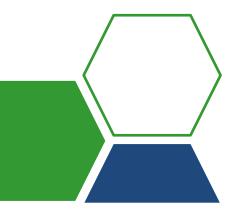


Buckinghamshire Suicide Prevention Action Plan 2024 - 2028

Date: April 2024



Contents

Main Points	3
Introduction	3
National Strategy	
Local Data	
Aims of the action plan	
Principles of the action plan	
Monitoring and Evaluation	7
Governance and Accountability	8
Buckinghamshire Suicide Prevention Action Plan 2024-2028 – Year (2024/25) Actions	
Acknowledgements	20
Appendix 1	21

Main Points

- This Action Plan, sets out local priorities for suicide prevention, aligned to the national suicide prevention cross-sector strategy. It has been developed by Buckinghamshire's Multi-Agency Suicide Prevention Group which includes representatives from the Local Authority, NHS, emergency services, and the voluntary, community and social enterprise (VSCE) sector.
- The national suicide prevention cross-sector strategy (2023-28) was published in September 2023. This Buckinghamshire Action Plan aims to reflect the eight priority areas and principles identified in the national strategy. In addition, local data (including a recent Suicide Audit 2020-22 and intelligence from partners) has been used to inform development.
- The main goal of the Action Plan is to reduce the number of people that die by suicide in Buckinghamshire, improve support for people who self-harm and improve support for people bereaved or affected by suicide.
- Progress against the Action Plan will be monitored by the Buckinghamshire's Multi-Agency Suicide Prevention Group at quarterly meetings. The Plan will be reviewed and refreshed annually. Governance of the plan is through the Buckinghamshire Integrated Care Partnership Mental Health, Autism and Learning Disability Delivery Board.

Introduction

Suicide is used in this Action Plan to mean a death where the underlying cause is 'intentional self-harm' and 'events of undetermined intent'. A suicide attempt is defined as when someone intentionally harms themselves with an intent to end their life, but they do not die as a result of their actions.

The World Health Organisation (WHO) highlights suicide as a major public health risk, accounting for one in 100 of all deaths globally¹. WHO estimate that for every suicide there are 20 non-fatal suicide attempts.

Each year in Buckinghamshire alone, approximately 50 people die by suicide². Each of these deaths will have a profound impact both on people that are close to them and the wider community. It is estimated for every one suicide there can be up to 135 people significantly impacted³. Therefore, for any one year in Buckinghamshire, up to 6,750 people may be affected.

Suicide is therefore a serious public health problem; however, there are timely, evidence-based and often low-cost interventions for prevention. Evidence⁴ shows that 8% of people affected by suicide will self-harm, 38% will experience suicidal ideation and 8% will attempt suicide. Therefore, effective suicide prevention includes actions taken after someone dies by suicide to support those affected, this is called postvention. For both suicide prevention and postvention to be effective, a comprehensive multi-agency cross-sector suicide prevention approach is needed⁵.

This Action Plan has been developed by Buckinghamshire's Multi-Agency Suicide Prevention Group which includes representatives from the Local Authority, NHS, emergency services and the voluntary, community and social enterprise (VSCE) sector (including those representing individuals bereaved by suicide). The Group reports into the Buckinghamshire Integrated Care Partnership

One in 100 deaths is by suicide (who.int)

²Suicide Prevention Profile - Data - OHID (phe.org.uk)

³How Many People Are Exposed to Suicide? Not Six - Cerel - 2019 - Suicide and Life-Threatening Behaviour - Wiley Online Library

Mental Health, Autism and Learning Disability Delivery Board which, in turn, reports to the Buckinghamshire Health and Wellbeing Board. The Group has been delivering a local suicide prevention action plan since 2015 and this new Action Plan builds on existing work and reflects both the new National Strategy and the local data/intelligence.

