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SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 13th February, 2024 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

P Alderson	-	Guiseley and Rawdon;
C Anderson	-	Adel and Wharfedale;
L Farley	-	Burmantofts and Richmond Hill;
M France-Mir	-	Moortown;
J Gibson	-	Cross Gates and Whinmoor;
C Hart-Brooke	-	Rothwell;
M Iqbal	-	Hunslet and Riverside;
W Kidger	-	Morley South;
K Ritchie	-	Bramley and Stanningley;
A Scopes (Chair)	-	Beeston and Holbeck;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Dr John Beal – Healthwatch Leeds

Please Note: Please do not attend the meeting in person if you have symptoms of Covid-19 and please follow current public health advice to avoid passing the virus onto other people.

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https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=12313

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF INTERESTS** To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 16TH JANUARY 2024** To approve as a correct record the minutes of the meeting held on 16th January 2024.	5 - 14
7			**LEEDS DRUG & ALCOHOL STRATEGY AND ACTION PLAN** To receive a report from the Director of Public Health which seeks the views of the Scrutiny Board on the draft Leeds Drug & Alcohol Strategy 2024-2027 in terms of the strategy vision and priorities/outcomes.	15 - 48
8			**LEEDS SUICIDE PREVENTION ACTION PLAN 2024-27 AND SUICIDE AUDIT 2019-21** To receive a report from the Director of Public Health that provides the Scrutiny Board with an update and overview of the Leeds Suicide Prevention Action Plan (2024–27). The report also shares the findings from the latest Leeds Suicide Audit 2019–21.	49 - 112

9			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2023/24 municipal year.	113 - 120
10			**DATE AND TIME OF NEXT MEETING** Tuesday, 12th March 2024 at 1.30 pm (pre-meeting for all Board Members at 1.00 pm)	

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

Webcasting

Please note – the publicly accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council's website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 16TH JANUARY, 2024

PRESENT: Councillor A Scopes in the Chair

Councillors P Alderson, C Anderson, L Farley, M France-Mir, J Gibson, M Iqbal, W Kidger, K Ritchie and E Taylor

Co-opted Member present – Dr J Beal

62 Appeals Against Refusal of Inspection of Documents

There were no appeals.

63 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

64 Late Items

With agreement from the Chair, there was Supplementary Information circulated to Board Members in relation to agenda item 11 – Work Schedule. This was Appendix 3 of the report, which was a summary note of the Scrutiny Board's working group meeting in relation to local NHS dentistry provision.

65 Declaration of Interests

No declarations of interest were made at the meeting.

66 Apologies for Absence and Notification of Substitutes

Apologies had been received from Councillor C Hart-Brooke.

67 Minutes - 7th November 2023

RESOLVED – That the minutes of the meeting held on 7th November 2023, be approved as an accurate record.

68 Matters Arising

Minute 59 – Further to the Board's discussions around the Street-lives Thematic Review, it was noted that the Head of Community Safety Services had provided all Board Members with relevant service contact details aimed at supporting people living street-based lives or facing homelessness.

69 Out of hours bereavement arrangements at Leeds Teaching Hospitals NHS Trust - Update

The Head of Democratic Services submitted a report which presented an update report from the Leeds Teaching Hospitals NHS Trust in relation to its out of hours bereavement service.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Phil Wood, Chief Executive, Leeds Teaching Hospitals NHS Trust (LTHT)
- Stephen Bush, Medical Director Operations, LTHT
- Ruby Ali, Associate Director of Operations, LTHT
- John Adams, Medical Director (Governance and Risk), LTHT
- Reece Wolfenden, Lead Service Manager for Bereavement and Medical Examiner Services, LTHT

The Chair invited the Chief Executive of Leeds Teaching Hospitals NHS Trust to give a brief introduction and in doing so, Members were reminded that in February 2023, representatives from Leeds Teaching Hospitals NHS Trust had engaged with the Scrutiny Board during the early stages of its review of the out of hours bereavement service. Having supported the key principles of the review at that stage, the Scrutiny Board had requested to be kept informed of progress in relation to the new arrangements being put in place, as well as developments surrounding the anticipated introduction of the new national Statutory Medical Examiner System in April 2024.

