

# Suicide Prevention Action Plan for Leeds 2018-2021

Leeds Strategic Suicide Prevention Group – Refresh June 2018

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## **Suicide Prevention Action Plan for Leeds 2018 - 2021**

### **Purpose**

The Suicide Prevention Action Plan for Leeds sets out the direction and priorities for the city's suicide prevention agenda for the period 2018-2020. This is a working document, it is used as a framework to guide local action and activity. This action plan also demonstrates citywide investment matched to key areas of action in line with national policy, intelligence and the most recent Leeds Suicide Audit (2011-2013). This direction then reflects "The Leeds Approach" to suicide prevention across the city (see Appendix 1).

The Suicide Prevention Action Plan is overseen by the Leeds Strategic Suicide Prevention Group (LSSPG). This is a citywide multi-agency group chaired by Public Health, Leeds City Council (PH LCC). The terms of reference (TOR) are reviewed annually to reflect the current work of the action plan (Appendix 2).

### **Scope**

The Suicide Prevention Action Plan for Leeds sits within the context of our wider Public Mental Health programme, of which reducing suicide and self-harm is a key priority area. Other priorities of this programme include population mental health promotion and wellbeing; reducing stigma and discrimination; and effective, equitable mental healthcare services.

The scope of this action plan is informed by priorities relating to local needs, national policy and evidence-base for suicide prevention, including the recommendations from both the [Leeds Suicide Audit \(2011-2013\)](#) and the national strategy refresh of [Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives \(January 2017\)](#). This includes interventions commissioned locally by the partners of the LSSPG. The plan takes a life course approach and ensures continuous links with children and families' and older people's work streams.

Reducing the risk of suicide in high-risk groups, including those with a history of self-harm is a key focus of the action plan. Broader work on reducing self-harm, including reducing stigma and strengthening resilience in key groups (for example in children and young people) is not included within this plan. Instead, this work is captured as part of the wider Public Mental Health programme that aims to improve mental health and wellbeing across the life course at a population level, focusing on the protective factors for positive mental health and reducing the risk factors for poor mental health. The Leeds Approach (Appendix 1) to suicide prevention continues

to bring strategic partners together using the evidence of the audit and commit to local effective action. This addresses a wider need to strengthen suicide prevention activity in healthcare settings, support joined-up approaches and will ensure the best use of limited resources.

## **Background**

Her Majesty's Government / Department of Health (DH) published a national suicide prevention strategy in 2012: [Preventing Suicide in England: A cross-government outcomes strategy to save lives](#). This highlighted six key areas for action:

1. Reduce the risk of suicide in key high-risk groups.
2. Tailor approaches to improve mental health in specific groups.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.
7. These areas for action, where relevant, formed the basis of the previous Suicide Prevention Action Plan alongside the findings from the Leeds Suicide Audit published in 2016.

## **National updates**

In January 2017 the refreshed suicide prevention strategy (see link [here](#)) was launched. At the same time as this Public Health England (PHE) launched a range of resources with the National Suicide Prevention Alliance (NSPA) to support local areas to commission, provide and evaluate support after a suicide (see linked documents below).

This refreshed strategy report focuses on the following 5 main areas:

1. Better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan in 2017, with agreed priorities and actions;

2. Better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services;
3. Improving data at national and local level and how this data is used to help take action and target efforts more accurately;
4. Improving responses to bereavement by suicide and support services; and
5. Expanding the scope of the National Strategy to include self-harm prevention in its own right.

Key documents published since the last Suicide Prevention Action Plan for Leeds, which have all informed the content of the current action plan, are as follows:

- [Preventing suicide in public places](#) (Public Health England, 2015).
- [Identifying and responding to suicide clusters and contagion](#) (Public Health England, 2015).
- [Suicide Prevention](#) (House of Commons Health Committee, 2016).
- [Local suicide prevention planning guide](#) (Public Health England, 2016).
- [Government response to the Health Select Committee's Inquiry into Suicide Prevention](#) (Department of Health, 2017).
- [National Confidential Inquiry into Suicide and Homicide by People with Mental Illness](#) (University of Manchester, 2017).
- [Prevention concordat for better mental health](#) (Public Health England, 2017).
- [Support after a suicide: A guide to providing local services](#) (Public Health England, 2017).
- [West Yorkshire and Harrogate Suicide Prevention Plan \(STP\) \(2017\)](#) (West Yorkshire and Harrogate Partnership, 2017).
- [Suicide prevention: A guide for local authorities](#) (Local Government Association, 2017).
- [Five Year Forward View for Mental Health – one year on](#) (NHS England, 2017).
- [Local Suicide Prevention Resources: Case Studies & Information sheets](#) (National Suicide Prevention Alliance in association with Public Health England, 2017).
- [Nobody Left Behind: Good Health and a Strong Economy](#) (Leeds City Council, Director of Public Health, 2018).

