex residents dying by suicide were either single, bereaved from their partner, or separated/divorced; 44% were living alone.
- Nearly half (49%) were unemployed or retired, and 36% were in paid employment or self-employed
- Twenty four percent had a work-related issue noted in their records and 25% financial issues (2015-16).
- The majority had physical and/or mental health issues noted: 66% had one or more physical health issues and 71% had at least one mental health issue; 41% had both physical and mental health issues noted. Only 15% of people had no health issue mentioned. Depression was the most frequently recorded health issue.
- A significant minority (44%) had drug or alcohol issues noted by the Coroner.
- Over a third (37%) had relationship issues (separation, relationship breakdown, bereavement) noted in the coroner's records (2015-16).
- Being a victim or perpetrator of abuse was noted for 8% and 11% cases respectively.
- 9% were noted to have contact with law enforcement agencies.
- A large minority (44%) of East Sussex residents had made at least one previous suicide attempt, and 13% had made a suicide attempt in the previous 12 months (2011-16); 7% had a family member(s) who had made previous attempts.
- There were similar numbers of deaths from suicide during winter, spring and summer but lower numbers in autumn. The month with the highest number of suicides was May.
- Most suicides involving East Sussex residents (58%) occurred at home; 10% were at Beachy Head (2008-2016) and 3% were at other cliffs.
- The method of death for suicides in East Sussex shows a different pattern to that seen nationally, reflective of the presence of Beachy Head. ONS data shows that

hanging is the most common method of suicide across the UK as a whole, accounting for 58% of suicides in males, and 43% of suicides in females in 2015². In East Sussex, the most common method of death recorded in the Public Health database for East Sussex residents (2015 and 2016) was hanging for males (45%) and self-poisoning for females (34%). 'Fall and fracture' was the cause of death for 4% of both males and female in the UK, but for 10% of males and 13% of females in East Sussex.

- A suicide note (letter or other documentation of the person's intentions) was left in 41% of cases.
- 64% of East Sussex residents dying by suicide had seen a GP in the six months prior to their deaths and 14% had seen a GP in the week before they died (2011- 2016).
- 57% were referred or seen by secondary mental health services; 26% were seen in the month before their death; Serious Incident reviews were carried out for 23% of cases (2012-16).

Suicides at Beachy Head

- 297 people died by suicide at Beachy Head in the years 2004 to 2016.
- 66 (22%) of these were residents of East Sussex and 231 (78%) were not East Sussex residents.
- There were 14 suicides at Beachy Head involving non-UK residents, 40 involving London residents, 72 of residents of counties bordering East Sussex and 104 from other parts of the UK, highlighting the importance of Beachy Head as a public place for suicide.
- Overall 74% of those dying by suicide at Beachy Head were male. Of the residents 68% were male and 32% female; for non-residents 75% were male and 24% female; the non-residents tended to be younger.
- The number of suicides of non-East Sussex residents at Beachy Head has been higher in the years since 2010 than in the preceding years.
- A high proportion lived alone (44% of residents and 38% of non-residents).
- Around 40% had work-related issues noted and 28% of the non-resident suicides had financial issues noted.
- 91% of East Sussex residents and 77% of non-residents had mental and/or physical health issues noted by the Coroner, and depression was the health issue noted most frequently. Of the residents, 65% had one or more physical health issue and 76% one or more mental health issue noted; of the non-residents 36% had one or more physical health issues and 62% one or more mental health issues noted.
- Drug and alcohol issues were noted in 33% of suicides at Beachy Head. This proportion was higher for East Sussex residents (41%) than non-residents (31%).