To supplement the update report provided by the Trust, the Board also received a presentation. The key points raised during this presentation were as follows:

- The service review process had involved engagement with a number of key stakeholders, both internal and external, to look at ways of making the service more efficient.
- Following the service review process, new arrangements were put in place on 2nd October 2023, with the service now being managed both through the day and out of hours by the Mortuary Team in the Trust's Pathology Clinical Service Unit. This has helped provide a more consistent service.
- There is now an 8am-8pm, seven days a week service, with an on-call model implemented from 4.30 pm to 8pm Monday to Friday and during weekends and bank holidays, 8am-8pm. Exceptional requests outside these hours will be considered on a case-by-case basis.
- Engagement sessions were held throughout November with Funeral Directors and also Elected Members to listen to initial feedback on the new arrangements. There has also been positive feedback from representatives of Muslim and Jewish communities on the new arrangements.
- An ongoing review of the service will be maintained to support the effective implementation of the new arrangements and refinements in response to feedback.

- A review of paediatric and maternity out of hours arrangements is also underway to explore the opportunity to align with the new adult arrangements.
- A new Medical Examiner Service has been introduced by the Trust on behalf of NHS England and that provides the scrutiny of all deaths not investigated by HM Coroner.
- The introduction of the Medical Examiner Service came about following a number of key profile independent inquiries. The more recent Lucy Letby statutory inquiry has led to this service also being extended to paediatric and neonatal deaths.
- The key aims of the new service were outlined to the Board, which were primarily focused around driving efficiencies and providing greater assurance for the bereaved through independent review of care.
- The team consists of 20 Medical Examiners and 6 Medical Examiner Officers who are all independent of the Trust. They will also be independent of the case being reviewed as they will not have had any involvement in that particular patient's care.
- Charts were presented to the Board to help illustrate the death certification process and the complete bereavement/mortality process from verification through to registration of a death.
- Accountability of the service is to the Director for Governance and Risk at the Trust and also to the National Medical Examiner.
- The service has been expanding since 2021 as there were only 2 Medical Examiner Officers and 2 Medical Examiners within the Trust at that time.
- There are 5 General Practices across Leeds that are actively referring deaths to the service. However, the Trust has been met with challenges from several GP practices who are not willingly engaging with the service until it becomes a statutory requirement.

During the Board's discussions on this matter, the following points were also raised:

- *Communication with families* – It was noted that following any death, family members will need to appoint a funeral director who will guide them through the process. When a death occurs in a community, then specific communities will have designated funeral directors who will be able to guide the bereaved family through the relevant processes and will also liaise with the Trust around expectations associated with that community.

- *Weekend deaths in the community and the challenge of contacting GPs* – Some Members shared positive experiences of GPs willing to make themselves available during weekends to issue a medical certificate of cause of death (MCCD) for ceremonial and burial purposes for religious and cultural reasons. However, some Members, including the Executive Member for Adults Social Care, Public Health and Active Lifestyles, also shared recent experiences of bereaved Muslim families being unable to contact their GP following a death that occurred during a weekend. Members were informed that while there is ongoing engagement with the West Yorkshire Integrated Care Board (ICB) and the GP Confederation regarding preparations for the new national Medical Examiner System

commencing in April 2024, more clarity was still being sought surrounding the implications of the new regulations. It was expected that further national guidance would be made available in the coming weeks. In the meantime, the Chair suggested that he writes on behalf of the Scrutiny Board to the Chair of the GP Confederation on this issue and to particularly encourage a proactive and consistent approach across local GP practices to help meet the needs of communities.

- *Deaths of adults with learning disabilities* – It was highlighted that while there are specific lines of enquiry that need to be followed in this regard, the Medical Examiner Service will still feed into that process from an independent point of view.

- *Registration services* – In acknowledging that the new regulations will also have implications for registration services, which are the responsibility of Leeds City Council, the Chair advised that further information surrounding the position of this service would be sought and relayed back to the Board.

The Chair thanked everyone for their contributions and welcomed the progress that has been made by the Trust regarding this service.

RESOLVED –

(a) That the contents of the report and presentation be noted, along with Members comments.

(b) That the Chair of the Adults, Health and Active Lifestyles Scrutiny Board writes to the Chair of the GP Confederation on this matter and particularly encourages a proactive and consistent approach across local GP practices to help meet the needs of communities.

(c) That further information is also sought regarding the position of Registration Services on this matter.