## Local picture

The three main drivers of this action plan are the national strategy, the findings from the Leeds Suicide Audits and real time surveillance. A visual was developed to demonstrate the [Leeds Approach](#) to suicide prevention (Appendix 1).

## Leeds Suicide Audit (2011 - 2013)

The latest Leeds Suicide Audit was published in September 2016. This audit looked at deaths that occurred over the three year period 2011-2013. The key findings from the Leeds Suicide Audit (2011 – 2013) can be found in Appendix 3.

The Leeds Suicide Audit (2011 – 2013) recommended 11 areas of priority for suicide prevention in Leeds:

1. Continue to target interventions towards those identified as most at risk.
2. Re-engage with all key partners (e.g. a range of third sector and statutory organisations across the city) that have contact with the groups identified as most at risk, and include them in the development and implementation of the Suicide Prevention Action Plan.
3. Work with primary care to increase the recognition of those at risk of suicide. This audit shows that 45% of people had contact with primary care within a month prior to their death. Evidence shows that interventions and training programmes aimed at increasing awareness of signs of suicide can be effective.
4. Appropriate management of poor mental health at an early stage. Research shows that those with depression and other mental illnesses can benefit from a range of interventions both pharmacological and psychosocial and these can reduce the risk of suicide.
5. Monitor trends in jumping / falling as a method of suicide and the proportion of deaths occurring in public.
6. Engage new partners who may have influence over access to means of suicide across the city (e.g. partners in the city development and planning sector) in the multi-agency strategic suicide prevention group and in the development of the Suicide Prevention Action Plan.
7. Continue to prioritise postvention interventions aimed towards those who are bereaved by suicide, and ensure that these are evaluated to enhance the global evidence base around postvention interventions.
8. Engage fully with partners who are most likely to be in early contact with those who are bereaved by suicide (e.g. Emergency Departments, Police or the Coroner's Office) to ensure early access to appropriate services.
9. Continue to work with colleagues in the media and promote the use of the [guidelines](#) developed in partnership with the National Union of Journalists.

10. Continue to undertake a suicide audit at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in Leeds.
11. Consider the development of a real-time surveillance system for suspected suicide through working closely with key identified partners across the city. This will support and compliment any regional surveillance systems under development.

These recommendations are embedded in the following overarching priority work streams for the Leeds Suicide Prevention Action Plan:

1. Citywide leadership for suicide prevention;
2. Reduce the risk of suicide in high-risk groups;
3. Develop and support effective suicide prevention activity in local primary care services;
4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour; and
6. Improve local intelligence on suicide in Leeds to inform suicide prevention activity.

## Suicide Prevention Action Plan for Leeds (2018-2021)

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
<b>1. Leadership for Suicide Prevention</b>	<ul style="list-style-type: none"> <li>Chair and support an effective citywide multi-agency strategic suicide prevention group overseeing the delivery of the action plan.</li> </ul>	LCC PH	<ul style="list-style-type: none"> <li>Evidence of strategic leadership and influence; progress on activities relating to the action plan.</li> <li>The content of the action plan will reflect activity across the group from all partners.</li> <li>Quarterly meetings with minutes and actions from activity of LSSPG and task groups (e.g. Primary Care Group).</li> <li>Review of the Suicide Prevention Action Plan for Leeds.</li> <li>Submission of both the Leeds Suicide Prevention Action Plan and our self-assessment of the Suicide Prevention Action Plan to the DH / LGA / PHE.</li> <li>Ensure Local Authority Mental Health Champions (Cllr Charlwood, Executive Member for Health, Wellbeing and Adults – Chair of the Health and Wellbeing Board, and Tom Riordan, Chief Executive of LCC) are kept informed of progress and are active suicide prevention champions.</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Quarterly</p> <p>Annual</p> <p>December 2018</p> <p>Monthly</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
<b>City Wide</b>	<ul style="list-style-type: none"> <li>Identify funding, commissioning resources and opportunities for related suicide prevention activity and insight.</li> </ul>	LSSPG	<ul style="list-style-type: none"> <li>The content of the action plan to reflect a range of funding sources and partners involved.</li> </ul>	Annual refresh / review
	<ul style="list-style-type: none"> <li>Ensure that LSSPG members advocate on behalf of suicide prevention approach and have targeted activity in their local work plans including world suicide prevention day.</li> </ul>	LCC PH NHS Commissioners	<ul style="list-style-type: none"> <li>Co-ordinate awareness and annual activity for citywide World Suicide Prevention Day (10<sup>th</sup> September) and links to the action plan.</li> </ul>	Completed by the end of September every year
	<ul style="list-style-type: none"> <li>Maintain strong links to the Leeds Mental Health Partnership Board, Health and Wellbeing Board (HWBB), CCG Boards, Health Care strategic meetings and relevant Children and Young People's strategic groups.</li> </ul>	LCC PH	<ul style="list-style-type: none"> <li>This ensures all suicide prevention work is undertaken with full collaboration and understanding of the broad agenda as set out in the <a href="#">Leeds Approach</a>. This will demonstrate a joined up and coordinated approach across the life course.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>Lead the process for the HWBB Chair to sign up to the <a href="#">mental health prevention concordat</a></li> </ul>	LCC PH	<ul style="list-style-type: none"> <li>To ensure the local Suicide Prevention Action Plan is fully included in the Leeds mental health prevention concordat.</li> </ul>	End of 2018 – HWBB meeting December 2018
<b>Regional</b>	<ul style="list-style-type: none"> <li>Contribute and influence regional strategic groups particularly the following: <ul style="list-style-type: none"> <li>PHE Communities of Interest (COI)</li> </ul> </li> </ul>	LCC PH	<ul style="list-style-type: none"> <li>To demonstrate collaboration and links with regional networks, partners and colleagues to share best practice in suicide prevention work.</li> </ul>	Ongoing

