

Lancashire and South Cumbria ICS

Suicide Prevention Training Specification



Contents

Section	Title	Page
1	Introduction:	
	Context	
	National Strategic Background	
2	Lancashire and South Cumbria Integrated Care System Current Suicide Profile	
3	Training requirements:	
	Aims and objectives	
	Risk factors	
	Current delivery	
	Targeted populations	
	Key employers	
	Innovation fund	
4	Signs of success:	
	Outputs	
	Outcomes	
	Pathway development	
Appendix 1	Lancashire and South Cumbria ICS Logic Model	
Appendix 2	Key documents	
Appendix 3	Funding weighting	

1 - Introduction

Context

This specification outlines the requirements of all age suicide prevention training (including mental health and self-harm) across the Lancashire and South Cumbria Integrated Care System (L&SC ICS). Commissioners view this as a key element of place based prevention in the mental health agenda.

Suicide prevention, mental health awareness and well-being is a priority for L&SC ICS, with recognition that there is no health without mental health.

Suicide Prevention, is one of the cross cutting work streams within the L&SC ICS. The vision for the Lancashire and South Cumbria Suicide Prevention is:

“Lancashire and South Cumbria residents are emotionally resilient and have positive mental health”.

L&SC ICS has developed an action plan based on national guidance and local information as a vehicle to deliver the Governments national target of a 10% reduction in suicides by 2021. The L&SC ICS Suicide Prevention Logic Model (see appendix 1) which was endorsed and agreed in November 2017, has 5 pillars:

- Leadership
- Prevention
- Intervention
- Post Vention
- Intelligence

L&SC ICS has been successful in securing nation investment from NHS England who are investing in 8 ICSs (STPs) of 44 nationally to support suicide prevention.

The delivery of suicide prevention training must primarily focus on:

a) *Prevention beyond secondary services: place-based community prevention work targeting; middle-aged men and/or primary care support*

AND/OR

b) *Reduction within services via quality improvement: self-harm care within acute hospitals and/or generally within mental health services. This should account for people with diagnoses of personality disorder.*

L&SC ICS requires potential providers to work beyond this requirement, providing an all age focus on mental health and suicide prevention.

National Strategic Background

Suicide is rising, after many years of decline. Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014. The rise is most marked amongst middle aged men. Suicide is now the leading cause of death for men aged 15–49. Men are three times more likely than women to take their own life. A quarter of people who took their own life had been in contact with a health professional, usually their GP, in the last week before they died. Most were in contact within a month before their death.

More than a quarter (28 per cent) of suicides were amongst people who had been in contact with mental health services within 12 months before their death, amounting to almost 14,000 people in the ten years from 2003-2013. However, suicides amongst inpatients in mental hospitals have significantly declined over the same period, as a result of better safety precautions.

Suicide is the second leading cause of maternal death, after cardiovascular disease.

The Mental Health Five Year Forward View (FVfV) <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYfV-final.pdf> Recommendation 3: The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed annually thereafter and supported by new investment.

Lancashire & South Cumbria Integrated Care System

Designed to bring together the NHS, Local Government, Communities and Community Organisations; the key strategic partners are:

- NHS England- North West Coast Strategic Clinical Network
- Clinical Commissioning Groups (CCGs) - Greater Preston, Chorley and South Ribble, East Lancashire, West Lancashire, Blackpool, Fylde and Wyre, Morecambe Bay, Blackburn with Darwen
- Local Government - Lancashire County Council, Cumbria County Council, Blackpool Council, Blackburn with Darwen Council
- NHS Acute and Community Trusts - Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, East Lancashire Hospitals Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Lancashire Care NHS Foundation Trust, Cumbria Partnership Foundation Trust
- VCFS sector
- Prison
- Lancashire Constabulary
- Cumbria Constabulary
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The L&SC ICS is made up of 5 Integrated Care Partnerships (ICP's) Localised Health & Care Economies who form and facilitate partnerships with local communities and community organisations. The five local Integrated Care Partnerships and their respective populations are as follows:

ICP and population

ICP	Population
Central Lancashire	392, 809
Fylde Coast	350,646
Morecambe Bay	345,853
Pennine Lancashire	556,769
West Lancashire	113,697
Total	1,759,774

Table SAPE19DT5: Mid-2016 Population Estimates for Clinical Commissioning Groups in England by Single Year of Age, Persons – Office for National Statistics

