

High Level Resource Plan

A high level resource plan for the suicide implementation strategy is provided below.

Ref No.	Outcome	Strategy Action	Lead (responsible for the coordination & reporting of the action)	Tasks and milestones	Target completion	Status	Update	Resource status	Overall cost category	One off, time limited or ongoing costs	Notes
1.1	Suicide prevention network including community action	1.1.1. Join National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH).	Manx Care	Meet with Health, Quality and Improvement Partnership (HQIP) about joining NCISH and discuss the development of a specification with a view to joining at the next contractual round, starting 1/4/2024.	Q2 2023	Complete	Received confirmation of costs and participation. Awaiting next intake.	Existing resources	Very low < £50k	Ongoing	
				Confirm the cost for the Island (which will be calculated using Barnett formula) and identify funds	Sep-23	Complete					
				Apply to HQIP to join NCISH programme	Dec-23	Planned					

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				Review current information sharing procedures to ensure that the existing agreement covers this work, if required develop a further agreement	Dec-24	Planned					
				Sign participation agreement	Mar-24	Planned					
				Undertake awareness training with Psychiatrists to ensure that they are able to contribute the data to the programme	Sep-24	Planned					
		1.1.2 Establish a Suicide Prevention Network. This	Public Health	Resilience revolution' partnership started	Q1 2023	Complete	Work ongoing to identify key areas which can be	Specific funding required	Low £50k-99k	Time limited (5 years)	This is the delivery resource for Public Health as most actions

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		network will consist of individuals, groups and organisations who are committed to suicide prevention, and will grow organically as other prevention initiatives take hold.		Identify other key areas that networks can be developed through stakeholders	Jan-24	Progressing	developed. Initial investigation into 'barber talks' underway to explore whether this could be brought onto Island.				require staffing time and the Suicide Prevention Strategy current has no staff completely dedicated to the project.	
1.2	Culture of improvement – 'no blame, just learning'	1.2.1 Establish a Suicide Review Panel to operate alongside other death review panels to focus on uncovering opportunities to prevent further deaths.	Public Health	Establish the evidence base through literature review	Jun-24	Planned	Work not commenced	Specific funding required	Very low < £50k	Ongoing	The set-up of the panels would be incorporated in the HEO already identified above, however to provide ongoing support for the review panels, permanent staffing resource of an EO would be required after the life of the strategy.	
				Working group of key stakeholders to: -discuss best practice -combining with other death reviews -develop next steps	Dec-24	Planned						
		1.2.2 Work with Manchester University to analyse deaths by suicide in Mental Health Service users, for learning and service	Manx Care	Make initial contact with Manchester University	Q1 2023	Complete	There were problems engaging with Manchester University. Therefore decision taken with Manx Care to	within future identified resource/business case	Low £50k-99k	One off		As the amount of work involved in undertaking the thematic analysis is unknown, it is difficult to give precise costings, however estimate is based on other
				Manx Care approach alternative academic institutions	Q2 2023	Complete						

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		development opportunities.		Manx Care to coordinate meeting to agree TOR	Sep-23	Progressing	engage other academic institutions. Approach made to alternative specialist academic bodies and currently exploring a commissioning arrangement				commissioned academic work in Government.
				Manx Care commission thematic review	Jun-24	Planned					
1.3	Links with all boards	1.3.1 Map and influence all overlapping fora and initiatives.	Public Health	Stakeholders to map all overlapping groups and initiatives	Dec-24	Planned	Work not commenced	Already identified within this plan			See action 1.1.2
				Determine most efficient / effective way of influencing these groups / initiatives to promote suicide prevention and develop plan	Jan-25	Planned					
1.4	System wide collaboration to increase capacity and capability	1.4.1. Promote the importance of the wider determinants of health	Public Health	Work with Public Health to develop a tool for Government to factor Public Health advice, and the wider determinants of health, into decision making in Government	Jun-24	Progressing	Initial tool to help facilitate decision making developed by Public Health and submitted to Cabinet Office for consideration. Concern	Already identified within this plan			See action 1.1.2