- 39% of those dying by suicide at Beachy Head had attempted suicide previously (2011-2016). This proportion was similar for both East Sussex residents and non-residents.
- Overall, the number of deaths by suicide at Beachy Head was highest in the spring and summer and lowest in the autumn. The number of deaths for residents was highest in the spring and for non-residents in the summer.
- The largest percentage of resident deaths occurred on Sundays and non-resident deaths on Saturdays, Sundays and Mondays.
- Almost half of the non-residents who died by suicide at Beachy Head had left a suicide note.
- 45% had had contact with secondary care mental health services, 19% in the month before they died.
- The method of death at Beachy Head was jumping or falling from a high place for 94% of East Sussex residents and 99% of non-residents.

Key sources of guidance and information

In 2012 the government published its first suicide prevention strategy in 10 years: *Preventing suicide in England: A cross-government outcomes strategy to save lives with the following stated objectives:*

- A reduction in the suicide rate in the general population in England; and
- Better support for those bereaved or affected by suicide.

The strategy identified six key areas for action in support of these objectives; the East Sussex suicide prevention action plan is based on these:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Three follow up reports⁵⁶⁷ have since been published, incorporating the findings from more recent research and making further recommendations for local action which we have

⁵ Preventing suicide in England: One year on. First annual report on the cross government outcomes strategy to save lives. January 2014

⁶ Preventing suicide in England: Two years on. Second annual report on the cross government outcomes strategy to save lives. February 2015

incorporated, where possible, in our action plan. This includes adding a seventh key area to reduce rates of self-harm as a key indicator of suicide risk as recommended in the third annual report. We have also ensured that we target our work at population groups identified as high risk:

- Men, including young men and middle aged men
- People in the care of mental health services, including inpatients and those recently discharged from inpatient care
- People with a history of self-harm, untreated depression, drug or alcohol dependency
- People going through divorce or separation
- People facing financial difficulties
- Specific occupational groups including doctors, nurses, vets, farmers and agricultural workers
- Young women from South Asian, Caribbean and African origin and older South Asian women
- Children and young people who have experienced abuse and/or neglect
- Lesbian, gay, bisexual or transgender people
- Older people experiencing social isolation and loneliness

In addition to the national strategy and the three follow-up reports, the following key publications have informed our local suicide prevention work:

- PHE (October 2016), *Suicide prevention: developing a local action plan to support local areas in implementing the Government's suicide prevention strategy*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice%20resource.pdf
- PHE (2015) *Suicides in Public Places*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf
- Samaritans (September 2012) *Men, suicide and society: Why disadvantaged men in mid-life die by suicide*.
<https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf>

⁷ Preventing suicide in England: Three years on. Third progress report of the cross government outcomes strategy to save lives. January 2017

- Men's Health Forum and Mind (2011) *Delivering male: Effective practice in male mental health*. <https://www.mind.org.uk/media/273473/delivering-male.pdf>
- Samaritans (2017) *Dying from inequality: Socioeconomic disadvantage and suicidal report*. <https://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans%20Dying%20from%20inequality%20report%20-%20summary%281%29.pdf>
- Office of National Statistics (2017) *Suicide by occupation, England: 2011 to 2015*. <https://www.ons.gov.uk/releases/suicidesbyoccupationengland2011to2015>

Discussion at the East Sussex Suicide Prevention group and Beachy Head risk management group meetings further informed our action plan. Going forward local work will also be informed by our suicide audit which is based on data collected from the Coroner's office for suicides occurring between 2004 and 2016.

Key achievements in 2017/18

- The men's suicide prevention project was commissioned from Grassroots Suicide Prevention charity; an evaluation was commissioned from the University of East London to run alongside this project.
- A suicide audit was conducted, analysing 13 years of data collected from the Coroner's office.
- East Sussex specific post-vention resources were updated and expanded, and distributed to all key stakeholders
- The main stakeholder group for suicide prevention in East Sussex, the East Sussex Suicide Prevention group, continued to recruit new members.