National Strategy

Whilst significant progress has been made in reducing the national suicide rate over the last three decades, it has not fallen since 2018. Although this may be explained, in part, due a change in the 'standard of proof' required for coroners to record a death as suicide, other factors are likely to have had a role including the cost of living crisis. This picture is mirrored across both Buckinghamshire and the Thames Valley. There is therefore much more to be done to save more lives both nationally and locally. In September 2023, the Government published a Suicide Prevention in England: 5-Year Cross-sector Strategy⁷ with an aim to reduce the number of lives lost to suicide. This national Strategy was developed using data, evidence and engagement with experts, including those with lived experience, and identified the following eight priority areas for action:

- 1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
- 2. Tailored, targeted support to priority groups (outlined below in Table 1), including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
- 3. Addressing common risk factors (outlined below in Table 1) linked to suicide at a population level to provide early intervention and tailored support.
- 4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- 5. Providing effective crisis support across sectors for those who reach crisis point.
- 6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- 7. Providing effective bereavement support to those affected by suicide.
- 8. Making suicide everybody's business so that can maximise the collective impact and support to prevent suicides.

Factors leading to a death by suicide are complex. For many it is the combination and interplay of risk and protective factors that is important rather than one single issue. The 2023 to 2028 Suicide Prevention in England: 5-Year Cross-sector Strategy⁷ priority groups and common risk factors (Table 1) are reflected in this Buckinghamshire Suicide Prevention Action Plan, where locally appropriate.

⁶BuckinghamshireSuicidePreventionActionPlan2022-24.pdf (healthandwellbeingbucks.org)
⁷Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)

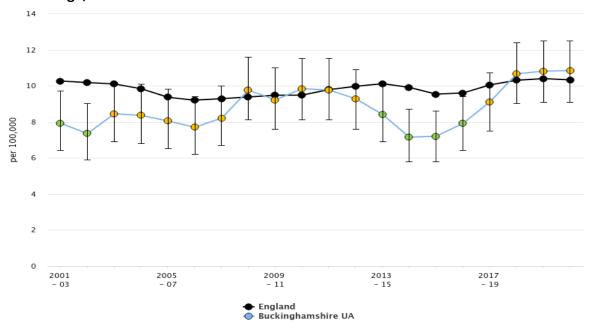
Table 1. Priority Groups and Common Risk Factors linked to suicide.

Priority Groups	Common Risk Factors
Children and young people	Physical illness
Middle aged men	Financial difficulty / economic adversity
 People who have self-harmed 	Gambling
 In contact with mental health services 	Alcohol and drug misuse
 In contact with the justice system 	 Social isolation and loneliness
Autistic people	Domestic abuse
Pregnant women and new mothers	Family and relationship problems
Certain occupational groups ⁸	
Ethnic minority groups including people	
who are Gypsy, Roma or Travellers	
 Refugees and asylum seekers 	
 People who are lesbian, gay, bisexual and transgender (LGBT) 	

Local Data

The suicide rate in Buckinghamshire, based on the Office for National Statistics, was 10.8 per 100,000 population during 2020-22. This was statistically similar to the England average of 10.3 per 100,000. Figure 1 shows that the rate in Buckinghamshire declined to below the rate for England between 2013-15 and 2016-18 but then increased back in line with national figures.

Figure 1. The Buckinghamshire Suicide Rate per 100,000 Population (all ages), compared to England average, 2001-03 to 2020-21



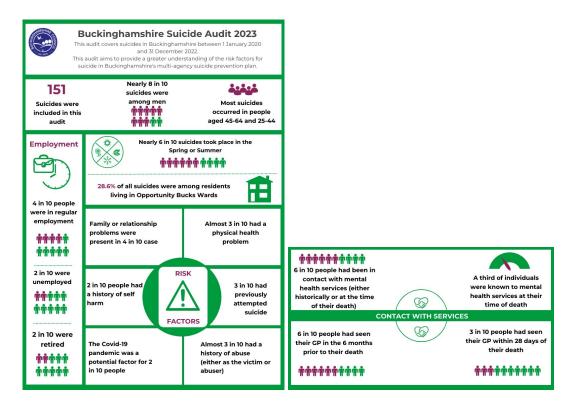
⁸ Occupations associated with increased risk include jobs with lower pay and/or security, jobs with features that may attract people at higher risk of suicide (e.g. pub workers are at increased risk, one potential explanation being that people at risk of alcohol problems may be more attracted to this working environment) and jobs which provide increased knowledge or access to methods of suicide (e.g. doctors, nurses and agricultural workers)