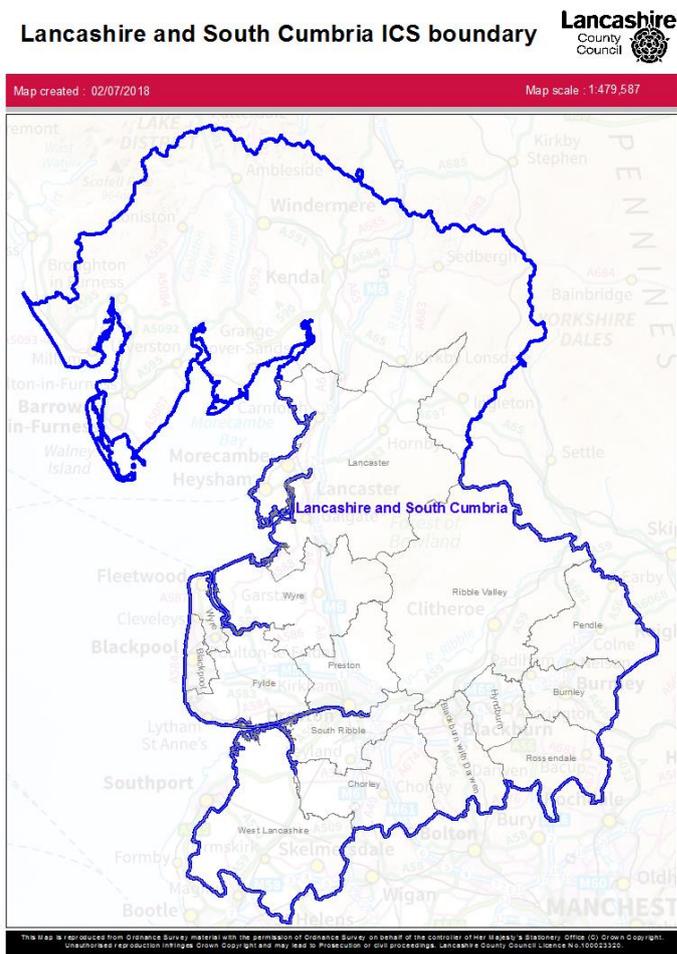
See table below for populations of the eight Clinical Commissioning Groups within the ICS:

CCG	Registered patients (April 2018)
BLACKBURN WITH DARWEN CCG	174,986
BLACKPOOL CCG	173,268
CHORLEY AND SOUTH RIBBLE CCG	183,432
EAST LANCASHIRE CCG	381,783
GREATER PRESTON CCG	209,377
MORECAMBE BAY CCG	345,853
WEST LANCASHIRE CCG	113,697
FYLDE & WYRE CCG	177,378
Lancashire & South Cumbria STP	1,759,774

Source:

NHS Digital

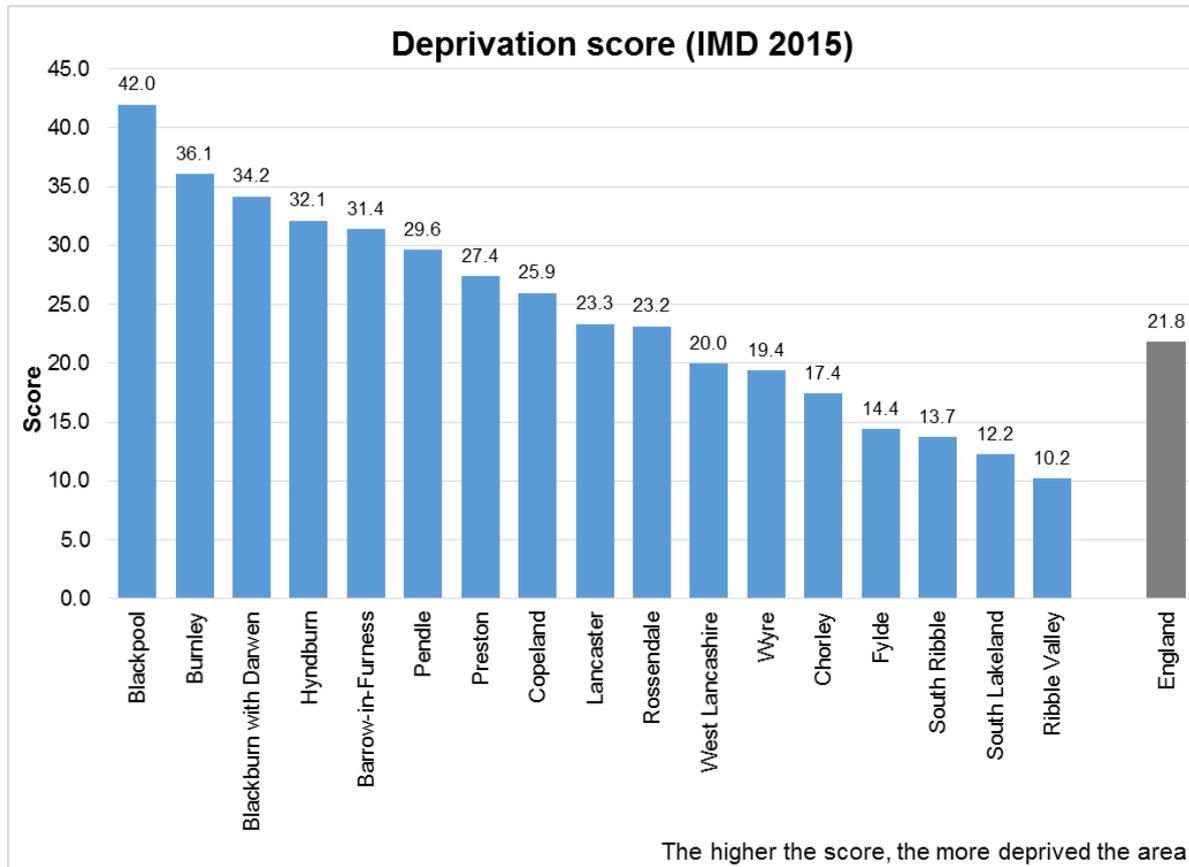
See map below of the L&SC ICS geography:



The geographical area of L&SC ICS includes the following districts:

ICP	Central Lancashire	Fylde Coast	Morecambe Bay	Pennine Lancashire	West Lancashire
Districts	Chorley	Blackpool	Barrow-in-Furness	Blackburn with Darwen	West Lancashire
	Preston	Fylde	Lancaster	Burnley	
	South Ribble	Wyre	Millom & Environs	Hyndburn	
			South Lakeland	Pendle	
				Ribble Valley	
				Rosendale	

Deprivation Scores (IMD 2015)



2 Lancashire and South Cumbria ICS Current Suicide Profile

The L&SC ICS has established a Suicide Prevention Oversight Group which will work across the ICS to achieve the national target of a 10% reduction in suicides by 2020.

The data presented below focusses on Suicide rates in and across the L&SC ICS and the main findings of Local Authority level suicide audits across the ICS footprint.

L&SC ICS is ranked 4th nationally for the rate of suicide (age standardised per 100,000 population, 2013-15) with a rate of 12.2. This compares to a range between 15 and 7 across England.

On the same basis the ICS is ranked 5th for male suicides with a rate of 18.6 and 8th for female suicides with a rate of 5.9.

Male deaths are highest in the 30-44 and 45-59 age groups with rates of 27 and 24.5 per 100,000 population. Female deaths also peak in these same age ranges with rates of 7.4 and 7.9 respectively.

The L&SC ICS ranks as follows across the age ranges compared to other ICS's:

Age range	National STP ranking
10-29	11th
30-44	5th
45-59	8th
60-74	9th
75 and over	18th

Within the ICS footprint Blackpool (16.0), Hyndburn (15.3) and Preston's (13.7) suicide rates are significantly higher than England. Blackpool and Preston share 21% of all suicide deaths across the ICS local authorities.. The local authorities of Barrow-in-Furness, Blackburn with Darwen, Chorley, Copeland, Fylde, Hyndburn, Lancaster and Ribble Valley appear to be showing an increasing rate; the England rate is showing signs of stabilisation.

Self-harm is known to be a significant risk factor in suicides. Within the ICS nine local authorities have rates of emergency hospital admissions for intentional self-harm that are significantly worse than England. Blackpool (578.9per 100,000) and Barrow in Furness (342.9) are the two local authorities with clearly higher rates than the rest of the ICS; the England rate is 185.3.