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				Map existing Government initiatives, strategies and work streams which share focuses with this strategy to ensure a joined up approach	Dec-23	Progressing	expressed that the approach is too 'tick box' and so Public Health exploring other options.				
2.1	A data set capable of tracking progress of strategy	Develop a Suicide Prevention Profile - analogous to the Office for Health Improvement and Disparities profile this gathers together suicide data, related risk factors and contacts with related services.	Public health	PH to scope what is required to upgrade what we already know to a full 'suicide prevention profile'	Q1 2023	Complete	Profile scope done	Existing resources	Very low < £50k		Being met by current staffing resource
				Create suicide prevention profile	Q1 2023	Complete	Sourcing data through various channels				
				Map data owners of indicators	Q1 2023	Complete	AD complete				
				Populate indicators owned by Public Health	Jun-23	Complete	AD complete				
				Email data sources for timelines	Jun-23	Progressing	Sourcing data through various channels				
				Map timeline for delivery of data and begin collecting	Q2 2023 and Q4 2023	Planned	Sourcing data through various channels				

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				Create summary of profile with existing indicators 6-monthly	Jan-24	Planned	Health Intelligence data used to create the profile. See note above re remaining data collection issue.				
2.2	Better understanding of risks	Finalise Suicide Audit and use results to inform other suicide prevention objectives.	Public Health	Suicide Audit intelligence and service learnings to be delivered to Mental Health staff, GPs, Psychiatrists, Student nurses, Care Quality and Safety Team, Manx Care Safety Summit, Samaritans	Q1 2023	Complete	Complete	Existing resources	Very low < £50k		Being met by current staffing resource
2.3	Real time intelligence	2.3.1 Suicide audit data gathering to become an annual norm.	Public Health	Waiting for inquests for next period to be completed	Sep-23	Progressing	Response received from Clerk to the High Bailiff informing that inquests complete and currently being formatted	Existing resources	Very low < £50k		Being met by current staffing resource
				Arrange Public Health resource for data collection	Sep-23	Planned					
				Write suicide audit report	Dec-23						
		2.3.2 Develop a real time database, alongside suicide audit information, that's capable of	Public Health	Review how suspected suicide data is captured and implement any required changes	Jun-23	Progressing	Public Health Intelligence creating dashboard and heat map	Existing resources	Very low < £50k		Being met by current staffing resource

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		spotting emerging trends and links with other suicides.		Create template for data to be populated in SSRR meetings	Jun-23	Planned					
				Create master file for template data to be input into	Sep-23	Planned					
				Prepare suicide heat map	Jun-23	Progressing					
3.1	Individuals (especially young people) and the community are more resilient, wellbeing is promoted and people have the tools to deal with crisis	3.1.1 All schools review of PSHE, to ensure quality resilience training for children and young people across the island, with an emphasis on 'choice'.	DESC	Public Health to meet DESC to discuss development of PSHE	Dec-23	Planned					
				Research and cost evidence-based SEL & PSHE programmes	Oct-23	Planned					
				Estimate costings of evidence-based SEL & PSHE programmes for schools and share with PH for Treasury business case	Aug-23	Planned	Not commenced	Specific funding required	Medium £100k-£499k	Time limited (2 years)	
				Speak with primary Head teachers	Oct-23	Planned					
				Speak with secondary Head teachers	Oct-23	Planned					
				Liaise with other project leads to review existing associated actions	Oct-23	Planned					

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				Meet with Project, Strategy and Governance Division regarding project management.	Sep-23	Planned					
				Review actions from SRE review	Sep-23	Planned					
				Stakeholder session to establish implementation plan	Dec-23	Planned					
				Draft an action plan with Department approval	Mar-24	Planned					
		3.1.2 Online safety promotion (with reference to Samaritans internet safety guidelines).	Public Health	Scope and map the various forms online risk relating to Suicide Prevention	Mar-24	Planned	Not commenced	Already identified within this plan			See action 1.1.2
				Incorporate into PSHE and community suicide prevention awareness plan. Program of specific comms awareness. Consider legislative gaps compared to neighbouring jurisdictions	Dec-24	Planned					

