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Lancashire and South Cumbria STP

Suicide Prevention Logic Model

Vision Lancashire and South Cumbria residents are emotionally resilient and have positive mental health

Long Term Outcomes

Long Term Outcome
Reduction in suicides

Long Term Outcome
Reduction in self-harm

Long Term Outcome
Improve outcomes for those affected by suicide

Intermediate Outcomes

Intermediate Outcome 1
A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders

Intermediate Outcome 2
Elimination of suicides for in-patient and community mental health care settings and Criminal Justice settings including Prison and Police Custody

Intermediate Outcome 3
Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance

Intermediate Outcome 4
Effective support to those who are affected/bereaved by suicide

Intermediate Outcome 5
To provide better information and support to those affected by suicide and those at risk of suicide

Intermediate Outcome 6
Improved use of evidence, data and intelligence

Short Term Outcomes

LEADERSHIP (IOs 1-6)

ST Outcome 1
An effective Suicide Prevention Oversight Board

ST Outcome 2
Greater integration of suicide reduction activities within other strategies and service plans

Short Term Outcome 3
Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health champions

PREVENTION (IOs 1-6)

ST Outcome 4
Increased awareness of suicide risks and suicide prevention
ST Outcome 5
Improved mental health and wellness
Short Term Outcome 6
Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately
Short Term Outcome 7
The media delivers sensitive approaches to suicide and suicidal behaviour
Short Term Outcome 8
Restrict access to means and respond effectively to High risk locations
Short Term Outcome 9
Increased awareness of impact of Adverse Childhood Experiences
Short Term Outcome 10
Development of an Offender MH Pathway for when released in to the community

INTERVENTION (IOs 1-3)

Short Term Outcome 11
Preventing and responding to self-harm, ensuring care meets NICE guidance
Short Term Outcome 12
Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance
Short Term Outcome 13
High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices
Short Term Outcome 14
24/7 functioning CRHTT that are high CORE fidelity
Short Term Outcome 15
Liaison Mental Health Teams that meet CORE 24 standards
Short Term Outcome 16
Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented

POSTVENTION (IOs 1&3)

Short Term Outcome 17
All those bereaved by suicide will be offered timely and appropriate information and offered support by an appropriate bereavement services within 72 hours

Short Term Outcome 18
All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place

INTELLIGENCE (IO 1& 6)

Short Term Outcome 19
To establish a data collection and evaluation system to track progress

Short Term Outcome 20
To develop a consistent Suicide Audit template and schedule is agreed by all LAs

Short Term Outcome 21
To have 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths

Short Term Outcome 22
Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview Reviews

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LEADERSHIP

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	The impact of suicide, on those affected by it, is relieved

Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence

Short Term Outcomes	Short Term Outcome 1 An effective Suicide Prevention Board	Short Term Outcome 2 Greater integration of suicide reduction activities within other strategies and service plans	Short Term Outcome 3 Secure high level Lancs and South Cumbria political support for suicide prevention, with support from local political mental health and suicide prevention champions
Signs of success	6 SP Oversight Board meetings held each year LA Safeguarding Boards are provided with regular updates on progress	Suicide Prevention Commitments and Statements are included in all key stakeholders policies and strategies i.e. HR Policies Every organisation has s suicide prevention policy for staff	All H&WB have agreed the content and signed up to support the delivery of the Lancs and SC SP Action Plan All LAs have a MH and Suicide Prevention Elected Member Champion
Reach	Key Stakeholders, Safeguarding Boards, LA Suicide Prevention groups, STP Governance meetings, Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3rd Sector services, Local Communities	Local Authorities, Primary and Secondary Care organisations, Police, Fire Service, NWAS, CYP service, Commissioners and 3rd Sector services, Private Sector (particularly Construction, Carer Organisations)	Local Authorities- Health and Well Being Boards, Elected Members Local Communities,
Output	Commitment from all key stakeholders to reduce and prevent Suicides	Suicide Prevention is seen as the responsibility for all in Lancs+ SC	. Elected Member Mental Health and Suicide Prevention champions in each of the LAs