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> <li>○ Harrogate and West Yorkshire Suicide Prevention Advisory Network (SPAN)</li> <li>○ PHE cluster work</li> </ul>	LCC PH LYPFT LSBS	<ul style="list-style-type: none"> <li>• To engage and influence peer led activity</li> </ul>	Ongoing
<b>National</b>	<ul style="list-style-type: none"> <li>• Proactively contribute towards national policy and national debate on suicide prevention.</li> </ul>	LSSPG  LCC PH  Leeds Mind LSLCS LCC PH	<ul style="list-style-type: none"> <li>• Attendance at the All Party Political Group (APPG) from members of the LSSPG as required (topic related).</li> <li>• Ensure the Leeds work is linked to the National Suicide Prevention Strategy Advisory Group and local best practice work is recognised.</li> <li>• Ensure the LSBS and our work streams are linked to the national postvention work and share best practice.</li> </ul>	Quarterly  Annual  Quarterly contract monitoring of the service
<b>2. Reduce the risk of suicide in key high risk groups</b>	<p><b>a) 30 – 50 year old men with identified risk factors for suicide</b></p> <ul style="list-style-type: none"> <li>• Establish and maintain strong links between services that work with men at risk of suicide and their families i.e. One Stop Centres, council services and third sector.</li> </ul>	LCC PH Touchstone	<ul style="list-style-type: none"> <li>• On-going activity fed back and captured through the LSSPG and the learning is shared across the city.</li> </ul>	Ongoing – annual review