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		3.1.3 Develop specific wellbeing support for staff in vulnerable roles	Manx Care	Hold initial meeting with all blue light services (including Prison) on developing a shared approach for staff resilience and supporting those traumatised whilst carrying out their duties.	Q3 2023	Complete	This has been discussed as part of Action 3.3 and these actions may be amalgamated under the HR action with agreement from HR given the cross Government nature of the action	Specific funding required	Very low < £50k		(See action 3.3) This action is not solely a Manx Care responsibility. Transferring it to be led by HR reflects the cross-departmental nature of staff welfare.
				Incorporate the recommendations from Blue Light meetings into trauma informed strategy as part of wider Government plans for Early Interventions to ensure a collaborative approach	Jun-24	Ongoing					
				Convene blue light support working group to develop that area of the trauma informed strategy	Mar-25	Planned					
3.2	A community (particularly community gatekeepers) are able to	Community suicide prevention awareness plan targeted to main high risk groups.	Public Health	Convene a small working group to complete a best practice review, and high level plan	Dec-26	Planned	Not commenced	Already identified within this plan			See action 1.1.2

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	talk about suicide	This will include strategy and implementation, including commissioning.		Individual initiatives within plan worked up	Dec-26	Planned					
3.3	Workforce trained to an appropriate level	Strategic workforce development plan -Together with other wellbeing topics, we will explore the possibility of establishing a government wide Workforce Development Plan of tiered awareness / training according to role and strategic development.	HR	Review literature / best practice	Dec-23	Planned	This may be combined with Action 3.1.3 given the parallels between them and the cross Government requirement. Initial conversations have been held with stakeholders to discuss approaching workforce training and wellbeing in a multi-agency way to ensure that a training and wellbeing plan can be created which covers multiple strategies. Paper to be submitted to HLSPB to outline approach and seek direction.	Specific funding required	Medium £100k-£499k	Both one off and ongoing costs	Costs will involve both initial set up (which will be higher) and ongoing costs to maintain. Although specific funding will be required for the Suicide Prevention aspect, this training requirement also covers multiple other strategies and Government initiatives. This Action may also be combined with Action 3.1.3 to deliver training and wellbeing in a combined way to improve efficiency
				PH prepare initial proposal paper for COG to get chief officer buy-in	Mar-24	Planned					
				Hold a workshop to discuss scoping and next steps with leads domestic abuse, mental health awareness, trauma informed working	Jun-24	Planned					
				Develop a proposal for HLSP committee	Dec-24	Planned					
				Working group established to report to HLSP officer group	Mar-25	Planned					
Detailed proposal including mapping of roles, training programmes and thorough costings	Dec-25	Planned									

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4.1	Those bereaved by suicide are supported	Explore the possibility of a specific service to provide the initial exchange of information between the SSRR group and those affected, and bridging support until no longer required or generic support engaged. This service would proactively re-establish contact at significant points such as anniversaries or around the time of the inquest.	Public Health	As a bridging measure whilst the commissioned service is being designed and developed, undertake negotiations with Cruse IOM and Bereaved Survivors of Suicide for a voluntary support service to family and friends in the immediate aftermath of a suspected suicide.	Sep-23	Paused	Leadership group changes has impacted progression for Cruise as indicated in their email dated 8/03/23. Exploring with Manx Care as to whether the service funded by Treasury in the Business Case can be combined with Action 5.2.1 to create a more integrated and streamline service.	within future identified resource/business case	Medium £100k- £499k	Time limited (3 years)	Treasury has approved a business case for this and funding is over three years. Costs after this point (if there are any) will need to be understood and applied for.
				Scope and detail the SSRR outreach service and explore the way forward with Treasury	Sep-23	Ongoing					
4.2	Rapid interventions to prevent further suicides are put in place	Consolidate function of SSRR	Public Health	Review information sharing requirement	Mar-24	Ongoing	Data sharing arrangements and DPIA being drafted in Public Health for ICO review	Existing resources	Very low < £50k		Being met by current staffing resource
				Refresh TOR & policy and commitment from contributing agencies. Confirm governance arrangements.	May-24	Planned					

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				Finalise Operational Policy	Dec-24	Planned					
4.3	Contagion / clusters identified quickly and responded to	4.3.1 Improve data collection & interrogation to better identify links between suicides, suspected suicides and attempted suicides (See Action 2.3).	Public Health	Tasks and milestones the same as for Action 2.3.2	Jun-23	Ongoing	Tasks and milestones the same as for Action 2.3.2	Already identified within this plan			See Action 2.3.2
		4.3.2 Develop an 'outbreak management' function to SSRR process	Public Health	Literature review on best practice The ability to escalate activity if there is clear evidence of an active 'contagion' to be incorporated into SSRR policy, linking into safeguarding, schools, police, MHS etc.	Mar-24	Planned					
4.4	Sensitive and responsible media	4.4.1 Media to be included in 'community suicide prevention awareness plan' (See Action 3.2)	Public Health	Tasks and milestones the same as for Action 3.2	Dec-26	Planned	Tasks and milestones the same as for Action 3.2	Already identified within this plan			See Action 3.2

