

PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25

Vision

A Plymouth where everyone can live healthy, fulfilling and connected lives, where all suicides in Plymouth are considered preventable and suicide prevention is everyone's business.

Ambition

We aspire to work together to make all communities in Plymouth suicide safer communities. We want to make Plymouth a place that supports people in times of personal crisis and builds individual and community resilience to improve lives. The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate in Plymouth, that remains below or at least in line with the national average.

Background to suicide and suicide prevention

A death by suicide is a tragic and traumatic event. Its most fundamental impact is the loss of the opportunity for that person to experience all that life holds. It is also a devastating bereavement for family and friends and the pain and grief can be immense and long lasting. The impact also extends into the wider community, workplaces and to all services involved. In addition, people who are bereaved by suicide are at increased risk of suicide and mental health problems themselves. The impacts of suicide are felt most deeply on a human level. However, the economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million¹. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings and the intangible costs associated with pain, grief and suffering.

The causes of suicide are complex and individual. There is rarely a single cause, but suicide is more often the result of a complex combination of risk factors and stressing events. These risk factors often reflect wider inequalities in social and economic circumstances.

Suicide is preventable. But it is essential that the preventative approach addresses the complexity of the issue. No one organisation is responsible for suicide prevention and there are no simple measures to prevent suicide. Suicide prevention is broad and includes measures to improve emotional wellbeing, support for people with mental health issues (from early intervention through to crisis care) and support for people who are bereaved by suicide.

Suicide prevention is everyone's business. A whole systems approach is required between national and local organisations, communities and individuals so that partners are working in collaboration towards the same priorities.

¹ [Local Suicide Prevention Planning. Public Health England 2020](#)

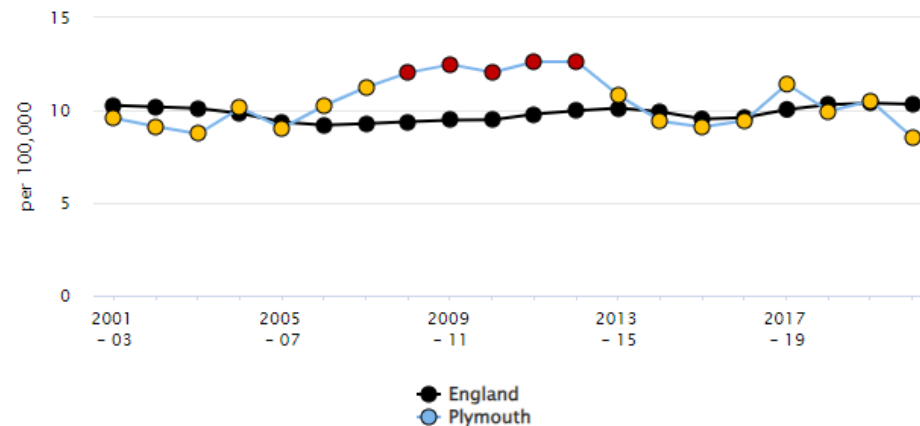
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The local picture in Plymouth

On average around 24 people die by suicide each year in Plymouth. The standardised suicide rate for Plymouth between 2020-2022 was 8.5 per 100,000 compared to a national rate of 10.3 and a South West region rate of 11.9 per 100,000². The suicide rate is given as a 3-year rolling average and the time delay is to allow for the coronial process to occur. No death is confirmed as a suicide until it is officially determined as such following a coroner's inquest. The graph below shows how the suicide rate in Plymouth compared to England has changed between 2001 to 2022. In general, the suicide rate in Plymouth has been statistically similar to the England average (amber dots), but there was a period between 2008 and 2014 where the suicide rate locally was significantly above the national rate (red dots). The most recent suicide rate for Plymouth is below the national average, which is a positive trend, but the rate is not significantly different from the England average (i.e. it is within the same margin of statistical error).

Suicide rate (Persons)

[Show confidence intervals](#) [Show 99.8% CI values](#)



Local data indicates that in Plymouth³:

- There are three times as many males than females who die by suicide.
- The majority of those who died were below the age of 60.
- Almost all areas of the city are affected.