Additional investment in 2013-15 funded the following projects, the legacy of which continues:

1. Infrastructure development at Beachy Head - Following on from the recommendations of an infrastructure report commissioned from Exeter University, the following was achieved: work with taxi drivers; new Samaritan signage; cliff-top risk assessment and fencing repair/renewal programme; additional automatic number plate recognition camera; management protocol re removal of memorials; common approach to media requests following media meeting with Samaritans. It also facilitated stronger partnership work at Beachy Head which lives on through the Beachy Head Risk Management Group.
2. Support for voluntary agency - Worked with Beachy Head chaplaincy team to support the development of their communication strategy, and to improve data

collection and storage systems. The new publicity materials, logo and website came into operation in 2017/18. Reporting on the data is in the action plan for 2018/19 as is the development of a data sharing agreement.

3. Training for community organisations and primary care staff - A suicide prevention charity (Grassroots) was commissioned to deliver training to a range of frontline staff over two years commencing in November 2014; this was externally evaluated in 2016. The provider has been commissioned to provide further training in 2018/19.
4. Support for those affected by suicide - A counselling service for those that have attempted/been bereaved by suicide was commissioned in 2014/15 and was externally evaluated in 2016. This is now funded through ESCC's adult social care mental health budget, although the service is to be included in a review of local counselling provision in 2018/19.
5. Pilot non-statutory 'place of safety' to address aftercare issues & reduce Section 136s – The 'Place of Calm' pilot was commissioned and commenced in June 2015 and was externally evaluated in 2016. The contract expired in April 2017 and this service is no longer in place.

The action plan for 2018/19 is described below.

Topic	Action	Lead
	<p>Oversee the delivery of the ESPH commissioned social marketing campaign which is to be delivered by The Social Marketing Gateway and has the following aims:</p> <ul style="list-style-type: none"> • To reduce the stigma of help-seeking amongst men • To increase awareness amongst men (and their influencers) of where they might access help if they are finding it difficult to cope with their distress/depression • To improve recognition of suicide risk and of how to help among the influencers in men's lives <p>(November 2018)</p>	<p>Consultant in Public Health, ESCC Project Manager, (ESCC)</p>
<p>1.2 People with mental health problems</p>	<p>SPFT have relaunched a Trust-wide suicide prevention strategy which adopts a Towards Zero Suicide approach. The following actions are being implemented across all SPFT areas including East Sussex:</p> <ol style="list-style-type: none"> 1. Implement plans that emerge from the use of a Quality Improvement Process (which is being used to develop and implement the strategy) that reflect local variables. 2. Develop an operational description to define 'towards zero suicide'; identify how the Trust offer will achieve this, and agree how to implement and measure it. 3. Contribute to a whole system approach to suicide prevention which includes: all trust staff whatever their role; strategic engagement with partners; and a 	<p>Deputy Director Adult Services, Sussex Partnership Foundation Trust (SPFT)</p>

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Topic	Action	Lead
	<p>community approach to suicide prevention.</p> <p>Continue previous actions:</p> <ul style="list-style-type: none"> • to improve involvement of family/carers/friends in safety planning • to implement collaborative, co-produced risk assessment and planning through ‘A Culture of Safety’; • to ensure learning from Serious Incident reviews of suicides is used to inform changes in practice within the trust. <p>(March 2019)</p>	
1.3 Offenders	<ul style="list-style-type: none"> • Continue to ensure staff suicide prevention training needs at Lewes Prison are met (Ongoing) • Continue working with Public Health England’s Health and Justice Lead and involve in suicide prevention work as appropriate. Make further links with others working in the criminal justice sector and involve in East Sussex Suicide Prevention Group meetings (Ongoing) 	<p>Safer Custody Hub Manager, HMP Lewes</p> <p>Consultant in Public Health, ESCC Project Manager, ESCC</p>
1.4 University students	<ul style="list-style-type: none"> • Work in partnership with Brighton University to establish a suicide safer university model of practice. 	<p>Consultant in Public Health, ESCC</p>
1.5 Reservist & Former service personnel	<ul style="list-style-type: none"> • Provide Armed Forces Mental Health First Aid (MHFA) and MHFA Lite for the Reservists and family members which includes suicide prevention. • Develop a fact sheet including prevention and action card for the Armed Forces 	<p>NHS Director Armed Forces Community (CCGs)</p>