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		4.4.2 On-line safety promotion	Public Health	Public Health scope aspects of on-line safety in postvention	Sep-24	Planned	Public Health scope aspects of on-line safety in postvention and developed detailed task and milestone plan	Already identified within this plan			See action 1.1.2
5.1	The best care, at the earliest opportunity and least disruption	5.1.1 Benchmark against the Integrated depression pathway (NICE), and address identified gaps.	Manx Care	Integrated Mental Health Services (IMHS) to review child and adult depression pathways to ensure they're consistent with contemporaneous best practice.	Apr-24	Ongoing	This work is reliant on the realisation of the CAHMS and i-THRIVE business cases, therefore work on hold until these have been agreed.	Existing resources	Very low < £50k	Ongoing	Although the benchmarking and identification of pathways can be met within existing resources, implementing any changes will likely attract additional costs. These costs cannot be predicted until the benchmarking
				Pathways to be redrafted, including action plan to address potential gaps in provision	Apr-24	Planned					

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				Pathways to be published	Sep-24	Planned					and mapping is complete. Additional resource is being sought for a clinical project manager - this resource is not specifically for this objective and will be used to plan activity and delivery across the Manx Care objectives. The process is 'ongoing' to ensure that policy and practice is kept up to date with any changes from NICE
		5.1.2 Thrive - an integrated model health and wellbeing in Children and Young People, involving a collaboration between women & children services, education and mental health services.	Manx Care	Establish a multi-agency, multi-departmental group	Mar-23	Complete	An i-THRIVE Steering group has been formed chaired by IMHS, with good buy-in from all key agencies	Another Govt strategy	High £500k-possibly £1 million	Ongoing	The i-THRIVE model is being implemented as part of Manx Care's plans, and is reflected in DHSC's Mental Health Strategy. Both existing resources and specific business cases are funding the implementation of this model.
				Inaugural steering group to meet on 18.05.23 to ratify TOR and agree project initiation document	Jun-23	Complete					

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		5.1.3 Recovery college MHS in collaboration with UCM will develop a prospectus of resilience and self-help subjects.	Manx Care	Implement service and start plans to widen prospectus and a comms campaign to market to general community, rather than just mental health service users.	Q1 2023	Complete	Prospectus has broadened to incorporate additional programmes focussed on individual resilience	Another Govt strategy	Medium £100k-£499k	Ongoing	This work is within the current plans for Manx Care and reflected in the DHSC Mental Health strategy. Some of the work is being met by existing resource, but some additional resource may be secured to support broadening of existing prospectus.
			Manx Care to explore the viability of commissioning recovery college to a third sector provider and undertake	Mar-24	Planned						
			Commence commissioning process / expressions of interest	Sep-24	Planned						

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		5.1.4 Work with Manx Care and DHSC on their plans to significantly increase the capacity of CAMHS.	Manx Care	Manx Care to submit a business case to Treasury that transforms the service delivery model for CAMHS with an increased focus on early intervention. Original business case declined by Treasury; have however suggested resubmission to include transformation of existing model	Apr-23	Complete	Business case due to be submitted by end of August 2023	within future identified resource/business case	Possibly as high as >£1 million	Time limited (3 years)	Expansion of CAHMS service already a priority for Manx Care and DHSC. Business case to be submitted to Treasury by end of August 2023
				Redrafted business case to be resubmitted to Treasury via DHSC detailing transformational model and predicted cost	Aug-23	Ongoing					
5.2	Accessible and meaningful crisis support	5.2.1 Business case for non-clinical support for those	Manx Care	Development of an urgent and emergency care pathway.	Jan-24	Planned	Phase 1 Scoping to commence on	Specific funding required	Medium £100k-£499k	Ongoing	A review of urgent and emergency mental health