² [Suicide Prevention Profile Plymouth - OHID](#)

³ [Plymouth Suicide Audit Summary 2020-2022](#)

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The National Suicide Prevention Strategy

In September 2023 a new national suicide prevention strategy for England was published, called [Suicide prevention in England: 5-year cross-sector strategy](#). The strategy has updated priorities based on data, evidence and engagement with experts (including those with personal experience).

The first purpose of the national strategy is to make it clear that suicide prevention matters and to bring everybody together around common priorities. This includes national government, the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers and individuals.

The aim of the cross-government strategy is to:

- Reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
- Improve support for people who have self-harmed.
- Improve support for people bereaved by suicide.

The priority areas for action to achieve these aims are:

1. Improve data and evidence to ensure that effective evidence-informed and timely interventions continue to be developed	2. Priority groups: a) Children and young people b) Middle-aged men c) People who have self-harmed d) People in contact with mental health services e) People in contact with the justice system f) Autistic people g) Pregnant women and new mothers
2. Provide tailored, targeted support to priority groups , including those at higher risk at a national level	
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support	
4. Promote online safety and responsible media content to reduce harms, improve support and signposting and provide helpful messages about suicide and self-harm	
5. Provide effective crisis support across sectors for those who reach crisis point	3) Common risk factors: a) Physical illness b) Financial difficulty and economic adversity c) Gambling d) Alcohol and drug use e) Social isolation and loneliness f) Domestic abuse
6. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides	
7. Provide effective bereavement support to those affected by suicide	
8. Make suicide everybody’s business so that we can maximise our collective impact and support to prevent suicides.	

PLYMOUTH SUICIDE PREVENTION STRATEGIC PARTNERSHIP ACTION PLAN 2024-25**Plymouth Suicide Prevention Strategic Action Plan**

A consistent reduction in suicide rates will only be achieved if prevention is prioritised across the system by the NHS, local government, statutory organisations and services, charities and community groups. Nationally, 70% of people who die by suicide are not known to mental health services in the 6 months prior to their death. This highlights the vital importance of a whole population, whole systems and community-focused approach to suicide prevention.

The local suicide prevention strategic action plan provides the basis to achieve our ambitions. Suicide must be recognised as avoidable and therefore preventable. There are many effective ways that individuals, communities and services can work together to support people.

The local approach follows the priorities of the national strategy and uses the national evidence base and examples of best practice. The specific actions and priorities of our plan are determined by local partners based on local intelligence. The approach covers:

- **Universal interventions** to build resilience and promote wellbeing at all ages for residents of Plymouth.
- **Targeted interventions** to prevent mental ill-health and early intervention for people at risk of mental health problems and suicide.

The Plymouth Suicide Prevention Strategic Partnership is an open, multi-agency group of statutory and voluntary agencies who work collaboratively to develop and implement the Plymouth Suicide Prevention Strategic Action Plan. Leadership of the suicide prevention work is the responsibility of the Plymouth Public Health Team at Plymouth City Council, and the governance for suicide prevention is through the Health and Wellbeing Board. Progress against these actions will be monitored quarterly at the Plymouth Suicide Prevention Strategic Partnership and will be reported to Health and Wellbeing Board annually. The suicide rate in Plymouth will be monitored annually and compared to the national rate to determine the impact of this work.

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Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
1) Improve data and evidence to ensure that effective evidence-informed and timely interventions continue to be developed.								
1.1	Use range of data to produce Plymouth Suicide Audits (summary and detailed)	<ul style="list-style-type: none"> Update at each Partnership meeting Annual publication of audit summary Presentation of annual audit summary to Health and Wellbeing Board Use detailed audit to better understand suicide in particular groups and risk factors. 	06.23	Annual		Public Health	Coroners Office Livewell SW GP Practices UHP NHS Trust Devon & Torbay Public health	Annual audit summary to be presented to HWBB in March 2024 5 year detailed audit to be completed in 2024
1.2	Use OHID Suicide Prevention Profile for routine monitoring	Update report to Partnership meetings when profile updated or annually	06.23	Ongoing		Public Health	OHID	Available at https://fingertips.phe.org.uk/
1.3	Participate in Devon ICS Real Time Surveillance process and provide routine update to Partnership	Public Health work with Devon ICS partners to monitor suspected suicides in real time and take timely action as appropriate to prevent further events	06.23	Ongoing		Public Health	Devon & Torbay Public health DCIOS Police MH Providers Pete's Dragons	Devon wide RTSS group meets monthly. Update to Partnership at Quarterly meeting or sooner as appropriate.