The Buckinghamshire Suicide Audit review of coroner files, where the inquest has concluded the death was a suicide, aims to provide a greater understanding of the risk factors for suicide in Buckinghamshire. The most recent Buckinghamshire Suicide Audit included 151 deaths by suicide which occurred in Buckinghamshire between 1st January 2020 and 31st December 2022. Many of the priorities and risk factors featured in the Suicide Prevention in England: 5-Year Cross-sector Strategy⁷ are reflected in the local data. In summary in 2020-2022:

- Most suicides were among men (79%), and most suicides were among the age category of 45-64 years (40%); this trend mirrors national data patterns.
- Family and relationship problems were the most referenced suicidal risk factor in this audit
 and the previous audit. Family and relationship problems are also known to be a significant
 suicide risk factor nationally. Other nationally recognised risk factors are also reflected in the
 Buckinghamshire audit including a history of abuse, previous suicide attempts, self-harm and
 physical health problems.
- More than half of individuals were either known to mental health services at the time of their death or had previously been in contact with mental health services. Almost a third of individuals had been in contact with a healthcare professional at their GP practice within 28 days of their death.
- As with the previous audit, there do not appear to be suicide location hotspots within Buckinghamshire at this time.

There are several areas where data availability was poor and it was not possible to provide local insights. This includes sexuality, ethnicity, religion and contact with social care. Therefore, for these areas, there is a need to apply national data and evidence to inform local prevention work. A number of recommendations were made as a result of the audit findings, and these are featured within this Action Plan.

An infographic summary of the 2023 Buckinghamshire Suicide Audit can be found below:



Aims of the action plan

In line with the Suicide Prevention in England: 5-Year Cross-sector Strategy⁷, this Action Plan aims:

- To reduce the number of people who die by suicide in Buckinghamshire.
- To improve support for people who self-harm.
- To improve support for people bereaved or affected by suicide.

Principles of the action plan

The Suicide Prevention in England: 5-Year Cross-sector Strategy⁷ has set out a number of principles which have been incorporated into the design and delivery of this Action Plan. These are:

- Suicide is everybody's business. Everyone should feel they have the confidence and skills to
 play their part in preventing suicides not just those who work in mental health and/or suicide
 prevention directly and take action to prevent suicides within and outside of health settings.
- Mental health is as important as physical health. Reduce stigma surrounding suicide and mental health, so people feel able to seek help – including through the routes that work best for them. This includes raising awareness that no suicide is inevitable.
- Nobody should be left out of suicide prevention efforts. This includes being responsive to the
 needs of marginalised communities, addressing inequalities in access to effective interventions
 to prevent suicides. It also requires listening to individuals and being responsive to their needs.
- **Early intervention is vital**. In addition to providing support to those experiencing crisis and/or suicidal thoughts or feelings, action needs to be taken to stop people reaching this point.
- Voices, perspectives and insights of people with personal experience should inform the
 planning, design and decisions at all levels of suicide prevention activity. This includes people
 with experience of feeling suicidal, those who have made previous suicide attempts, and
 people who are bereaved by suicide.
- Strong collaboration, with clarity of roles, is essential. Suicide prevention is the responsibility
 of multiple government departments, as well as wider public, private and VCSE sector
 organisations.
- Timely, high-quality evidence is fundamental. Practice and policy should be informed by high-quality data and research and be responsive to trends and emerging evidence. This includes harnessing digital technology and data advancements to provide earlier interventions and wider access to support.

Monitoring and Evaluation

The overall goal of this Action Plan, across its full life course (2024-28) is to see a reduction in the Buckinghamshire's suicide rate. Due to the small numbers of deaths by suicide, it can be difficult to show statistically significant changes across the local area in a given year and data must be interpreted with care. Further, global factors (for example the cost of living crisis) can influence factors outside of local control.