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Activity	Bi Monthly SP Oversight Board meeting To attend at each Health and Wellbeing Board to seek support for the Lancs and SC STP action plan action plans To provide update reports to local Safeguarding Boards and Health and Wellbeing Boards on the development and delivery/ implementation of the Suicide Prevention STP Plan Strategic Leaders pledges/ commitment to deliver of the Suicide Prevention Action Plan Strategic Leads across Lancs and SC to consider to sign up to the No More Zero Suicide Alliance	To develop a Suicide Prevention narrative and key areas for action for strategies and plans where suicide and suicide prevention is a related issue or risk e.g. drugs and alcohol, long-term conditions **(** Key stakeholders to audit current policies and procedures to establish if suicide prevention/ risk of suicide is included Mapping of key stakeholders data to allow for segmentation and targeting for those high at risk of suicide	Define the role of Mental Health and Suicide Prevention Champion LA PH Leads to present the role and expectation to LA Cabinet meetings To identify Elected Members that will take on the role of Mental Health and Suicide Prevention Champion Train the MH/ Suicide Prevention Champions
Inputs	Officer time to attend meetings Officer time to produce update reports Financial	Officer time to conduct audit of policies Analytical	Training of Mental Health and Suicide Prevention Elected Member Champions Officers time Financial Training

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PREVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	The impact of suicide, on those affected by it, is relieved

Intermediate Outcomes	Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance	Outcome 4 Effective support to those who are affected/bereaved by suicide	Outcome 5 To develop and support our workforce to assess and support those who may be at risk of suicide	Outcome 6 Improved use of evidence, data and intelligence

Short Term Outcome	Short Term Outcome 4 Increased awareness of suicide risks and suicide prevention	Short Term Outcome 5 Improved mental health and wellness	Short Term Outcome 6 Communities and service providers are more skilled to identify individuals at risk of suicide and respond appropriately	Short Term Outcome 7 The media delivers sensitive approaches to suicide and suicidal behaviour	Short Term Outcome 8 Restrict access to means and respond effectively to hotspots	Short Term Outcome 9 Increased awareness of impact of Adverse Childhood Experiences (ACEs)	Short Term Outcome 10 Development of an Offender MH Pathway for when released in to the community
Signs of success	% of people who report that they are more aware of who is at risk of suicide and ways in which that it can be prevented Decrease in Suicide rates across the STP Increased awareness of the suicide audit	Increase in volunteering Increase in residents taking part in physical activities across the STP area Increase in those accessing Adult Learning opportunities 5 Ways to	**Specify number** people trained in SP % who are trained who improved knowledge, skills confidence in identifying individuals at risk **Specify number** public sector organisations who agree to make SP training mandatory	Local Authorities and 4 local media organisations have pledged to adhere by the Samaritans suicide reporting guidance No of stakeholders that sign up and adopt the principles for the reporting of suicides	Reduction in suicides in suicide hotspots	Staff in key agencies have an increased awareness of ACEs and the impact that they have on CYP Increase in staff that report that they are able to support/ refer to services that will help CYP when an ACE is	Clear pathway for offenders to access MH services when released for custody, particularly for those that are high risk of suicide i.e. on suicide watch in the custodial estate Reduction in the number of suicides of