Each of the local authorities within the ICS has conducted suicide audits over recent years. Whilst not identical in methodology, the audits have raised a number of emerging themes that are common across each.. The stand out common themes are as follows:

- Depression/mental illness
- Alcohol and substance misuse
- Self-harm
- Relationship breakdown
- Financial difficulty

The suicide rate amongst men in Lancashire & South Cumbria is higher than in other age groups and females, as follows:

Lancashire and South Cumbria STP Suicide Rates 2013-2015 per 100,000 population

2013-2015 suicide rate Lancashire & South Cumbria STP

Age	Male	Female	All persons
10-29	8.9	4.5	6.7
30-44	27	7.4	17.1
45-59	24.5	7.9	16.2
60-74	16.7	4.0	10.2
75 and over	14.9	5.1	9.2

3 Training requirements

Aims and objectives

The L&SC ICS wish to implement a training programme to increase capacity to support people to address the psycho-social determinants of their mental health within a whole system approach to mental health for all ages. The programme will increase community capacity for well-being by:

- To establish an approach to training that delivers consistency and best practice within each ICP area.
- To co-produce in collaboration with those with lived experience, communities, work places and aligned professionals to ensure meaningful and targeted training is delivered.
- To improve the engagement of individuals, communities and health professionals in public mental health initiatives.
- To increase resilience in communities and workplace settings in relation to mental health, suicide awareness and self harm.
- To raise awareness of risk factors and high risk groups across the age spectrum.
- To raise awareness of specialist interventions e.g. Cluster management
- To reduce inequalities in accessing information and increasing awareness of mental health and well-being and the Five Ways to well-being.

Specific programme objectives include:

- A life course approach with specific focus on
 - Young people
 - Women in the Peri Natal period (during pregnancy and 12 months after birth) and
 - Middle aged men, especially those experiencing deprivation
- To develop, promote and co-ordinate training programmes to equip individuals and professionals working in multiple settings to recognise emotional distress and develop well-being promoting skills and increase knowledge of mental health and suicide prevention.
- To develop and deliver Universal, Intermediate and Specialist levels of training.
- A training programme to be delivered based on the weightings in **Appendix 3** using evidence-based training packages wherever possible e.g. existing packages such as ASIST or new training programmes developed by providers, supported by a clear theory of change which responds to local data and community voice.

- Targeting of specific work places and or organisations known to employ target groups, especially middle aged men i.e. Building Trade, Prisons, major local employers
- General workforce development across the ICS including those that are currently being trained e.g. student engineers, health and care professionals in training, student teachers
- Training in local communities to improve community resilience, this must include VCFS, community groups and community members.
- To co-ordinate the bookings and delegate information as appropriate for the course.
- Within the resource allocated to each ICP area seek to innovate/ test and learn evidence based approaches that complement the universal/ already commissioned services to avoid duplication (*please liaise with local Public Health teams regarding other commissions*)
- To evaluate the impact of the training programme on attendees' confidence to deliver support and information, and increased capacity.
- To support the evaluation of the training programme in partnership with Liverpool John Moores University.

Risk factors for suicide

Training should also reflect local evidence on the wider determinants as determined by both national data and local suicide audits. Examples include:

- Deprivation
- Male gender
- Family history of suicide.
- Family history of adverse childhood experiences (ACEs).
- History of abuse
- Previous self harm/suicide attempt(s).
- History of mental illness, particularly clinical depression and or self harm.
- History of alcohol and substance abuse.
- Local suicide clusters.
- Bereavement and loss (relational, social, work, or financial).
- Physical illness.
- Easy access to lethal methods.
- Poor help seeking due to stigma.
- Loneliness and social isolation
- Stress at work

One element of this work-plan is to increase the skills and capacity of the wider public health workforce within partner organisations and communities, particularly the children and young people's workforce, and to support an assets approach to improving well-being.