The Buckinghamshire's Multi-Agency Suicide Prevention Group will review the Buckinghamshire suicide rate. It will also work with the Office of Health Improvement and Disparities (OHID), South East regional suicide prevention leads and the Thames Valley Suicide Prevention and Innovation Network (SPIN) to monitor suicide rates, key risk factors, emerging methods regionally and nationally and ensure timely action to address any changes in suicide rates or trends. The Buckinghamshire's Multi-Agency Suicide Prevention Group will also use additional local measures, as documented in the Action Plan, to monitor progress.

This Plan has adopted the priorities set out in the Suicide Prevention in England: 5-Year Cross-sector Strategy⁷ 2023-28 as applied to the Buckinghamshire population. This national framework will be applied for the duration of this local Plan, but local actions will need to evolve in response to what local data and insights tell us. Therefore, at the end of each year the Action Plan will be reviewed and refreshed by Buckinghamshire's Multi-Agency Suicide Prevention Group to ensure partners are responsive to emerging issues.

All Action Owners in the Action Plan are responsible for providing written updates, as a minimum, at least 10 working days prior to the quarterly Buckinghamshire Multi-Agency Suicide Prevention Group meetings.

Governance and Accountability

This Action Plan will be delivered and monitored by partners on the Buckinghamshire Multi-Agency Suicide Prevention Group. The Group, as a minimum, will:

- Meet quarterly to review progress of the Action Plan and to discuss any risks and opportunities among the work being carried out.
- Report progress into the Buckinghamshire Integrated Care Partnership Mental Health, Autism and Learning Disability Delivery Board.
- Ensure that there is continued representation, perspectives, and insights of people with personal experience of suicide that should inform the planning, design and decisions at all levels of suicide prevention activity in each years Action Plan development.
- Review and refresh the Action Plan (including progress against indicators) at least annually.

In addition, updates will be shared, as required, directly with:

- Buckinghamshire Health and Wellbeing Board.
- Multi-Agency Children and Young People Mental Health and Emotional Wellbeing Oversight Group and Working Group.
- The Domestic Abuse Board and other partnership groups which work to reduce other related risk factors.

Governance and accountability structures will be regularly reviewed and updated where required, as the Buckinghamshire Multi-Agency Suicide Prevention Group implement the Action Plan.

Buckinghamshire Suicide Prevention Action Plan 2024-2028 – Year (2024/25) Actions

			1. Improv	ing Data and Eviden	ce		
No	Action	Priority Group / Risk Factor	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring Progress	Timelines
	Review and implement actions to improve quality of, and identify potential efficiencies for, local data to monitor suicide in Buckinghamshire: Real Time Surveillance (RTSS) Work with Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB)/Thames Valley colleagues to further develop the regional real time suicide surveillance system (RTSSS) in line with national good practice. Monitor and contribute to the new early warning National Near to Real Time Suspected Suicide Surveillance System (nRTSSS) providing updates to the Buckinghamshire Multi-Agency Suicide Prevention Group on a quarterly basis for review. Local Suicide Audit Work with the Buckinghamshire Coroner to pilot more frequent	All	Thames Valley Suicide Prevention and Intervention Network, Thames Valley Police	Buckinghamshire Council (Public Health)	 Improve the early detection of, and timely action to address, changes in suicide rates or trends. Gather intelligence on emerging methods, groups or risks and raise alerts to the system. Enhance system capacity to monitor national data. Improve quality of local data/evidence. 	a) Enhanced RTSS outputs (data quality and detail). b) Fewer individuals with no ethnic group reported in data (baseline 60% with no ethnic group recorded, Buckinghamshire Suicide Audit 2020-23) c) Interim reporting on coroner suicide data available for leads to review (reducing gap from 1 year to 3) d) Updates delivered to the Buckinghamshire Multi-Agency Suicide Prevention Group. e) Updates delivered	a) March 2025 b) March 2025 c) March 2025 d) Ongoin g e) March 2026