	findings across all key stakeholders	Wellbeing embedded in commissioned services Increase in mental health awareness training	**Specify number** of people who are trained in the impact/ risk of Self Harm Number of hours of Protected Learning time allocated by CCGs for Suicide Prevention awareness training sessions			identified Increase in the number of services that are commissioned which include and monitors ACEs	prisoners on release from custody Offender Health Pathway protocol developed and signed off
Reach	Those more at risk of suicide: men, older, Private businesses; taxi, barbers Schools and colleges Prisons Substance misuse services , Local authorities, Primary and Secondary Health, DWP, CAB, 3rd Sector Organisations	Universal – whole population Target services which address high levels of vulnerability eg Substance Misuse Services, Community Mental Health services, Wellbeing services	Targeted training- particularly middle aged men, building and trade contractors Local residents Elected Members Frontline Police/ A+E staff/ Secondary MH services/ Schools/ Primary Care	Communication Departments in all Key Stakeholder organisations Media Outlets	Local Communities Police/ NWAS/ National Rail/ LA Planning Departments/ Local Travel Companies/ British transport Police	Local Authorities Police Education 3rd Sector organisations Commissioners-Health and Public Health Prisons Probation	Prisons, Police, Primary Care and Secondary MH Services, Local Authorities, Probation
Output ↑	number of events during Suicide Prevention Day Time to Change Campaigns embedded across Las Suicide Audit data publicised and shared Scoping exercise	Measure increase in mental health awareness training delivered Contracts have 5 Ways embedded Volunteer hours recorded across the system Uptake of physical activity (PHOF ?)	• number of training sessions • number of people trained • Suicide Prevention awareness training is integrated in to mandatory training for all stakeholders i.e. module	At least one of the following media organisations will sign a suicide prevention pledge re responsible reporting • TV (That's Lancashire Channel) • Newspaper • Radio	Number of Suicide high risk locations that are identified and target hardened	% of staff that are have attended ACE awareness training Number of services that are commissioned which include ACEs and are monitoring them	Clear pathway agreed for prisoners returning to Lancashire and South Cumbria to access MH Services Gaps identified Agreed protocol signed up to by Prison/ probation and Services

	of debt services completed Consistent debt advice available across the STP		within safeguarding training • Trainings is targeted at building and trade companies and male dominated employers i.e. BT, Sellafield. • All localities in LANCS + SC have a SP training programme • All LAs have an Elected Member for Mental Health and suicide prevention				
Activity	To undertake suicide prevention awareness raising during world Suicide Prevention Day To develop suicide prevention social marketing campaign material To deliver a "Time to Change" campaign as part of MH Awareness week Scoping of the level of debt advice support available across STP	Write 5 Ways into all relevant new service specifications Measure volunteer hours across STP Monitor changes in PHOF physical activity data Partnership to develop wider mental health training capacity (eg use of e learning tools).	Map out current 'e' learning suicide prevention training that is available/ being used To identify potential gatekeepers or champions for suicide prevention in local authorities, CCGs to allocate protected learning time sessions/ 1 hour session for Suicide Awareness/ REACH training to programmed	To host a meeting with key media organisations which focuses on suicide awareness and responsible media reporting To relaunch the Samaritans media guidance Standardised guidance document produced for reporting of suicides Principles of the reporting guidance adopted by all key agencies	• Identify Top 10 high risk locations in Lancs and South Cumbria • Work with Network Rail, Coast Guard, BTP, Lancashire and Cumbria Police, Highways Agency, and Waterways Agency to reduce access in the top 10 high risk locations • Carry out Environmental	Raise awareness of ACEs i.e. what they and the long lasting impact they can have on CYP Include ACEs in future Suicide Audits Include ACEs in all relevant commissioned services that are being re designed	Mapping of current pathway Gaps identified Offender Health Pathway protocol developed Key Stakeholders agree and sign up to protocol

	Identify gaps in debt/ money services Develop a standard/ universal approach to debt advice across the STP		statutory safeguarding training Develop a Suicide Prevention training programme which covers ACEs/ Self Harm/ MH First Aid/ ASSIST/ Safe Talk		Visual Audits of high risk locations		
Input	LA PH Teams LA healthy living services	Officer time LA PH teams and CCG Financial resources Data	Officers Time Financial resource	Samaritans Media organisations Communication departments in stakeholder organisations Officer time to produce the guidance and principles Senior Officers to agree and sign off	Data Officer Time Financial resource	ACE Training video Officer time to train staff	Officer time to undertake mapping pathway work Financial resource Technology