Topic	Action	Lead
	Community to provide the skills and knowledge to help prevent suicides in this community	
1.6 Training for those working with at-risk groups	<ul style="list-style-type: none"> • ESCC have contracted Grassroots to provide training as part of the men’s suicide prevention project (see 1.1 above). (November 2018) • Funding provided by Public Health England for East Sussex (and also Brighton and Hove) is to be used to fund six suicide safe talk training sessions for Sussex Police call handing staff. (March 2019) • Work together to ensure mental health awareness/suicide prevention training is routinely provided for A&E staff and explore how it might be made mandatory (March 2019) 	<p>Grassroots</p> <p>Project Manager, ESCC</p> <p>Deputy Director Adult Services, Sussex Partnership Foundation Trust (SPFT), Senior Sister (Quality and Practice Development), East Sussex Healthcare Trust East Sussex Healthcare Trust (ESHT)</p> <p>Martina Pickin, ESCC</p>
Key area 2: Tailor approach to improve mental health in specific groups		
2.1 Perinatal period (from conception to one year post birth)	<ul style="list-style-type: none"> • Ensure all Health Visitors and Children’s Centre staff (where appropriate to role) have access to training about perinatal mental health. • Jointly develop and deliver 3 x full day workshops on Assessment and Intervention of Mental Health in Adults including use of GAD7 & PHQ9 tools and suicide prevention; 	Julie Harris, Perinatal Mental Health Lead for the Integrated Health Visiting and Children Centre Services

Topic	Action	Lead
	<p>as part of the ESCC Mental Health Learning Pathway. Where possible to deliver training in partnership with the Samaritans. (March 2019)</p> <ul style="list-style-type: none"> • Perinatal Mental Health Lead to strengthen links between Health Visiting and Children's Centre services and other services providing mental health care and suicide prevention including: Samaritans; Counselling Plus; Grassroots • Perinatal mental health lead to run 3 x half day trainings with the Specialist Perinatal health midwife to Health in Mind (East Sussex IAPT service) - March 2019. <p>Develop a mental Health Pathway for the Integrated Health Visiting and Children's Centre Services that includes suicide risk assessment and intervention appropriate to staff roles. By March 2019</p>	
<p>2.2 Children and young people</p>	<p>LAC, CARE LEAVERS, YJS</p> <ul style="list-style-type: none"> • Make links with Head of Specialist Services in ESCC Children's Service Division to involve her more directly in suicide prevention work. (September 2018) • Ensure the Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan. (TP) addresses self-harm and suicide prevention. • Use learning from sharing good practice about suicide prevention exercise facilitated by Sussex LSCBs and working with colleagues from Brighton and Hove and West Sussex. 	<p>Consultant in Public Health, ESCC</p> <p>Consultant in Public Health, ESCC & CAMHS LTP programme manager, CCGs</p>