	data collection for the Suicide Audit. Work with BOB ICB Primary Care and the Buckinghamshire Coroner to pilot data requests via electronic GP records to standardise and improve demographic data collection (e.g. ethnicity).						to the Buckinghamshire Multi-Agency Suicide Prevention Group		
	Review Data Collection Monitor the new nRTSS, regional RTSS and compare with the information gathered through local data audits for 2024/25. Undertake review to ensure take an efficient approach, using the most informative data in 2025/26.								
2	Undertake annual focused deep dives into groups with known risk factors that engage people/organisations with relevant expertise or experience to provide local evidence and identify where action is needed.	Domestic abuse, Autistic people, Family and relation-ship problems	Buckinghamshire Multi-Agency Suicide Prevention Group	Buckinghamshire Council (Public Health)	National and local data are enhanced by local insight from people/ organisations with experience and expertise. Where appropriate, experts/organisa tions are added to the membership of the	•	Number of deep dives completed, and evidence of actions developed / delivered. In year 1 complete deep dives on domestic abuse, autism and family/relationship problems Number of new members added to Terms of Reference.	•	Review annuall y

		2. Prov	viding Tailored and 1	Targeted Support to	Buckinghamshire Multi-Agency Suicide Prevention Group Priority Groups		
No	Action	Group / Risk Factor	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring Progress	Timelines
3	Ensure mothers in the postnatal period are assessed by a health professional to identify those at risk of poorer mental health and offered support.	Pregnant women and new mothers	Buckinghamshire Healthcare NHS Trust, Buckinghamshire Council (Integrated Commissioning)	Buckinghamshire Healthcare NHS Trust	New mothers receive a mood assessment to identify those at risk of poorer mental health and engage them with support.	 >95% of mothers with an infant who turned 8 weeks in the quarter receive a maternal mood review by the time the infant turned 8 weeks (quarterly) Total number of women referred to a postnatal depression group with an improved Edinburgh Postnatal Depression score after completing 12 week course 	Monito r quarterl y/annu ally.
4	Deliver and evaluate a barbers mental health training course, implemented and promoted in areas of multiple disadvantage and higher levels of social isolation. If evaluation is satisfactory, expand the offer to	Men	Bucks Mind / Buckinghamshire Council (Public Health)	Bucks Mind	Barbers that receive training are equipped to have sensitive conversations with men and are able to	 Number of barbers trained. % barbers receiving training that have increased confidence in having sensitive 	• August 2025

	deliver further sessions in 2024/25 and 2025/26.				signpost to sources of support. • Course piloted and evaluated.	conversations.		
5	Conclude the Saving Lives Programme (suicide prevention projects targeting men and boys delivered by VCSE organisations) final year (to November 2024), focussing on sustainability of the funded projects and sharing good practice.	Men	VCSE Organisations / Buckinghamshire Council (Public Health)	Buckinghamshire Council (Public Health)	Projects relating to suicide prevention among men and boys in Buckinghamshire are supported to become self-sustaining and/or find alternative funding sources.	 Number of projects receiving continuation funding to November 2024. Summary of end of project reports presented at the Buckinghamshire Multi-Agency Suicide Prevention Group, including number of men and boys reached. 	•	March 2025
6	Improve outcomes for men accessing Bucks Talking Therapies.	People in contact with mental health services, Men	Oxford Health NHS Trust (Bucks Talking Therapies)	Oxford Health NHS Trust (Bucks Talking Therapies)	 Improve treatment completion rate of men. Reduction in depression (PHQ9) or anxiety (GAD7) scores. 	 Baseline to be established. Percentage of men completing treatment. Percentage of men who have shown a "reliable improvement". 	•	Monitor quarterl y
	Improve engagement and outcomes of younger adults (aged 18-24) accessing Bucks Talking Therapies.	People in contact with mental health services,	Oxford Health NHS Trust (Bucks Talking Therapies)	Oxford Health NHS Trust (Bucks Talking Therapies)	 Staff delivering adapted treatment approaches. 	 Baseline to be established. Number of staff trained in adapting treatment 	•	Monitor quarterl y