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INTERVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide

Intermediate Outcomes	Intermediate Outcome 1 A strong integrated Suicide Prevention Action Plan that is owned by all key stakeholders	Outcome 2 Elimination of suicides for in-patient and community mental health care settings	Intermediate Outcome 3 Clear pathway of care for CYP and Adults who Self Harm that meets NICE guidance

Short Term Outcomes ↑	Short Term Outcome 11 Preventing and responding to self-harm, ensuring care meets NICE guidance	Short Term Outcome 12 Adoption and full implementation of a Perfect Depression Care Pathway that meets NICE guidance	Short Term Outcome 13 High risk groups are effectively supported and risks minimised through effective protocols and safeguarding practices	Short Term Outcome 14 24/7 functioning CRHTT that are high CORE fidelity	Short Term Outcome 15 Liaison Mental Health Teams that meet CORE 24 standards	Short Term Outcome 16 Dual Diagnosis pathways, ensuring care meets NICE guidance (NG58) are agreed and implemented

Signs of success	Increased awareness among frontline workers regarding suicide risk factors and co-morbidities All A&Es have undertaken an audit 100% of patients presenting with self-harm have a full biopsychosocial assessment No of services that are NICE compliant identified LMH teams in acute hospitals have CYP specialists Self-Harm pathway mapped out for CYP and Adults	All patients receive NICE compliant treatment for depression	Reduced suicide ideation and behaviour Increased use of comprehensive risk and clinical assessments Increased family engagement and involvement in care Increased capacity for working with a person with suicidal thoughts Increased access to support for those not open to MH services Zero Suicides in any inpatient/ criminal justice	24/7 Crisis Care available for CYP and Adults that are high performing CORE fidelity teams. CRHT teams meet the NHS National Standards set out in the MH FYFV	CORE 24 LMH teams in each of the 4 Acute hospitals across Lancs and SC that also provide specialist CYP support LMH teams meet NHS England National Standards for CORE 24 that are set out in the MH FYFV	Dual Diagnosis pathway fully implemented and embedded into working practice Increased awareness of MH and Drug – Staff aware of the most appropriate pathways into service Service/Pathway meets NICE Guidance All workforce are confident to take on dual diagnosis role (Both MH and

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	Self-Harm Service gaps identified		setting			Substance Misuse Staff)
Reach	A&E Departments, NWAS, 3rd Sector organisations, Lancashire Police, CYP services, Commissioners, LAs, Schools	MH Trusts, GPs, CCG Commissioners, IAPT services	A&E Departments, NWAS, Primary Care, MH Trusts, families and those with lived experience , Housing, Substance Misuse services	Local Communities LCFT Police NWAS	Acute Hospitals, Primary Care, LCFT, Commissioners	Drug and Alcohol Services, Secondary Care, Service Users
Output ↑	Number of A&E's have an audit of % of patients who present with self-harm who have had a full biopsychosocial assessment Number of services that are Self harm treatment compliant Increase in CYP resilience	LCFT/ CFT and respective commissioners have signed up to delivering the perfect depression care pathway No of GP practises that meet NICE compliance Baseline established of the number of people who are currently being treated with anti-depressants Baseline established for the number of PHQ 9 forms that are completed	Accessible services that are available 24 hours/ 7 days a week Increased improvement in Suicide Awareness Increase in the number of people trained	24/7 fully resourced CRHTT that is accessible to CYP and Adults	LMH teams meet CORE 24 standards	Number of staff that are trained in dual diagnosis Increase number of jointly managed cases by drug and MH services
Activity ↑	Establish current level of self-harm rates across Lancs and SC To identify " frequent" self-harmers accessing A&E Departments and NWAS To review current self-harm support and interventions for adults and young people in LANCS + SC To undertake an audit in each A&E of implementation of Nice guidance relating to self-harm and psychological	To baseline data relating to services for depression, that is IAPT, antidepressant prescribing and suicide rates by postcode, evidence of application of NICE guidelines across primary and secondary care and days lost in employment in Lancs and SC To design with patients and stakeholders a 'perfect depression care	Review and modify current risk and clinical assessment tools to ensure consistency and comprehensiveness in MH Trusts To pilot a minimum/optimal standard for suicide risk assessment tools in primary care To develop a Lancs+ SC standard for suicide prevention in secondary care	To develop crisis care arrangements to enable access to 24/7 support for all-age groups particularly children To ensure that CRHTT are high CORE fidelity teams MH trusts should provide timely and appropriate treatment	To develop LMH implementation plan for 2018/ 2019 Implement a Liaison Mental health team which has CYP specialists in Acute hospitals To recruit staff to meet CORE 24 LMH standards	Establish current baseline Develop dual diagnosis pathway that meets NICE Guidance Pathway signed off and agreed by MH steering group Pathway embedded into working practices