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		Pete's Dragons analyst to provide quarterly updates							
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Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level							
a. Children and young people							
2.a.1	Develop stronger partnership working and governance between CYP emotional health and wellbeing groups, CYP safeguarding groups and suicide prevention groups. This will strength specific suicide prevention activity for CYP.	Key decision makers across these groups to meet to agree: - appropriate representation across different for a - potential requirement for new group that works across these forums - governance structures	2.24	6.24		Public Health A Bright Future partnership	Suicide in Children & Young People National Child Mortality Database (ncmd.info) Suicide – RCPCCH – State of Child Health Latest statistics Papyrus UK Suicide Prevention Charity (papyrus-uk.org)
2.a.2	Ensure that CYP services and settings have access to the universal offer for mental health and suicide prevention training	Disseminate the offer of training to CYP services via the Emotional Health and Wellbeing Group.	2.24	2.24		Public Health CYP Emotional Health and Wellbeing	Discuss with Emotional Health and Wellbeing group and partners from CYP system regarding appropriate training packages for people working with CYP
2.a.3	Support universities to implement national plans regarding student mental health, wellbeing and suicide prevention	Universities to review feasibility of signing up to the University Mental Health Charter (DfE target for all universities to sign up)	01.24	09.24		Universities Public Health	Support for universities with this process https://universitymentalhealthcharter.org.uk/join-the-charter/

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		Universities to implement Universities UK suicide-safer universities guidance where appropriate Review plan from higher education mental health implementation taskforce when released (May 2024)						Suicide-safer universities (universitiesuk.ac.uk) Higher education mental health implementation taskforce - GOV.UK (www.gov.uk)
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2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level							
b. Middled aged men							
2.b.1	Partners continue to support the Devon ICS Men's Mental Health Programme	Training and awareness raising in male dominated workforces using the Wellbeing at Work scheme Community builders to promote mental health and training through their networks.	02.24	Ongoing		Public Health Public Health Devon & Torbay Universities and Colleges Livewell South West Community Builders for men and mental health	Engaging men earlier Our policy and research Samaritans Review of case studies from national strategy (Men's Shed's, Lions Barber Collective, Mates in Mind, Harmless and Tomorrow Project, Shout, State of Mind)
2.b.2	Employers of largely male industries to have adequate and appropriate support in place for employees	Livewell Workplace Wellbeing Programme to target workforces appropriately	02.24	Ongoing		Livewell SW Employers	

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		Start Date	End Date					
2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level								
c) People who have self-harmed								
2.c.1	Preventing Self Harm	Support production of a Devon, Plymouth and Torbay needs assessment for self-harm [all age]	10.22	07.24		Public Health Livewell SW	Devon and Torbay Public Health All partners providing support relating to self harm	Needs assessment is underway, focus groups have been conducted and the final version of the all age needs assessment for self harm is due to in July 2024
2.c.2	Review current service provision for people who self-harm to ensure compliance with NICE standards and pathways and NCISH toolkit as appropriate to setting	Livewell to update biannually Compliance with CG 16 and CG 133 Complete NCISH toolkit Develop action plan as required	06.23	Ongoing		Livewell SW	Livewell SW UHP NHS Trust The Zone	Review training needs of staff in relevant service areas Annual updates from Livewell South West. Monitor through audit and patient feedback