		Children and young people					•	approaches. Percentage of younger adults completing treatment (aged 18- 24). Percentage of younger adults who have a "reliable improvement".		
7	Deliver a training programme on Gypsy Roma Traveller (GRT) cultural competency to all Buckinghamshire mental health teams.	GRT	Oxford Health NHS Trust (Bucks Talking Therapies)	Oxford Health NHS Trust (Bucks Talking Therapies)	•	Increased awareness of GRT community needs and culturally competent adaptations of services for GRT community.	•	Number of mental health professionals and extended team members who have completed the GRT training. Services to review necessary adaptations required to support GRT community.	•	March 2025
8	Disseminate a schools and colleges mental health and emotional wellbeing audit tool, which includes self-assessment of how well equipped schools are to identify risk and signpost students to support.	Children and young people	Children and Young Peoples Mental Health and Emotional Wellbeing Working Group	Children and Young Peoples Mental Health and Emotional Wellbeing Working Group	•	Schools identify gaps in provision of risk support and signposting for pupils, implementing actions to address gaps.	•	Number of schools completing the self-assessment Feedback from schools using the audit tool.	•	March 2025
	Deliver a programme of CPD session for schools to enable them to implement the new relationships, sex and health		Buckinghamshire Council (Public Health, Education)	Buckinghamshire Council (Public Health)	•	Buckinghamshire schools are aware of and equipped to	•	Number of CPD sessions delivered. Number of schools RSHE leads	•	March 2025

	education (RSHE) guidance for suicide and self-harm prevention (once published).					deliver new RSHE guidance once published.		Received CPD.		
	Review, update and re-issue the suicide prevention and postvention guide for schools and colleges.		Buckinghamshire Council (Public Health, Education and Children's Social Care), CAMHS, Schools and Colleges	Buckinghamshire Council (Public Health)	•	Schools are better prepared to support their staff and students in the event of a suspected suicide.	•	% of schools and colleges have received and read the guidance, as evidenced by feedback at RSHE sessions.	•	March 2025
	Embed the Universities UK Suicide-safer universities guidance to support better prevention of suicides and response where suicides in the University population occur.		Buckingham University, Buckinghamshire New University	Buckingham University, Buckinghamshire New University	•	Universities have identified actions to prevent suicide and are better prepared to support their staff and students in the event of a suspected suicide.	•	Universities UK Suicide-safer universities guidance checklist completed.	•	March 2025
9	Scope opportunities to better support the mental health of teachers and other people working in schools.	Teachers and school staff	Buckinghamshire Council (Public Health, Education). Schools	Buckinghamshire Council (Public Health)	•	Insights and evidence are gathered to inform appropriate action to support the mental health of people working in schools.	•	Number of interviews/focus groups completed and analysed. Review of the evidence to identify potentially effective actions delivered to multi-agency group.	•	Autumn 2024

			3. Addre	ssing Risk Factors			
No	Action	Priority Group / Risk Factor	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring Progress	Timelines
10	Ensure the new Debt and Money and Advice Service contract provides signposting and/or support for those where mental health issues are a consequence of financial insecurity.	Financial difficulty and economic adversity	Buckinghamshire Council (Community Support)	Buckinghamshire Council (Community Support)	 People in financial insecurity are supported. 	Metrics to be confirmed once defined and in place for the new provider	Review annually
11	Identify the number of individuals being supported by both drug and alcohol services and mental health services to build on the joint protocol which already exists between services and further improve joint working between drug and alcohol services and mental health services.	Alcohol and drugs misuse	Buckinghamshire Council (Integrated Commissioning), Oxford Health NHS Trust, One Recovery Bucks	Buckinghamshire Council (Integrated Commissioning)	Identifying the number of individuals being supported by both services to understand the current status and provide a baseline to improve joint working moving forwards.	Baseline data to be shared with group when obtained and metrics developed.	• March 2025
12	Establish a new subgroup from both the Buckinghamshire Multi-Agency Suicide Prevention Group and Buckinghamshire Suicide Prevention Group, Children and Young Peoples Mental Health and Emotional Wellbeing Working Group to develop an action plan for children and young people	People who have self- harmed, Children and young people	Buckinghamshire Multi-Agency Suicide Prevention Group, Children and Young Peoples Mental Health and Emotional	Buckinghamshire Council (Public Health)	Identify opportunities for partnership action to prevent and respond to self-harm in children and young people and develop an	Process established to routinely identify the gaps in provision and opportunities to address them for children and young people who have self-harmed.	• March 2025