	assessments in A&E To review local self-harm care pathways against NICE guidance (CG133) To deliver suicide prevention and self-harm training for staff To develop am information sharing system between NWAS and LA PH teams re number of attempted suicide/self-harm To develop a consistent system of sharing data with GPs from A&E and NWAS **(** To develop a consistent response with primary care to those patients flagged as attempted suicide/self-harm from A&E and NWAS	pathway' with key outcomes To secure sign up across all MH Trust providers and commissioners (mental health) for commissioning of this care pathway Establish a baseline for the number of patients that are currently being treated with anti-depressants and that the care meets NICE guidelines	To develop a process to enable learning from suicide attempts Consult and engage with families of those with suicidal ideation To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented To strengthen the management of depression in primary care To review local care pathways against Antenatal and postnatal mental health: clinical management and service guidance NICE guidance (CG192)		MH trusts should provide timely and appropriate treatment	
Inputs	Data analysists A&E departments and NWAS, NHS England CORE 24 funding	Commissioners, MH Trusts, GPs, IAPT	Staff time to conduct audit of current policies	CCG Commissioner funding, LCFT	CORE 24 Transformation funding (2018/19), Acute Hospitals, A+E Delivery Boards, LCFT, Commissioners	CCG Commissioner funding, LA Public Health Commissioners, Drug and Alcohol Services, Secondary MH services

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POSTVENTION

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide

Intermediate Outcomes	**Intermediate Outcome 4** Effective support to those who are affected/bereaved by suicide

Short Term Outcomes ↑	**Short Term Outcome 17** **All those bereaved by suicide will be offered timely and appropriate information and offered support by bespoke bereavement services within 72 hours**	**Short Term Outcome 18** **All identified suicide clusters have a community response plan and schools have a post suicide intervention protocol in place**
Signs of success	Bespoke suicide bereavement service commissioned across Lancs and South Cumbria Increased number of those bereaved by suicide can access mainstream MH services/ Support	Reduction in the number of cluster suicides incidents Post Suicide Intervention adopted in all schools across Lancs and SC
Reach	Those bereaved by suicide, Commissioners of MH services, Commissioners of bereavement services/ Coroners/ Police/ NWAS/ Public Health Leads/ Las/ Prisons/ LCFT/ CFT	Coroner/ LA PH Leads, Police and specific stakeholders based on the circumstances/ need that are identified
Output	Bereavement Support services mapped out Gaps identified Increase in the no of Help is at Hand books given out by services Bespoke Suicide Bereavement Service specification developed Consistent Referral for Suicide Bereavement adopted by Stakeholders	Key Leads identified in each organisation Standardised documents and process agreed for developing Community Response Action Plan