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		experiencing suicide crisis.		Resourcing options to demonstrate need for third sector community based provision for individuals experiencing mental health crisis	Mar-24	Planned	the 04/09/2023				care will inform the business case and ensure any third sector developments are properly integrated with statutory services. Additional resource is being sought for a clinical project manager. This resource is not solely for this objective, although will be required for its implementation. The project manager will also be used to plan activity and delivery across all Manx Care objectives
		5.2.2 Expand CRHTT to allow separation of functions to 'Rapid Assessment' and 'Home Treatment'.	Manx Care	Work with agencies, OHR and attendance at nursing and health and social care recruitment fairs as a means of attracting staff	Sep-23	Ongoing	Not commenced	Existing resources	Medium £100k-£499k	Ongoing	This is the cost of 8 nurses (plus on-going costs) required to deliver separation of CRHTT functions
				Secure necessary staffing to deliver functions separately		Planned					

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5.3	Self-harm and attempted suicides are prevented and responded to following best practice	Benchmark against NICE Self-harm: assessment, management and preventing recurrence, and address identified gaps.	Manx Care	IMHS Policy Group to review existing Assessment and Management of Self Harm and the Prevention of Suicide Policy v4.0 to ensure consistency with recently published NICE guidance	Sep-23	Ongoing	Due to be discussed at IMHS Policy Group meeting	Existing resources	Very low < £50k	Ongoing	Although the benchmarking can be met within existing resources, implementing any required changes may attract additional costs. These costs cannot be estimated until the benchmarking exercise is complete. The process is 'ongoing' to ensure that policy and practice is kept up to date with any changes from NICE
5.4	Every service user knows how they can keep themselves safe	Move emphasis from 'risk management plan' to a more collaborative and enabling 'personal safety plan'	Manx Care	Will be included in the above discussion	Sep-24	Planned	Not commenced	Existing resources	Very low < £50k	Ongoing	This change is part of Manx Care's ongoing plans within Mental Health Services. Although the costs to implement the change are one off, the change will need to be sustained.

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5.5	Transitions between services are managed with safety as a priority	Review clinical pathways for all major mental health conditions with reference to NICE guidelines to ensure robust transition arrangements.	Manx Care	Pathways to be redrafted, including action plan to address potential gaps in provision	Sep-24	Planned	Not commenced	Existing resources	Low £50k-£99k	Ongoing	Although the benchmarking and identification of pathways can be met within existing resources, implementing any changes will likely attract additional costs. These costs cannot be predicted until the benchmarking and mapping is complete. The process is 'ongoing' to ensure that policy and practice is kept up to date with any changes from NICE
5.6	Specialist mental health services, A&E and primary care deliver safe care.	5.6.1 Benchmark against, and implement Safer Care (NCISH Toolkit), and other NCISH recommendations	Manx Care	Audit of NCISH Toolkit - which is included in Assessment and Management of Self Harm and the Prevention of Suicide Policy v4.0 and compare previous audits / benchmarking from previous audit action plans	Apr-24	Ongoing	Not commenced	Existing resources	Very low < £50k	Ongoing	Although the benchmarking and identification of pathways can be met within existing resources, implementing any changes will likely attract additional costs. These costs cannot be

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				Updating action plan following liaison with Emergency Dept	Apr-24	Planned					predicted until the benchmarking and mapping is complete. The process is 'ongoing' to ensure that policy and practice is kept up to date with any changes from NCISH
		5.6.2 Independent scrutiny of the safety of care provision by the Care Quality Commission (CQC)	DHSC	Initial CQC inspection (by invite) has taken place, and an action plan is being developed to mitigate the risks highlighted in mental health services	Q1 2023	Complete	Completed	Another Govt strategy	Medium £100k-£499k	Ongoing	The implementation of inspection services is part of DHSC's plan and linked in with the new ROCA. Exact cost of a SLA in supporting DHSC in monitoring services provided by Manx Care unknown
				Manx Care Director of Nursing is formulating a Manx Care wide action plan in response to all CQC inspection reports and will provide IMHS with their mental health section when drafted	Mar-24	Ongoing	Action plan from Manx Care received in April 2023. IMHS actions included in this. Target dates within the plan vary but are no later than March 2024				
				Further regulation and inspection will be undertaken as per the Manx Care Act	Jun-24	Planned	Monitoring of the action plan is continuous through the DHSC mandate to Manx Care				