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> <li>• Offer bespoke support for local agencies wanting to engage and develop interventions in relation to working with vulnerable men at risk of suicide i.e. debt advice, housing, building industry, gambling industry.</li> <li>• Provide relevant and targeted suicide prevention training to front line staff working with men at risk of suicide and their communities / families.</li> </ul>	<p>LCC PH Touchstone Leeds Mind</p> <p>LCC PH Health Care Services CCG Police Services</p>	<ul style="list-style-type: none"> <li>• Creation of a shared local database to support new partners engaging with work around men at risk of suicide. This will help demonstrate how we share knowledge and activity in Leeds e.g. establishing strong links with local employers, construction industry and communities.</li> <li>• Commissioning of community based suicide prevention and awareness training (SafeTALK, ASIST) to be delivered to targeted communities and local workforce in line with Leeds Suicide Audit findings (including understanding evidence-base around LGBTQ+ risk and targeted promotion of training).</li> <li>• Bespoke training commissioned for healthcare wider workforce.</li> <li>• Bespoke suicide prevention training for the local police workforce.</li> <li>• Engagement with regional suicide prevention activity and partners around developing wider workforce support (including training and resources) with men at risk of suicide.</li> </ul>	<p>Ongoing – annual review</p> <p>Quarterly contact monitoring of the service</p> <p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly monitoring of</p>
	<ul style="list-style-type: none"> <li>• Ensure commissioned community health</li> </ul>	<p>LCC PH</p>	<ul style="list-style-type: none"> <li>• Demonstration of increased activity of suicide prevention work with men at risk</li> </ul>	<p>Quarterly monitoring of</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p>development services target men at risk of suicide and develop evidence-based work (MHL, green gyms, men's groups, walking groups e.g. Better Together).</p> <ul style="list-style-type: none"> <li>Ensure suicide prevention work with men at risk is included within the service specification for the new MHL, LSBS and the locality Wellbeing Space and support service.</li> <li>Ensure new investment of the recurrent suicide prevention budget is spent effectively and targets men at risk of suicide</li> </ul>	<p>Touchstone with third sector partners</p> <p>LCC PH Touchstone</p> <p>Leeds Mind / LSLCS</p> <p>LCC PH LCF</p>	<p>of suicide e.g. local men's groups including Orion Partnership, MenFM, New Wortley Wellbeing Centre, Andy's Man club, The James Burke Foundation and private sector initiatives, Forward Leeds (Drug and Alcohol service).</p> <ul style="list-style-type: none"> <li>Launch of MHL Service with priority areas of work identified to include links to at men at risk of suicide in local communities.</li> <li>MHL, LSBS and the newly commissioned Wellbeing Space and Support service will demonstrate how they have worked in collaboration targeting men at risk of suicide / within their communities. They will also demonstrate how they have linked with broader work streams e.g. social prescribing providers, Drug and Alcohol services where appropriate, Better Together, the third sector, West Yorkshire Fire and Rescue Service (WYFR) and West Yorkshire Police.</li> <li>Launch of community grants programme for World Suicide Prevention Day on 10<sup>th</sup> September 2018 targeting men at risk of suicide (and any cluster prevention work).</li> </ul>	<p>contract and KPIs</p> <p>Autumn 2018</p> <p>Quarterly monitoring of contract and KPIs</p> <p>10<sup>th</sup> September 2018</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p>in Leeds in the form of local community grants and programme managed by Leeds Community Foundation (LCF).</p> <ul style="list-style-type: none"> <li>• To promote findings of any insight work or new ways to engage with men at risk of suicide in partnership with the third sector.</li> <li>• Review progress of Adopt a Block with recommendations for next steps.</li> <li>• Review progress of the High Rise Housing work targeting men at risk of suicide in areas identified in the Leeds Suicide Audit ensuring links to local</li> </ul>	<p>Forum Central LSSPG members</p> <p>WYFR</p> <p>LCC PH LCC Housing / Localities teams</p>	<ul style="list-style-type: none"> <li>• Award of grants to local community groups to deliver suicide prevention activity in targeted areas in the city through asset based commissioning.</li> <li>• Shared evaluation and learning from local grant work; findings disseminated via LSSPG partners.</li> <li>• Evidence of work undertaken towards match funding for the grants from local businesses.</li> <li>• Delivery of citywide and locality workshops / forums held and dissemination of new / refreshed prevention work with men at risk of suicide in areas where the risk is higher e.g. Adopt a Block, High Rise Housing interventions (Clyde's and Wortley) and address work that reflects risk factors / environmental influences.</li> <li>• Recommendations shared with LSSPG and wider partners.</li> <li>• Recommendations shared with LSSPG and wider partners.</li> </ul>	<p>Annual</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annual</p> <p>Annual</p> <p>Annual</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p>debt advice e.g. Clyde's and New Wortley areas in the city.</p> <ul style="list-style-type: none"> <li>• Co-ordinate promotion of Crisis Cards to men at risk of suicide and those who work with high-risk groups via local organisations, GP practices, frontline workers as well as other resources developed by men's peer groups.</li> <li>• Identify opportunities for external funding for local men's groups / foundations / health care / shaped by local intelligence and Leeds Suicide Audit findings.</li> <li>• Ensure close links to CCG commissioned work including social prescribing and digital platforms (MindMate and MindWell).</li> </ul>	<p>LCC PH / PHRC</p> <p>Mindwell Leeds CCG Primary Care</p> <p>Leeds CCG Healthcare providers Third sector</p> <p>LCC PH Leeds CCG Healthcare providers</p>	<ul style="list-style-type: none"> <li>• Review use and distribution of Crisis Cards in Leeds in order to identify gaps in provision and how the cards are used.</li> <li>• Refresh information annually with Mindwell / MindMate partners.</li> <li>• Engage new local partners e.g. Andy's Man Club and The James Burke Foundation.</li> <li>• Securing of external funding for suicide prevention activity specifically targeting men at risk of suicide / their communities.