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		Start Date	End Date				
2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level							
d) People in contact with mental health services							
2.d.1	Progress through action plan to deliver NCISH “10 ways to Improve Patient Safety”	Biannual report to strategic partnership	06.23	Ongoing		Livewell SW NHS Devon CCG Public Health Primary Care	Livewell SW to share extended action plan when finalised and update on delivery against inpatient plan on quarterly basis.
2.d.2	Increase access to Plymouth Talking Therapies in line with national targets	National Standard 2022- Waiting times: 75% of people referred to IAPT services should start treatment within 6 weeks of referral, and 95% should start treatment within 18 weeks of referral.	06.23	Ongoing		NHS Devon CCG Livewell SW Primary care	Update to be provided by Livewell South West biannually
2.d.3	Implementation of the Community Mental Health Framework		02.24	Ongoing		Livewell SW Livewell SW	Annual update from Livewell SW on the Community Mental Health Framework
2.d.4	Take steps to ensure that patients receive good-quality (in line with NICE guidance) follow-up support within 72 hours	Review of practice against NICE standards				Livewell SW	Annual update from LW SW

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	of being discharged from inpatient mental health settings							
2.d.5	<p>Improve quality of care for patients with these diagnoses, in line with NICE guidance:</p> <ul style="list-style-type: none"> - Affective disorders - Personality disorders - Schizophrenia - Eating disorders 	Review of practice against NICE standards				Livewell SW		Annual update from LWSW

Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
<p>2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level</p> <p>e) People in contact with the justice system</p>								
2.e.1	Support for prison leavers and people on probation through NHS RECONNECT and Probation Service	Public Health to engage with top prisons that serve Plymouth regarding referral to NHS RECONNECT	02.24	09.24		Public Health	HMP services and NHS RECONNECT	Suicide prevention staff training to be rolled out by Prison and Probation service

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		Start Date	End Date				
2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level							
f) Autistic people							
2.f.1	Continue to review autism as a factor in the detailed suicide audit process to support local understanding	Audit for 2017-2021 to be published in 2024.	02.24	Ongoing		Public Health Coroner's	
2.f.2	Ensure ongoing improvement to access and quality of autism assessment	Livewell to update on Plymouth Autism Spectrum Service	02.24	Ongoing		Livewell SW	Annual update

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		Start Date	End Date				
2. Provide tailored, targeted support to priority groups, including those at higher risk at a national level							
g) Pregnant women and new mothers							
2.g.1	Promotion of mental wellbeing and suicide prevention awareness training to midwives and health visitors					Public health Livewell SW	Link with peri-natal mental health group

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		Start Date	End Date				
3. Provide tailored, targeted support to priority groups, including those at higher risk at a national level							
h) All priority groups / other locally identified groups							
3.h.1	Prioritise suicide awareness training offer to those working with clients who are at higher risk of suicide and mental health such as; including all groups in this strategy as well as asylum seekers and refugees, LGBTQ+ and organisations such as housing associations and VCSE e.g. food banks	4 Mental Health training available online and face to face with monthly courses taking place.	06.23	Ongoing		Public Health Livewell Southwest [trainers in HI team] VCSE network	Training to be targeted at workers supporting these target groups. Training offer free of charge [NHSE funding] Re-present training offer to the VCSE and trauma informed networks.
3.h.2	Ensure staff and volunteers at city wide Veterans Hub have access to mental health and suicide prevention awareness training	Staff and volunteers offered access to all training including 4MH and safety planning Information provided and to be updated	02.24	03.25		Public Health Improving Lives Plymouth Livewell SW	Prioritised through Veterans Hub but open to all local agencies working with veterans. Promote the Zero Suicide Alliance free online training, specific to veterans FREE online suicide awareness training from Help for Heroes and Zero Suicide Alliance

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Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources
		Start Date	End Date				
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support							
a) Physical illness							
3.a.1	Offer specialist suicide prevention training to primary care clinicians	Improved awareness, skills and signposting for suicide prevention within primary care	04.24	03.24		Public Health Devon County Council Torbay Council	Provision to be rolled out from April 2024

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		Start Date	End Date				
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support							
b) Financial difficulty and economic adversity							
3.b.1	Increase mental health provision and access to unemployed individuals via DWP and Pentreath mental health programme.	Launch a mental health support service within DWP and run a 12-month pilot of the programme.	09.23	09.24		Public Health DWP Pentreath	Evaluation of a Cornwall pilot of this programme has allowed this to be trialled in Plymouth. Public health will provide updates 6 monthly (April 2024).
3.b.2	Promotion of cost of living support	Partners to promote Plymouth Council cost of living page within their networks	02.24	09.24		Public Health	All partners Cost of living PLYMOUTH.GOV.UK
3.b.2	Support for organisations to manage the risk and impact of suicide for people experiencing homelessness	Support for organisations managing people who are homeless to develop suicide prevention policies and attend training	02.24	03.25		Public Health	The Plymouth Alliance A guide to suicide prevention resources available for homelessness services. Homeless Link