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<p>2.5 People especially vulnerable (due to social & economic circumstances)</p>	<ul style="list-style-type: none"> • Provide suicide prevention training for organisations/staff working with vulnerable groups (eg for debt, divorce/separation, bereavement etc). (March 2019) • Ensure providers of housing support services are linked in to the suicide prevention agenda by being made aware of training and resources available. (Ongoing) • Advocate for mental health awareness/suicide prevention training to be included in Making Every Contact Count (MECC) Programme. (Ongoing) • Make links with Sea View in Hastings and others working with people with multiple and complex needs, to consider need for suicide prevention training (March 2019) 	<p>Grassroots Project Manager, ESCC</p> <p>Project Manager, ESCC Supporting People, Strategic Commissioning Manager, ESCC Consultant in Public Health, ESCC Consultant in Public Health, ESCC</p>
<p>2.6 Older people</p>	<ul style="list-style-type: none"> • Advocate for work to reduce isolation and loneliness in older people to be incorporated into ESBT Personal and Community Resilience work stream and C4Y Communities of practice work. (Ongoing) 	<p>Consultant in Public Health, ESCC</p>
<p>2.7 People who misuse drugs or alcohol</p>	<ul style="list-style-type: none"> • Continue to involve substance misuse provider in East Sussex suicide prevention group meetings. (Ongoing) <p>CGL (East Sussex Drug and Alcohol provider) to:</p> <ul style="list-style-type: none"> • Continue to encourage staff to use toolkit for assessing suicide risk of their clients. (Ongoing) • Establish liaison links to A&E departments in East Sussex. (March 2019) 	<p>Consultant in Public Health, ESCC Project Manager, ESCC</p> <p>Service Manager, STAR Recovery, CGL</p>

	<ul style="list-style-type: none"> • Establish and launch robust joint working protocol with SPFT. (March 2019) • Work with substance misuse commissioner to ensure that suicide prevention training of staff is defined as mandatory in the specification for re-procurement of substance misuse services bearing in mind the link with drug-related deaths (July 2018) 	<p>Consultant in Public Health, ESCC</p>
2.8 LGBT groups	<ul style="list-style-type: none"> • Ensure all commissioned suicide prevention services consider the needs of LGBT groups. (Ongoing) • Identify organisations working with LGBT groups and target suicide intervention training at staff and volunteers. (March 2019) 	<p>Project Manager, ESCC</p> <p>Grassroots</p>
2.9 Refugees and Asylum seekers	<ul style="list-style-type: none"> • Make links with organisations working with refugees and asylum seekers to make them aware of suicide risk and suicide prevention work (March 2019) 	<p>Grassroots</p> <p>Project Manager, ESCC</p>
2.10 People with untreated depression	<ul style="list-style-type: none"> • Work with GP leads to identify opportunities to improve the identification and management of depression in primary care 	<p>Consultant in Public Health, ESCC</p> <p>Project Manager, ESCC</p>
Key area 3: Reduce access to the means of suicide		
3.1 High-risk locations: Beachy Head	<ul style="list-style-type: none"> • Beachy Head Chaplaincy Team (BHCT) to continue conducting regular searches at BH and to work in partnership with Street Triage and the police to prevent suicide (Ongoing) 	<p>CEO, Beachy Head Chaplaincy Team (BHCT)</p> <p>T/Superintendent, East Sussex Division</p> <p>Clinical Operational Manager, SPFT</p>

	<ul style="list-style-type: none"> • BHCT to continue to utilise newly developed publicity materials, branding and social media approaches, ensuring that BH is no longer identified as a public place for suicide. (Ongoing) • BHCT to utilise commissioned database to provide regular reports to Beachy Head Risk Management Group). (September 2019) • Ensure that the Beachy Head Risk Management Group continues to meet three-four times a year to facilitate joint working. (Ongoing) 	<p>CEO, BHCT</p> <p>CEO, BHCT Consultant in Public Health, ESCC Project Manager, ESCC</p>
3.2 Access to high risk locations (Bus and Taxi companies)	<p>Continue to find ways to make bus and taxi drivers more aware of their role in suicide prevention and support them to provide interventions</p> <ul style="list-style-type: none"> • Work with district and borough licensing leads, particularly in Hastings and Eastbourne, to attend annual taxi driver briefings (Ongoing) • Work with Street Triage team to disseminate information to taxi drivers. (Ongoing) • Highlight the issue of taxi drivers and Beachy Head with PHE to identify opportunities for national work (March 2019) 	<p>Grassroots Project Manager, ESCC</p> <p>Consultant in Public Health, ESCC</p>
3.3 Hanging and strangulation in in-patient and criminal justice settings	<ul style="list-style-type: none"> • Ensure robust implementation of protocols for the removal of potential ligatures and other suicide methods from high-risk patients (Ongoing) • Ensure National Offender Management Service (NOMS) framework for delivering safer custody procedures and practices is implemented (Ongoing) 	<p>SPFT</p> <p>Head of Safer Custody, HMP Lewes Prison</p>
Key area 4: Provide better information and support to those bereaved or affected by suicide		
4.1 Counselling for those bereaved by suicide	<ul style="list-style-type: none"> • Ensure changes are incorporated in line with the recommendations of the recent externally commissioned evaluation. (Ongoing) 	<p>Counselling Partnership Strategic Commissioning Manager (Mental Health), ESCC</p>