</li> <li>• Commissioned social prescribing services with staff trained to identify and support men at risk, promote resilience and early signposting</li> <li>• Close working with MindWell and MindMate colleagues to ensure suicide prevention content reflects key messages.</li> </ul>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Ongoing</p> <p>Annual</p> <p>Annual</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p><b>b) Those at risk of/ with a history of self-harm</b></p> <ul style="list-style-type: none"> <li>• Promote effective use of the <a href="#">“Leeds self-harm and suicide guidance for staff working with children and young people in Leeds”</a> resource (known locally as the ‘Pink Booklet’) to frontline workers who work directly with people with a history of self-harm e.g. youth workers, primary care staff, education and IAPT service.</li> <li>• Commissioning of Mental Health First Aid (MHFA) and self-harm training for wider workforce who work with those who have a history of self-harm. This will reduce the risk of suicide within the target group.</li> <li>• Ensure suicide prevention work is included in any</li> </ul>	<p>Primary Care LCC PH / PHRC Healthcare LCBS</p> <p>LCC PH Leeds CCG LYPFT LCH</p> <p>LCC PH LSSPG</p>	<ul style="list-style-type: none"> <li>• Increased use of the ‘Pink Booklet’ resource by workers engaging with people who have a history of self-harm and understand the risk of suicide in this group.</li> <li>• Work with partners to refresh the “Pink Booklet” and continue to meet NICE guidelines in relation to self-harm.</li> <li>• Wider workforce will have a greater understanding when working with people who have a history of self-harm in relation to suicide risk – evidenced through training, use of resources and challenging stigma associated with this group.</li> <li>• Evidence that a wide range of frontline staff have received targeted training around the risk of suicide associated with individuals who have a history of self-harm.</li> <li>• Ensure good links with Forward Leeds drug and alcohol services as appropriate.</li> <li>• Evidence life course work with partners e.g. Children and Family services,</li> </ul>	<p>Ongoing</p> <p>2019</p> <p>Ongoing</p> <p>Annual</p> <p>Annual</p> <p>Annual</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p>specific self-harm reduction work within the scope of the MHL service / healthcare services with those who have a history of self-harming behaviour.</p>	<p>LYPFT LCH</p>	<p>Universities and Further Education Colleges.</p> <ul style="list-style-type: none"> <li>• Demonstrate any work undertaken in quarterly monitoring and reports.</li> <li>• Demonstrate in healthcare local plan / strategy.</li> <li>• Activities planned and delivered to reduce suicide risk in this population group.</li> </ul>	<p>Quarterly monitoring of contract and KPIs</p>
	<p><b>c) People in care of mental health services</b></p> <ul style="list-style-type: none"> <li>• Suicide prevention plan developed and in place with Leeds and York Partnership Foundation Trust (LYPFT).</li> <li>• Continue to work with PH and other blue light services on the suicide prevention agenda.</li> </ul>	<p>LCC PH LYPFT</p> <p>West Yorkshire Police WYFR</p>	<ul style="list-style-type: none"> <li>• Suicide prevention strategy for LYPFT completed and shared, ensuring that links are made with regional plans, local crisis and urgent care group, targeting those in care of mental health services. This includes providing support for the workforce.</li> <li>• Identified contribution of police partnership collaborative work within mental health settings (i.e. Crisis and Urgent Care Group).</li> </ul>	<p>Annual</p> <p>Annual</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> <li>Continue commissioning targeted welfare advice service with a focus on mental health outreach for people in care of mental health services</li> <li>The Leeds Approach to suicide prevention will align with local strategies and frameworks (e.g. Crisis and Urgent Care Group, 136 meeting, mental health framework refresh, SPAN) and in line with Leeds Suicide Audit findings.</li> </ul>	<p>LCC PH / C&amp;C LYPFT Leeds CCG</p> <p>LCC PG LYPFT Leeds CCG</p>	<ul style="list-style-type: none"> <li>Newly recommissioned Welfare Advice service delivering on KPIs in quarterly monitoring.</li> <li>The Leeds Approach is embedded in local crisis activity and mental healthcare plans linked to local Crisis and Urgent Care Group, in relation to suicide prevention for people in care of mental health services.</li> </ul>	<p>Quarterly monitoring of contract and KPIs</p> <p>Annual</p>
<p><b>4. Develop and support effective suicide prevention activity in local primary care</b></p>	<ul style="list-style-type: none"> <li>Establish suicide prevention in Primary Care Task and Finish Group with relevant partners identified</li> <li>Increase recognition of those at risk of suicide in primary care settings (e.g. patients with long-term physical health conditions, untreated and / or</li> </ul>	<p>LCC PH Primary Care Leeds CCG LCH</p> <p>LCC PH Primary Care Leeds CCG LCH</p>	<ul style="list-style-type: none"> <li>Agreed work plan and TOR with key roles and responsibilities focusing on primary care activity.</li> <li>Development of action plan for suicide prevention in primary care.</li> <li>Identified opportunities and approach for suicide awareness training for non-clinical / practice reception staff (frontline, active signposting role) and awareness of those at risk of suicide in the city.</li> </ul>	<p>Review progress annually</p> <p>Review progress annually</p> <p>Annual</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p>undiagnosed depression and IAPT referrals).</p> <ul style="list-style-type: none"> <li>Identify practices best placed to pilot embedding suicide prevention activity.</li> </ul>	<p>Primary Care Leeds CCG LCH</p>	<ul style="list-style-type: none"> <li>Ensure links are made with MHL commissioned training resource to deliver effective targeted training.</li> <li>Audit of GP practice mental health displays in priority areas (LS9, 10, 11, 12, 13) undertaken to identify gaps and share good practice.</li> <li>Identified effective communications opportunities to promote key messages to primary care staff.</li> <li>Evidence of local website use (MindWell and MindMate) as well as Crisis Cards and other mental health resources (through links with PHRC).</li> <li>Agree suicide prevention approach in line with existing mental health-focused work streams e.g. primary care MH liaison pilots within Local Care Partnerships (LCP).</li> <li>Ensure primary care focused work is joined up with wider services e.g. financial inclusion, social prescribing and gambling awareness.</li> </ul>	<p>Quarterly monitoring of contract and KPIs</p> <p>Ongoing</p> <p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Ongoing</p>



Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> <li>Ensure citywide partners are aware of the risk factors associated with suicide bereavement and advocate for early postvention interventions.</li> <li>Support the identification of potential contagion and suicide clusters within the Leeds population and act accordingly.</li> <li>Work closely partners (e.g. BTP, Network Rail, Forward Leeds and LYPFT) regarding shared intelligence and early information sharing of potential deaths by suicide.</li> </ul>	<p>LCC PH Leeds Mind LSLCS Police</p> <p>LSBS Touchstone BTP Network Rail Forward Leeds</p> <p>BTP Network Rail Forward Leeds</p>	<ul style="list-style-type: none"> <li>Increased referrals made by a wide range of services including the Coroner's office, primary care, police and the third sector.</li> <li>New clients referred into service and receiving targeted support earlier.</li> <li>Use and distribution of local and national resources e.g. "Help is at Hand" / Crisis Cards sourced from the PHRC.</li> <li>Intelligence from LSBS / police and all partners to be shared in a timely manner, ensuring local communities are supported accordingly e.g. Community Action Plan (CAP) developed at a community level.</li> <li>To identify potential clusters of suicide / contagion.</li> </ul>	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Ongoing</p> <p>Ongoing</p>
<b>6. Support the local media in delivering sensitive approaches to suicide and suicidal behaviour</b>	<ul style="list-style-type: none"> <li>Promote responsible reporting in the media of suicide and suicidal behaviour, using the locally developed national reporting guidelines.</li> </ul>	LCC PH Communications	<ul style="list-style-type: none"> <li>Evidence of sensitive reporting of suicides in the media by staff who use the media guidelines.</li> <li>Contribute at APPG sessions on media guidelines and the work undertaken in Leeds.</li> </ul>	<p>Ongoing</p> <p>On going</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> <li>• Work with local and regional newspapers and other media outlets to encourage them to provide information about sources of support and helplines when reporting suicide and suicidal behaviour.</li> <li>• Link in with local Time to Change Leeds Hub activity (anti-stigma).</li> <li>• Support national activity around digital media messages.</li> <li>• Explore opportunities to promote sensitive approaches to reporting suicides with local universities and taught journalism / media / communications courses.</li> </ul>	<p>LCC Communications LYPFT Communications</p> <p>LCC Communication Touchstone</p> <p>PHRC LCC Communication</p> <p>LCC Communication MindMate</p>	<ul style="list-style-type: none"> <li>• Demonstrate appropriate and targeted messages aimed at young people.</li> <li>• Demonstrate links with universities and colleges who provide media / journalism training.</li> <li>• Yorkshire Evening Post <b>#SpeakYourMind</b> campaign coverage and wider links to communication leads across the city particularly around shared messages and approaches to challenging, stigmatising media / reporting.</li> <li>• Demonstrate links with national / local Samaritans campaigns.</li> <li>• Demonstrate sensitive reporting locally and use of guidelines.</li> </ul>	<p>Annual Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
<b>7. Improve local intelligence on suicide in Leeds to inform suicide prevention activity</b>	<ul style="list-style-type: none"> <li>Promote findings of most recent Leeds Suicide Audit (2011-2013) and any relevant data for Leeds.</li> </ul>	LCC PH	<ul style="list-style-type: none"> <li>Current audit findings disseminated to relevant partners across the city.</li> <li>Ensure delivery of findings are appropriate for audience.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>To commence a new audit process for the years (2014 – 16) with adequate resource.</li> </ul>	LCC PH WY Coroner's office	<ul style="list-style-type: none"> <li>New audit process completed and report findings disseminated via citywide workshops with partners from the LSSPG.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>Establish a Leeds real time surveillance group with relevant partners.</li> </ul>	LCC PH PHE Police	<ul style="list-style-type: none"> <li>Development of real time surveillance systems both for the city and at a regional level ensuring appropriate intelligence is shared in a timely / sensitive manner.</li> </ul>	End of 2019
	<ul style="list-style-type: none"> <li>Expand and improve the systematic collection of and access to data on suicides through working with local and regional partners (e.g. BTP, Coroner's office, Network Rail and Samaritans).</li> </ul>	LSSPG Police / BTP Network Rail Samaritans	<ul style="list-style-type: none"> <li>Gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city.</li> </ul>	Ongoing
				<ul style="list-style-type: none"> <li>Partner's able to articulate suicide rates in Leeds in comparison to regional and national rates whilst understanding their role in suicide prevention as partners of the Leeds Approach.</li> </ul>
			<ul style="list-style-type: none"> <li>Sharing of best practice with national and regional partners e.g. BTP, West Yorkshire Police and Network Rail.</li> </ul>	Ongoing