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		Start Date	End Date				
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support							
c) Gambling							
3.c.1	Raise awareness of gambling as a risk factor for suicide	Promote enquiry into problem gambling and referral to support services, e.g., when appropriate in mental health services and the Alliance	02.24	Ongoing		Public Health Livewell SW The Plymouth Alliance	Review of NICE guidance for identification, assessment and management of problem gambling (due in Spring 2024)
3.c.2	Promote SW gambling support service		02.24	Ongoing		Public Health Livewell SW	The South West Gambling Service :: Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)

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		Start Date	End Date				
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support							
d) Alcohol and drug use							
3.d.1	Avoidable deaths approach in Plymouth bringing together learning from death by drug and alcohol use, suicide and domestic homicide	Annual review of avoidable deaths to be presented to the partnership	04.24	03.25		Public Health Coroner's The Plymouth Alliance	
3.d.2	Suicide prevention policies in the Alliance (to include training)		02.24	09.24		The Plymouth Alliance Public Health	
3.d.3	Ensure those with severe mental illness and co-existing alcohol or drug use are receiving treatment for their mental health needs.	Better links between services to ensure people receive joined up care and there is no wrong front door	02.24	Ongoing		The Plymouth Alliance LWSW	Work supported through funding from national drugs strategy

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		Start Date	End Date				
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support							
e) Social isolation and loneliness							
3.e.1	Promote befriending services		06.23	Ongoing		Public Health All Strategic Partnership members Eldertree	
3.e.2	Promote emotional wellbeing and suicide prevention training for staff who may be in contact with people are socially isolated	e.g. befriending services, wellbeing hubs, universities	02.24	Ongoing		All partners	

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Action	Milestones / Outcomes	Timescales		Status (RAG)	Leads	Key Partners	Comments e.g. resources	
		Start Date	End Date					
3. Address common risk factors linked to suicide at a population level by providing early intervention and tailored support								
f) Domestic abuse								
3.f.1	Ensure domestic abuse services are aware of the training available to them and the risk factors for suicide	Share training offer with the domestic abuse services	09.23	Ongoing		Public Health Livewell SW	Public Health Livewell SW	Livewell have presented training offer to the Domestic Abuse and Sexual Violence group
3.f.2	Avoidable deaths approach (see 3.d.1)							
3.f.3	Domestic abuse policies in Alliance organisations		02.24	10.24		The Plymouth Alliance	Public Health	

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		Start Date	End Date				
3. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm							
4.1	Establish website presence for Plymouth Suicide Prevention Partnership to promote work of partnership and to provide links to local and national support services	Web presence to share action plan, audit reports etc. Links to partner's websites and sources of support	02.24	08.24		Public Health Partnership members PCC DELT	PCC will establish webpage as part of its website. Links to all local services and other pages to be provided and via POD. Ongoing work on PCC hosted webpage.
4.2	Support Devon-wide work to encourage positive reporting in local media	Report any identified incident of inappropriate reporting of suicide and suicidal behaviour to Public Health lead Explore with colleagues across Devon a workshop for local communications leads to come together and learn about the harms of inappropriate reporting.	02.24	10.24		Public Health All Partners and Comms Teams Samaritans Pete's Dragons	Partners to identify any inappropriate reporting and inform public health leads. This will be formally raised with local editor Use of Samaritans media guidelines Samaritans' Media Guidelines
4.3	Partners seek to promote positive stories of recovery relating to mental health	Regular partnership meeting item to agree positive stories for sharing	06.23	Ongoing		Public Health All Partners and Comms Teams	Partners to identify positive local stories and share. Positive stories is a standard agenda item