13	work with the Domestic Abuse Board and Operational Group to support and co-deliver action on suicide prevention and domestic abuse (DA) to include: Jointly promote DA and suicide prevention training Identify opportunities for crossover work e.g. joint delivery of hairdressers training. Further actions to be identified upon completion of the new DA strategy.	Domestic abuse	Wellbeing Working Group Domestic Abuse Board Operational Group, Buckinghamshire Council Domestic Abuse Team, Buckinghamshire Council Public Health Team	Buckinghamshire Council Public Health Team	Shared actions are in place that tackle domestic abuse as a risk factor for suicide and increase awareness of suicide prevention for victims and perpetrators of domestic abuse.	 Action plan developed by subgroup. Further metrics to be embedded in this plan as appropriate. Number of professionals and volunteers working in domestic abuse services trained in suicide first aid (baseline to be established for 2023/24) Number of hairdressers receiving MH training that covers DVA. 	• March 25
			4. Online Saf	ety, Media and Tech	nology		
No	Action	Priority Group / Risk Factor	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring Progress	Timelines
14	Monitor local media coverage of suicides. Identify poor practice and support local media to follow the Samaritans guidelines.	All	Buckinghamshire Council (Comms)	Buckinghamshire Council (Comms)	 Media reporting of deaths by suicide in Buckinghamshire 	 Number of media reports which have breached Samaritans 	• Ongoin g (review ed

					follows the	quidance	au arta d
						guidance.	quarterl
					Samaritans		у)
		_			guidance.		
		1	. Providing Effectiv	e and Appropriate C	risis Support	ı	
		Priority					
No	Action	Group / Risk	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring	Timelines
		Factor				Progress	
15	Deliver a trial of improved self-	People who	Oxford Health	Oxford Health	 Service Users will 	 Number of follow 	 March
	harm follow up. Service Users	have self-	NHS Trust	NHS Trust	have improved	up interventions	2025
	who present following self-harm	harmed			safety planning,	delivered by	
	or expressing suicidal thoughts				follow up and	dedicated 'self-	
	who do not meet the referral				access to the	harm follows up'	
	criteria for secondary mental				next stage of	staff in Psychiatric	
	health care will have a safety plan				care.	in Reach Liaison	
	and recommendations for					Service (PIRLS)	
	support and will receive a follow					supporting 'naïve'	
	up call within 48 hours to see if					patients.	
	they need support to access the						
	next stage of care.			122.1			
			6. Tackling Me	ans and Methods of	Suicide		
		Priority					
No	Action	Group / Risk	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring	Timelines
		Factor				Progress	
16	Monitor local and national data	All	Buckinghamshire	Buckinghamshire	 Hotspots/trends 	 Review minuted at 	 Ongoin
	sources (RTSS, nRTSS, suicide		Multi-Agency	Council (Public	are identified.	every	g
	audit, Thames Valley Police,		Suicide	Health)		Buckinghamshire	
	British Transport Police/Network		Prevention Group			Multi-Agency	
	rail) to rapidly identify					Suicide Prevention	
	unusual/emerging patterns and					Group meeting.	
	hotspots and respond where						
	identified.						

		7. P	roviding Timely and	Effective Bereaveme	ent Support		
No	Action	Priority Group / Risk Factor	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring Progress	Timelines
17	Ensure VCSE sector stakeholders that represent those with personal experiences of people bereaved by suicide are represented in suicide prevention and partners better understand these personal experiences.	All	Buckinghamshire Multi-Agency Suicide Prevention Group	Buckinghamshire Multi-Agency Suicide Prevention Group	 Partners are aware of common factors experienced by those bereaved by suicide and can respond to their needs. Develop a sustainable approach to meaningfully involve those with lived experience and improve prevention activity. 	At least one Buckinghamshire Multi-Agency Suicide Prevention Group meeting per year with a focus on those with personal experiences of people bereaved by suicide.	Review annuall y
18	Ensure a process is in place to manage the impact of an employee suicide on colleagues.	-	Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Trust	Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Trust	Employees are supported and signposted to bereavement support in the event of bereavement by suicide of a colleague.	Internal process agreed and documented.	• March 2025