## **Acknowledgements**

The contents of this action plan have been led by Catherine Ward, Victoria Eaton and Vineeta Sehmbi, Public Health, Leeds City Council in collaboration with members of the LSSPG. We would also like to thank Emily Chisholm for editing and formatting this document.

## Key to terms / glossary

LSSPG – Leeds Strategic Suicide Prevention Group

LCC – Leeds City Council

TOR – Terms of Reference

PHE – Public Health England

LCC PH – Leeds City Council Public Health

DH – Department of Health

LGA – Local Government Associations

CCG – Clinical Commissioning Group

HWBB – Health and Wellbeing Board

LYPFT – Leeds and York Partnership Foundation Trust

SPAN – Suicide Prevention Advisory Network

LSBS – Leeds Suicide Bereavement Service

APPG – All Party Political Group

LSLCS – Leeds Survivor Led Crisis Service

ASIST – Applied Suicide Intervention Skills Training

SafeTALK – Safe Tell, Ask, Listen and Keep safe

KPIs – Key Performance Indicators

MHL – Mentally Healthy Leeds

LCF – Leeds Community Foundation

PHRC – Public Health Resource Centre

IAPT – Improving Access to Psychological Therapies

MHFA – Mental Health First Aid

LCH – Leeds Community Healthcare

C&C – Citizens and Communities

CAB – Citizens Advice Bureau

CAP – Community Action Plan

WY – West Yorkshire

BTP – British Transport Police

# Appendix 1: The Leeds Approach

## 1. Background

- Recommendations from the National Suicide Prevention Strategy for England
- Suicide prevention work informs and supports the wider Public Mental Health agenda
- We have a responsibility to understand and reduce inequalities in the city
- We aim to be a compassionate city that cares about our communities' health and wellbeing
- Reducing suicide is a priority for Leeds

- Chief Executive of Leeds City Council
- Executive Board Member for Health and Wellbeing Champion Mental Health



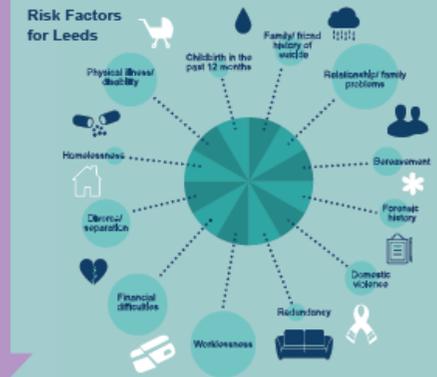
# Suicide Prevention: The Leeds Approach

Public Health, Leeds City Council



## 2. Suicide Audit

- Working in partnership with West Yorkshire Coroner's Office
- Undertaken every 3 years as per PHE recommendations
- Analysed all suicides in Leeds between 2011-2013 using Coroner's records
- A rigorous approach taken to data collection
- Intensive but invaluable: supports focused prevention planning and enables targeting of high risk groups and areas
- Helps to review interventions of what works tailored to local need



## 4. Action

- Sharing audit findings as evidence base
- Shaping, developing and agreeing the Leeds Strategic Suicide Prevention Plan
- Broad ownership of Suicide Prevention agenda and disseminating data
- Improving robustness of data
- Reviewing real-time surveillance options
- Developing meaningful and targeted local action e.g. men's groups, Adopt a Block
- Commissioning
- Action feeds into Suicide Prevention agenda being valued and prioritised

## 3. Key findings of the Suicide Audit

- 213 people were included in the audit
- The highest age group was 40-49 years
- 82.6% male (n=176) and 17% female (n=37) Male 5:1 Female (National gender ratio for suicides: 3:1)
- This means for every 1 female death there were 5 male deaths by suicide.
- 81% of those identified were White British
- 55% of audit cases lived in the most deprived 40% of the city



## Leeds Strategic Suicide Prevention Group

**The Leeds city strategic suicide prevention group brings together key strategic stakeholders from the city of Leeds to strategically oversee the delivery of a suicide prevention strategy for Leeds.**

**In delivering this function, the key tasks of the group are to:**

Develop a citywide suicide prevention action plan and support the delivery of suicide prevention initiatives at a local level.