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4.4	Promotion of online safety resources such as Samaritans Online Safety Resources and Ripple	Inclusion of resources on Council website Partners to use and promote in their networks	2.24	Ongoing		Public Health	All Partners and Comms Teams	Online safety resources Samaritans Home - Ripple (ripplesuicideprevention.com)
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		Start Date	End Date					
4. Provide effective crisis support across sectors for those who reach crisis point								
5.1	Promotion of appropriate crisis services including: <ul style="list-style-type: none"> - 24/7 NHS (Livewell) crisis line - Colebrook Head Space - Livewell (Home treatment team and Alternative to ED) - Samaritans - CALM - SHOUT 	Partners to promote services within their networks	02.24	Ongoing		Livewell SW Colebrook	All	First Response 24/7 Crisis Line Livewell Southwest Home Treatment Team Livewell Southwest Alternative to Emergency Department (A2ED) Livewell Southwest Head Space – Colebrook (colebrooksw.org) Contact Us Samaritans Homepage Campaign Against Living Miserably (CALM) (thecalmzone.net) Shout - UK's 24/7 Crisis Text Service for Mental Health Support Shout 85258 (giveushout.org)
5.2	Understanding Right Care Right Person approach	Devon and Cornwall Police to provide updates on phased implementation	02.24	02.25		Devon and Cornwall Police		National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK (www.gov.uk)

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		Start Date	End Date				
5. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides							
6.1	Identification of trends or novel methods of suicide from Real Time Suicide Surveillance system (local and national)	Update on novel methods quarterly from RTSS data Network rail biannual updates to partnership on railway safety	02.24	Ongoing		Public Health Pete's Dragons Network Rail	
6.2	Mental health trusts should continue to review and implement evidence-informed recommendations such as those outlined in the NCISH annual reports – Safer Wards	Livewell to update on progress (see action 2.d.1)	02.24	Ongoing		Livewell Southwest	NCISH The University of Manchester
6.3	Identify from local audit potential need for awareness raising of NICE safe prescribing guidelines.	Review outcome of local suicide audit to determine if need to raise awareness with clinicians around safe prescribing guidelines	05.24	02.25		Public Health Primary Care	Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (nice.org.uk)
6.4	Consideration of risk of suicide in all building planning applications	Feedback on relevant planning applications regarding suicide risk	02.24	Ongoing		Public Health	Process currently being undertaken by public health

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								Suicide prevention: suicides in public places - GOV.UK (www.gov.uk)
6.5	Develop a local suicide cluster plan	Explore footprint of plan (i.e. Plymouth or Devon as a whole)	03.24	02.25		Public Health	All partners	Identifying and responding to suicide clusters (publishing.service.gov.uk)

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		Start Date	End Date				
6. Provide effective bereavement support to those affected by suicide							
7.1	Ongoing provision of Devon wide suicide bereavement service, which is well connected to the real-time surveillance system so that timely support can be offered	Regular update on numbers of people accessing bereavement support from Plymouth	02.24	Ongoing		Pete's Dragons Devon and Cornwall Police Devon ICS Public Health	

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7. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides							
8.1	Every individual has access to suicide prevention training	Provision of community suicide awareness courses Raising awareness of online e-learning resources	02.24	Ongoing		Public Health All partners	Training Wellbeing at Work South West Zero Suicide Alliance (ZSA)
8.2	Employers (especially in high-risk occupations) have appropriate mental health and wellbeing support in place for their staff	Targeting of Livewell Workplace Wellbeing programme employers of higher risk occupations Annual update from Livewell on the programme	2.24	Ongoing		Livewell Employers	Wellbeing at Work Livewell Southwest
8.3	Continue to review membership of Plymouth Strategic Partnership and reach out to wider partners to build awareness in the system and reduce stigma	All partners to consider potential wider membership that could support deliver of suicide prevention work	2.24	Ongoing		All	
8.4	Lived experience / experts by experience input into strategic partnership	For discussion at partnership meeting	2.24	Ongoing		All	

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8.5	Promotion of non-stigmatising language relating to suicide	All partners to use and promote with their networks	2.24	Ongoing		All		Media Guidelines FINAL.pdf (samaritans.org) (page 12)
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