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	<ul style="list-style-type: none"> • Monitor referrals, services usage and outcomes (Quarterly reports) • Advocate for continuance of the suicide counselling service during East Sussex review of talking therapies. (December 2018) 	<p>Consultant in Public Health, ESCC Project Manager, ESCC</p>
4.2 Information for those affected by suicide	<p>Ensure information on suicide prevention and current service provision is available and disseminated widely including:</p> <ul style="list-style-type: none"> • Disseminate information about the Help is at Hand booklet and z cards, the resource leaflet and all other relevant resources and encourage all relevant providers to order their own stock. (Ongoing) • Publicise the SPFT/Grassroots suicide app through commissioned services, stakeholder groups and training events. (Ongoing) • Ensure Coroner's Offices in Hastings and Eastbourne continue to provide the Help is at Hand booklet/z card is provided to all bereaved families. (Ongoing) 	<p>Project Manager, ESCC All</p> <p>Consultant in Public Health and Project Manager, ESCC/ Counselling Partnership</p>
4.3 Postvention work in schools and colleges	<ul style="list-style-type: none"> • Ensure information about the Samaritans Step-by-step service and DEAL (Develop emotional awareness and listening) is disseminated to all schools and colleges. (March 2019) 	<p>Consultant in Public Health, ESCC Health Improvement Specialist, ESCC Project Manager, ESCC</p>
4.4 GP support	<ul style="list-style-type: none"> • Explore how GPs and the wider primary care team can be more involved with the suicide prevention agenda. (December 2018) • Work with GP Clinical Lead to establish suicide prevention session at High Weald Lewes Havens protected learning event (as was achieved in H&R and EHS CCGs in 	<p>Consultant in Public Health, ESCC Head of Mental Health and Dementia Transformation</p>

	<ul style="list-style-type: none"> • Present audit findings to ESBT Mental Health Transformation Group, Crisis Care concordat, and C4Y Mental Health strategy group and other strategic and provider groups (March 2019) • Present audit findings at Mental Health transformation group, C4Y Mental Health sub-group, and other fora to raise awareness of local suicide prevention issues (March 2019) 	<p>Public Health Information Specialist, ESCC</p> <p>Consultant in Public Health, ESCC</p>
6.2 Beachy Head Chaplaincy Team data management	<ul style="list-style-type: none"> • Provide regular reports on the suicide prevention work at Beachy Head to Beachy Head Risk Management Group (From September 2018) • Continue working with BHCT to ensure that commissioned database meets the needs of the team and wider partnership (Ongoing) • Review data sharing arrangements and establish formal agreements between BHCT and Street Triage, and SPFT for ongoing data sharing. (September 2018) 	<p>CEO, BHCT</p> <p>Consultant in PH, ESCC Project Manager, ESCC Deputy Director Adult Services, Sussex Partnership Foundation Trust (SPFT)</p>
6.3 Coroner and Real time surveillance	<ul style="list-style-type: none"> • Support the East Sussex Coroner in his role on the national committee chaired by Professor Appleby looking at the possibility of developing real time surveillance. 	<p>Consultant in PH, ESCC Project Manager, ESCC</p>
Key area 7: Self-harm prevention		
7.1 People who self-harm	<ul style="list-style-type: none"> • Conduct self-harm audit in A&E departments of Eastbourne District General Hospital and the Conquest (September 2018) • Prioritise and start to implement the recommendations of the audit. (March 2019) • Embed best practice in self-harm/suicide prevention across agencies working with children and young people including schools (Ongoing) 	<p>Consultant in PH, ESCC Senior Sister (ESHT) Consultant in Public Health, ESCC CAMHS LTP programme manager, CCGs</p>