	8. Making Suicide Prevention Everyone's Business								
No	Action	Priority Group / Risk Factor	Lead Partner(s)	Action Owner	Outcome/Outputs	Metrics for Monitoring Progress	Timelines		
19	Commission and implement a new programme of suicide prevention training from October 2024.	All	Buckinghamshire Council (Public Health)	Buckinghamshire Council (Public Health)	People with suicidal ideation or with mental health needs are identified, supported, and referred for support at an earlier stage.	 New contract in place. Number of people trained. 	Oct 2024March 2025		
20	Engage local employers to demonstrate the support they provide for the mental wellbeing of themselves and their employees and provide resources to support them.	Men	Buckinghamshire Council (Public Health) / Bucks Mind	Bucks Mind	More employers are engaged in supporting the mental wellbeing of their workforce	Recruitment of at least three Buckinghamshire employers and development of three employers pledge action plans to address stigma in the workplace and improve support for employees (to include at least one male dominated employer).	• March 2025		

Acknowledgements

Lead Authors: Ruth Rose (Public Health Practitioner, Buckinghamshire Council) and Emily Lewis (Public Health Practitioner, Buckinghamshire Council).

The following gave valuable input and advice in the development of this Buckinghamshire Suicide Prevention Action Plan:

- Andrea Gosling, Business Operations Project Officer, Buckinghamshire Council
- Becky Hitch, Public Health Principal, Buckinghamshire Council
- Ben Wilson, Suicide Prevention Lead, South Central Ambulance Service
- Cavelle Lynch, Commissioning Manager, Buckinghamshire Council
- Darren Voss, Head of Residence, HM Prison Springfield
- Emily Lewis, Public Health Practitioner, Buckinghamshire Council
- Geoff Price, Aylesbury Group Leader, Survivors of Bereavement by Suicide
- Jeff Parker, Urgent Care Pathway Service Manager, Oxford Health NHS Foundation Trust
- Joanna Smyth, Health visitor for Maternal and Infant Mental Health, Buckinghamshire NHS Healthcare Trust
- Louise Hurst, Consultant in Public Health, Buckinghamshire Council
- Mark Griffin, Commissioning Officer, Buckinghamshire Council
- Ruth Rose, Public Health Practitioner, Buckinghamshire Council
- Ryan James, Force Lead for Suicide Prevention and Vulnerabilities, Thames Valley Police
- Sarah O'Brien, Support and Operations Lead, Hector's House
- Samuel Bowden, Managing Director, Margaret Clitherow Trust
- Stephen Pinel, Public Health Principal, Buckinghamshire Council.

Appendix 1

Summary of Actions and Outcomes from the Buckinghamshire's Suicide Prevention Action Plan (2022-24)

The current Buckinghamshire's Suicide Prevention Action Plan (2022-24)⁶ is monitored quarterly and reporting on actions within the Plan is still underway. A selection of actions and outcomes are listed in Table 2.

Table 2. Summary of Actions and Outcomes from the 2022-24 Buckinghamshire Suicide Prevention Action Plan

Action	Outcome
Deliver mental health and suicide prevention training in the community.	169 individuals trained between Q4 22/23 to Q2 23/24.
Deliver the Champion the Change programme to address mental health stigma including four social media campaigns a year.	45,727 people were reached by the campaign in 2022/23.
Sign the Champion the Change Employer pledge to tackle mental health stigma in the workplace.	Buckinghamshire Council was the first organisation in the county to sign-up to the Employers' Pledge, demonstrating its commitment to taking positive action to end mental health stigma.
Launch a new enhanced Suicide Bereavement Support Service across	30 referrals to the service in 2022/23.
Buckinghamshire, Oxfordshire and Berkshire with initial support and signposting/referral provided by Thames Valley Police, and ongoing support by Listening Ear.	25 referrals to the service so far in Q1 and Q2 of 23/24.
Explore developing a suicide postvention process in the event a staff member takes their own life, or a staff member is bereaved of a loved one through suicide.	Postvention process agreed with Bucks Council HR team.