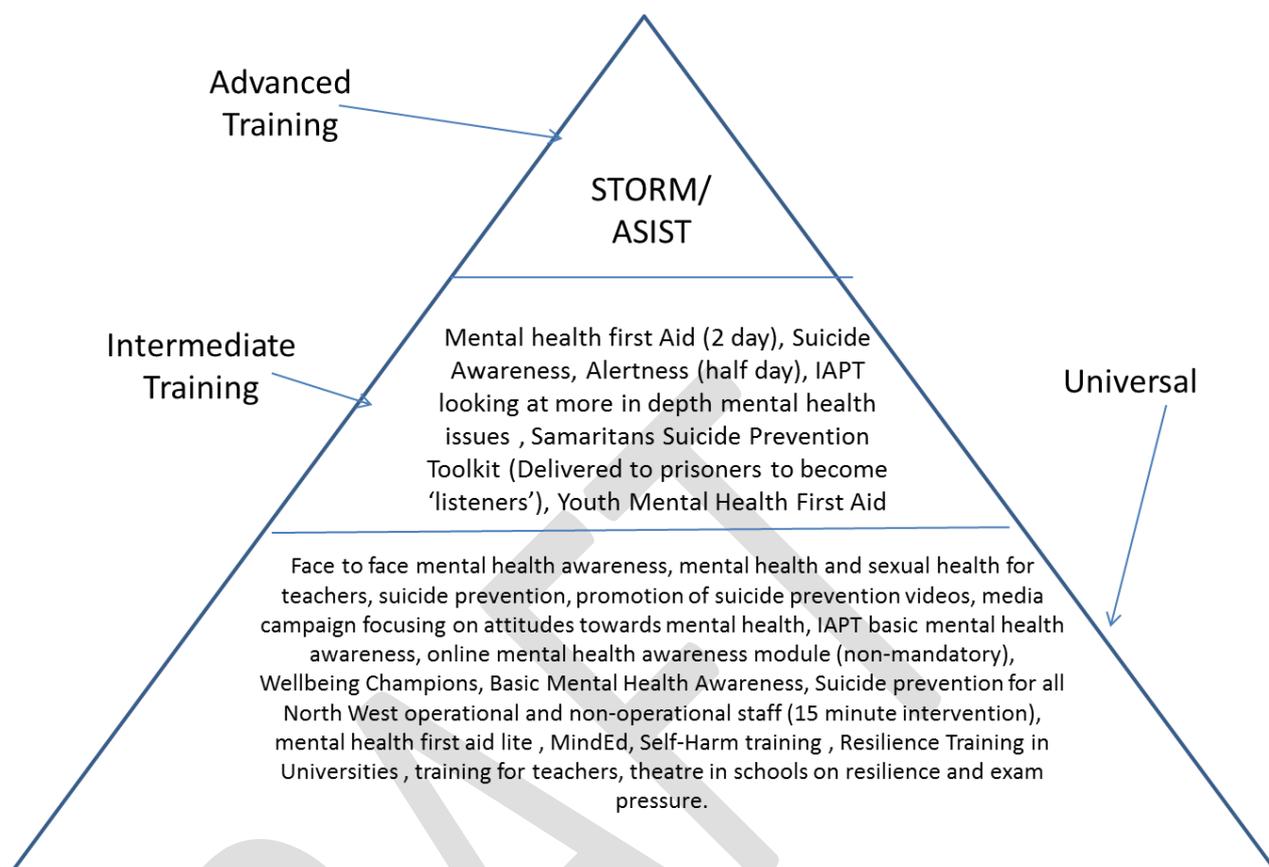
Current Provision

Current provision across the L&S ICS is by locally commissioned providers delivering a range of local and international programs, often utilising freelance trainers. Diagram (X) below highlights what is currently available.

NOTE: That the Universal offer of Zero Suicide Alliance and Mind Ed are not included in the scope of this commission.

Table 5: The geographical area of L&SC ICS includes the following districts	
Local authority	Part of ICS
Barrow-in-Furness	Whole
Blackburn with Darwen	Whole
Blackpool	Whole
Burnley	Whole
Chorley	Whole
Copeland	6 LSOAs
Craven	3 LSOAs
Fylde	Whole
Hyndburn	Whole
Lancaster	Whole
Pendle	Whole
Preston	Whole
Ribble Valley	Whole
Rossendale	Whole
South Lakeland	Whole
South Ribble	Whole
West Lancashire	Whole
Wyre	Whole

Diagram (2): Current training offer across L&SC ICS



Targeted population: commissioners expect provider(s) to explicitly target children, young people and young adults as key risk groups for self harm, and middle aged men, and women in the perinatal period, as key risk groups for suicide. .

Commissioners expect provider(s) to target workplace, educational and community settings to ensure we raise awareness of mental health, self-harm and suicide and build resilience across communities.

Provider(s) will also deliver tailored, place based community focused workforce development interventions, targeting:

- Those in contact with vulnerable/potentially high risk adults, in particular middle aged men experiencing deprivation
- Those in contact with CYP at risk of self-harm and suicide as this is ultimately the way to reduce acute self-harm presentations
- Primary care support (e.g. in integrated Care Communities, ICCs, or equivalent)

Provider(s) must work in close conjunction with the ICS suicide prevention team, local public health teams, and statutory, commissioned, and VFS providers of existing suicide prevention interventions, in order to avoid duplication and maximise added value.

Provider(s) should consider targeting the following settings and/or organisations as a minimum requirement.