Key area 8: Making it happen locally		
8.1 Embed suicide prevention agenda within mental health strategies and plans	<ul style="list-style-type: none"> • Ensure suicide prevention work is included in ESBT and C4Y mental health transformation work (Ongoing) • Provide up-dates on suicide prevention work to mental health provider groups such as the Mental Health Action Group. (Ongoing) 	<p>Consultant in PH, ESCC</p> <p>Project Manager, ESCC and other partners</p>
8.2 Use resources effectively	<ul style="list-style-type: none"> • Ensure collaborative working between key organisations and continue to review structures and processes to reduce overlap and duplication through the East Sussex Suicide Prevention Group (Ongoing) • Continue to work with local leads in neighbouring local authorities to share learning and to work jointly where appropriate (Ongoing) 	<p>Consultant in PH, ESCC</p> <p>Project Manager, ESCC</p>
8.3 Service user engagement and involvement	<ul style="list-style-type: none"> • Make links with Peers in Partnership, the service user engagement and involvement service provided by Southdown, to ensure user involvement in our work. 	<p>Project Manager, ESCC</p>

Appendix 1: Membership of East Sussex Suicide Prevention group

Consultant in Public Health, ESCC (Chair)

Health Improvement Specialist, Public Health, ESCC

Deputy Director Adult Services, SPFT

Water Safety Co-ordinator, East Sussex Fire and Rescue Service

Youth Offending Team, ESCC

Grassroots Suicide Prevention

Commissioning Manager (Mental Health), East Sussex Joint Commissioning Unit

Outreach Deputy Director, Samaritans, Eastbourne

Outreach Deputy Director, Samaritans, Hastings and Rother

Counselling Partnership

General Manager, Health in Mind, SPFT

STAR drug and alcohol service, CGL

Perinatal mental health lead, Integrated Health Visiting and Children's Centres services, ESHT

Operating Unit Manager, SECAMBS

HMP Lewes Prison

HMP Lewes Prison, Safer Custody manager

Programme Manager – Children and Young People's Mental Health and Well Being, Hastings and Rother CCG, Eastbourne Hailsham and Seaford CCG, High Weald Lewes Havens CCG

T/Superintendent, East Sussex Division, Sussex Police

Senior Sister, A&E, ESHT

Senior Programme Manager, MH and Dementia Transformation, NHS HWLH CCG

Manager, Emotional Well-being team, Children's services, ESC

Additional membership

Director – NHS Armed Forces Community, Lead Sussex Armed Forces Network

Health and Wellbeing Manager, Health and Justice lead for Kent, Surrey and Sussex, South East Centre, Public Health England

Consultation group for user involvement

Peers in Partnership

Appendix 2: Membership of Beachy Head Risk Management Group

Consultant in Public Health, ESCC (Chair)

Project Manager, Public Health, ESCC

Deputy Director Adult Services, SPFT

Interim General Manager, Acute Services, SPFT

Chief Inspector, Eastbourne District, Sussex Police

Samaritans, Eastbourne

Beachy Head Chaplaincy Team

Professor of Sociology in Health and Medicine, Brighton University

Senior Coastal Operations Officer, HM Coastguard

RNLI

Consultant Psychiatrist, SPFT

Counselling Partnership Project

Specialist Advisor (Downland), Eastbourne Borough Council

Practice Manager, Approved Mental Health Practitioner and Emergency Duty Service, Adult Social Care, ESCC

South Down National Park