Oversee delivery of the content of the suicide prevention action plan ensuring that the objectives of the plan correspond with existing local and national strategies and policies and meet the need of our city.

Ensure that 'high risk' groups for Leeds are identified and receive special focus in all activities.

Influence appropriate commissioning of services and interventions for people in relation to suicide prevention across Leeds that will deliver the action plan and identify resources in a needs led process.

Use local established needs assessments, audits, procedures and support processes (including Joint Strategic Needs Assessments) to drive forward agenda.

Make recommendations on the development of suicide prevention services and advise on the prioritisation of such developments to appropriate strategic partnerships.

Draw on the experience and expertise of suicide prevention group and other national and regional policy streams to inform and influence the suicide prevention agenda in Leeds. This will entail reviewing the Terms of Reference and reporting mechanisms annually.

Task and finish groups are to be set up to complete specific and timely tasks. We will review how task Groups are working effectively and feed into the Suicide action plan.

Support the suicide audit process by acting on findings from local Suicide audit, sharing and benchmark findings.

**In addition, the Chair of the Steering Group will:**

Ensure a strategic fit between the objectives of the steering group and regional / national strategy and policy.

Ensure that organisational representatives are aware of their responsibilities regarding communication within their own organisation and networks and the benefit of building these Terms of Reference into their organisational governance systems.

Allocate responsibilities to each member of the steering group.

Co-opt representatives from other organisations/agencies/groups, on invitation.

**Members of the Steering Group will:**

Represent agencies likely to have the greatest impact on reducing the suicide rate within the city.

Ensure that, when identified, work is actioned with clear responsibilities.

Report back to their existing networks about progress of the steering group, whilst representing and contributing on behalf of their organisation, operate as independent advisers and commit to working towards the maximisation of benefits for the city as a whole.

**Accountability**

The Steering group will report to the Health and Wellbeing Board.

**Meeting Arrangements**

The group will meet quarterly. Task groups will need to meet more frequently than this and report into quarterly meetings.

## **Membership**

The membership comprises of identified individuals across key agencies within the city. Membership will include the following:

Chair / Chief Officer / Consultant in Public Health and Public Health Lead for Suicide Prevention lead

Voluntary sector representation

Leeds City Council (various members from across directorates)

Leeds and York Partnership Foundation Trust (LYPFT)

Leeds Teaching Hospital Trust (LTHT)

Leeds Community Health Care (LCH)

Primary Care – Clinical Commissioning Group

CAMHS / Children's services.

Education – Schools and FE/ Universities

Offender Health

Police (both BTP / Metropolitan)

HM Coroner / Coroner's office

Railways

Private Sector Partners

\*People with lived experience of being bereaved by suicide are also members of this group within the above agencies.

## Appendix 3: Summary of Findings

### Audit of Suicides and Undetermined Deaths in Leeds (2011-2013)

#### Summary of findings

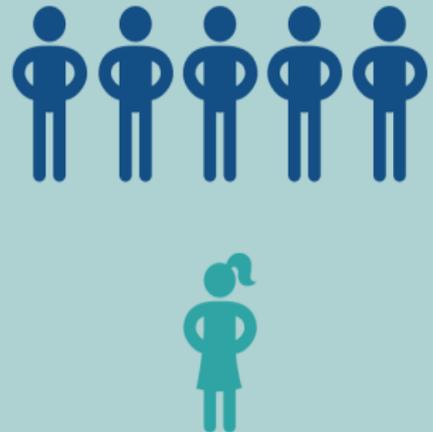


#### Rates

- There were 213 deaths by suicide identified in the 2011-2013 audit.
- The rate of death from suicide was 9.5 deaths per 100,000 people in Leeds. This has increased slightly since the previous audit.

#### Gender

- 83% of the cases were male.
- The audit found that men are almost five times more likely to end their own life than women (5:1). This is higher than the national average (3:1).
- The rate of suicide in men has increased since the previous audit, however the rate in women has not.



#### Ethnicity

- 173 (81.2%) of the cases were White British. The majority of both men and women were White British.
- White British males were over twice as likely to end their life by suicide than BME males.
- White British females were nearly twice as likely to end their life by suicide than BME females.

#### Deprivation and Geography

- 55% of the audit population lived in the most deprived 40% of the city.
- The area with the highest number of suicides is slightly west and south of the city centre. These areas make a band across LS13, LS12, LS11, LS10 and LS9.