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Activity	To review what services are currently available/ commissioned across Lancs+ SC for people that are bereaved by Suicide Develop an online directory of services and resources for those affected by Suicide including ADFAM, Samaritan, MIND ED etc. Develop a consistent approach taken by all key stakeholders for signposting, advice provided and support offered to those affected by suicide To consult with those bereaved by suicide to develop a Lancs and SC suicide bereavement pathway. To scope the potential for additional commissioning of suicide bereavement support to supplement local arrangements To scope current arrangements across Lancs and SC in relation to post-vention interventions, e.g. schools, communities and outreach to family and friends, in addition to bereavement support To upskill current bereavement support services so they are able to offer/ provide specialist suicide support to those affected by suicide	Review PHE Guidance for developing Community Cluster Action Plans Develop Standardised Suicide Prevention Community Cluster Action Plan procedure Define what is meant by a suicide cluster i.e. 2 or more/ same modus operandi (MO) All key stakeholders sign up, agree and implement procedure Development of post suicide intervention protocol in schools
Input	Help is at Hand Staff Time Funding for Specialist service identified	Staff Financial

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INTELLIGENCE

Long Term Outcomes	Reduction in suicides	Reduction in self-harm	Improved outcomes for those affected by suicide

Intermediate Outcomes	**Intermediate Outcome 6** Improved use of evidence, data and intelligence

Short Term Outcomes ↑	**Short Term Outcome 19** To establish a data collection and evaluation system to track progress	**Short Term Outcome 20** A consistent Suicide Audit template and schedule is agreed by all LAs	**Short Term Outcome 21** To have a 'Real-Time Data' surveillance system across Lancs+ SC re suicide and attempts and drug related deaths	**Short Term Outcome 22** Sharing lessons learnt, best practice and recommendations from Serious Case Reviews/ Child Death Overview and Domestic Homicide Reviews
Signs of success	Performance Management framework which monitors interventions and impact on Suicides across Lancs and SC	A consistent suicide audit data collection method which is adopted across Lancs and SC Regular Suicide Audits are conducted across Lancs and SC	Real time data Suicide and attempted suicide, drug related death Surveillance system in place Signed and agreed information sharing protocol Key stakeholders have an increased awareness of the suicide picture across Lancs and SC	Agencies have an increased awareness lessons learnt from Serious Case Reviews and Child Death Overview and Domestic Homicide Reviews
Reach	Suicide Prevention Oversight Board, STP Governance, NHS England, PH England	LA Public Health Leads Coroners Police	Police, NWAS, LA PH Leads, Coroners, Commissioners, Substance Misuse providers, GPs, LA Safeguarding Leads, LA Suicide Prevention Groups, STP partners, Information Governance Leads	Local Safeguarding Boards (Adults and CYP), Local Authorities/ Primary and Secondary Health services, NWAS/ Police/ Prison/ Probation/ CCGs
Output ↑	Quarterly performance reports	Consistent data collection across Lancs and SC Suicide Audit Timetable agreed Suicide Audit report produced across the STP footprint every 3	Joint information sharing protocol Real time data available for Public Health Leads in each LA Responsive coordination and collection of suicide, attempted	Standardised process for sharing the lessons learnt

		years	suicides and drug related deaths information Regular reports provided to STP Governance Board, LA Safeguarding Boards (Adult and CYP)	
Activity	Develop a performance management framework that is able to track progress made against the action plan Produce reporting template that can be used in CCG IAF submissions. Stakeholder agree data sources that will be used for performance monitoring	Review the current suicide audits templates that are currently being used for data collection across Lancs and SC **(LA PH Leads, Sept 2017)** Develop Suicide Audit template **(LA PH Leads, Sept 2017)** Develop Suicide audit timetable which is agreed by all LA PH leads **(LA PH Leads, Sept 2017)**	Feasibility scoping exercise conducted for implementation of a 'Real Time Suicide Surveillance system **(Neil Smith- October 2017)** Consistent data collection process agreed Develop information sharing protocols Mapping of current data that is collected around suicide, attempted suicides and drug related deaths	To standardise post-incident reviews, share best practice, lessons learned and review recommendations to ensure that they are implemented
Inputs	Data Analyst, All Key Stakeholders, Staffing, Technology	Staffing capacity Technology	Data Analyst Time Staffing Technology Financial	Staffing Technology Financial