- Building and Trade contractors
- NHS – hospital and integrated care communities, primary care (optometrists; pharmacists; dentists; GPs), Maternity and Peri-Natal Teams
- Blue light services
- Local Authorities
- DWP, job centres, citizens advice and equivalent
- Telecoms industry
- Prisons and Youth and adult criminal Justice Settings
- Probation service and Community Rehabilitation Company
- Workers in local industries with large male workforces (e.g. Nuclear, aerospace...)
- Rural and agricultural workers
- Early Years and Nurseries
- Schools
- University campuses and Colleges
- Sports clubs and venues
- Voluntary, Community and Faith sector, including organisations supporting Veterans
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There needs to be a particular emphasis for the first 6 months of the plan targeting those areas that have the highest suicides e.g. Preston, Blackpool and Hyndburn.

Innovation Fund

Within each ICP budget a funding allocation for the development of innovation/innovative practice over and above the core delivery of this specification will be made available.

4 Signs of Success

Outputs:

- All localities in Lancashire & South Cumbria have a Suicide Prevention training programme
- Number of training sessions
- Number of people trained
- People trained in Suicide Prevention (specify number)
- People trained in the impact/risk of Self Harm (specify number)
- Number trained in mental health awareness
- Training is targeted at male dominated employers e.g. BT, BAE, building and trade companies
- Number of events during Suicide Prevention Day

Outcomes

- % who are trained who report and demonstrate improved knowledge, skills and confidence in identifying individuals at risk and in responding appropriately
- % of people who report that they are more aware of who is at risk of suicide and of the ways in which suicide can be prevented
- % who are trained who report and demonstrate improved knowledge, skills and confidence in identifying individuals at risk and in responding appropriately, 3 months post training.
- Decrease in suicide rates across the ICS

Pathway development

The training providers will be expected to bring added value to their delivery by working with the ICS Suicide Prevention Training Co-ordinator to deliver training across the ICS in line with best practice, data, local expressed need, and targeted requirements.

The providers will need to work with partners including ICS Suicide Prevention Training Co-ordinator and local public health teams to ensure that training outcomes are sustainable and that organisations develop pathways for access to relevant information and onward referral when appropriate.

Developments for 31st July

Commissioners are keen to develop this specification on the bidder day in order to understand from provider experience, the best way to commission in order to drive the maximum value from the investment.

- The volume of training that can be delivered
- The cost ratio of delivering training at scale
- Should we commission:
 - in 'lots' eg each Integrated Care Partnership (x5)
 - By theme
 - By target group

Allocation of resources

The bidding process and finances will be split into five ICP footprints as detailed below

Each ICP footprint will be further divided in YP specific and adult specific training to allow for flexibility of bidders.

Bidders can bid for a whole footprint, or for e.g. YP in any number of footprints.

Funding has been split into the five ICP 'lots' on the following basis:

- ICP population 50% (£0.074 per capita)
- Suicide rate 40%

	Suicide Rate per 100,000	Per capita allocation
Central Lancashire ICP	12.343	£0.058
Fylde Coast ICP	13.628	£0.078
Morecambe Bay ICP	13.077	£0.074
Pennine Lancashire ICP	11.958	£0.039
West Lancashire ICP	7.900	£0.006

- Deprivation 10%

	Deprivation Index	Per capita allocation
Central Lancashire ICP	20.1	£0.144
Fylde Coast ICP	27.8	£0.169
Morecambe Bay ICP	21.5	£0.160
Pennine Lancashire ICP	29.3	£0.130
West Lancashire ICP	20.0	£0.146

The allocations are as follows:

Table XXX Funding allocation

ICP	Funding
Central Lancashire	£56,547
Fylde Coast	£59,150
Morecambe Bay	£55,432
Pennine Lancashire	£72,283
West Lancashire	£16,588

Total	£260,000
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Appendix 1 L&SC ICS Logic Model

INSERT - Logic Model

Appendix 2 Key Documents

INSERT LINKS - key National Strategic documents:

- Public Health England Suicide Prevention Planning Guidance- October 2016
- 3rd Progress report of the Preventing Suicide Government Strategy- January 2017
- Health Select Committee Recommendations- January 2017
- National Suicide Prevention Alliance- NSPA Strategic Framework 2016-19
- FYFV for MH

Key data and intelligence sources:

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registrations#main-points>

<https://sites.manchester.ac.uk/ncish/reports/annual-report-2017-england-northern-ireland-scotland-and-wales/>

<https://www.hqip.org.uk/resource/report-suicide-by-children-and-young-people-2017/#.W1dwNWeovdc>