70 Performance Update - Adult Social Care, Public Health and Active Lifestyles

The joint report from the Directors of Adults and Health, Public Health and City Development provided an overview of outcomes and service performance related to the council and city priorities within the Scrutiny Board's remit.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tim Fielding, Deputy Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources & Strategy, Adults and Health
- Jane Walne, Chief Officer Operations and Active Leeds

- Steve Baker, Head of Active Leeds
- Rob Wood, Head of Intelligence & Performance

In considering the performance details presented, the Board discussed a number of matters in more detail, across Adult Social Care, Public Health and Active Lifestyles, including the following:

Public Health

- *Weight management services and increases in BMI 30+* - It was reported that the percentage of adults in Leeds with a BMI over 30 in Q2 2023/24 was 24.3%. While noting that this is not a statistically significant change from the previous quarter (24.2% in Q1), it is significantly higher than five years ago (23.1% in Q2 2018/19) but also mirrors the national picture. Importance was therefore placed around the need to tackle this overall increasing trend.

- *New HIV diagnosis rates* – Reference was made to the significant increases in new HIV diagnosis rates since 2019 and Members were advised that such increases had been expected and were being managed accordingly. The attributable factors were linked to more testing being put in place across the city and overseas workers also being rigorously tested on entry.

- *Infant mortality rates* – Members noted that in the least deprived areas, the infant mortality rate was 5.8 per 1,000, which had increased from 5.5 in the previous period. Although this is not a statistically significant change and numbers are small, Members were assured that this was being monitored closely by Public Health given the increasing trends.

- *Employment rates for those with a learning disability* – Members were advised that the Council is awaiting new data in terms of monitoring the gap in the employment rate between those with a learning disability (aged 18 to 64) and the overall employment rate (gap - percentage points). It is expected that the new data will show an improvement in terms of this indicator.

- *Recorded diabetes for Type 1 and Type 2* – Having acknowledged that the statistical data is reflective of the combined recording rates of both Type 1 and Type 2 diabetes, Members felt that these warranted being separated out to enable more meaningful data analysis and monitoring.

- *Life expectancy rates* – Members were advised that further work is being undertaken through the Marmot City programme to review data on life-expectancy in Leeds and that work is also being undertaken to learn from other existing Marmot Cities in terms of improving life expectancy rates. Particular reference was made to Coventry who became a Marmot City in 2013 and have seen sustained improvements in life expectancy rates.

Adult Social Care

- *People waiting safely for assessments* – Given the high numbers of people waiting for assessment, Members were advised of the 'Waiting Well' process guidance which has been implemented to ensure people are still monitored whilst they are waiting. It was also highlighted that a new development for a Self-Assessment tool within Leeds Directory is due to go live in the next month where people will be able to access information about equipment and other services that may support them in the interim. Members were also assured that all referrals deemed as high risk are seen within 7 days or receive crisis intervention support via the Rapid Response teams.

Active Lifestyles

- *Future targets for percentage of physically active adults* – It was noted that the latest performance data shows that 40.7% of adults in the most deprived areas of the city remain physically inactive. Members were therefore advised that efforts are continuing to be made in terms of targeting specific communities but to also improve the picture more generally, with a current target to reduce physical inactivity by 1% each year.

- *Children 11 to 15 years accessing gyms and fitness classes* - It was acknowledged that health and safety requirements now mean that children 11 to 15 years can only access gym facilities and fitness classes if accompanied and supervised by a responsible person 16 years or over. Members were advised that this was therefore being managed carefully by Active Leeds staff.

RESOLVED – That the contents of the report, along with Members comments, be noted.

71 Financial Health Monitoring 2023/24 - October 2023 (Month 7)

The Head of Democratic Services submitted a report that introduced information regarding the projected 2023/24 financial health position at Month 7 (October 2023) in the context of the Scrutiny Board's wider discussions about the initial budget proposals.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tim Fielding, Deputy Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources & Strategy, Adults and Health
- Jane Walne, Chief Officer Operations and Active Leeds
- Steve Baker, Head of Active Leeds

In consideration of the report, further clarity was sought regarding the level of Adult Social Care & Public Health reserves. In response, it was reported that at the end of 2023/24, Adults and Health are projected to have the following type and level of reserves:

Ring-fenced Public Health Reserve	£2,344k
Earmarked Adult Social Care Reserves	£2,629k
General Adult Social Care Reserve	£325k
Total	£5,298k

RESOLVED – That the contents of the report be noted.

72 Scrutiny of the Budget - Initial Budget Proposals

The Head of Democratic Services submitted a report that introduced the Executive Board's initial budget proposals for 2024/25 for consideration, review and comment on matters and proposals that fall within the Scrutiny Board's remit.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tim Fielding, Deputy Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- John Crowther, Chief Officer Resources & Strategy, Adults and Health
- Jane Walne, Chief Officer Operations and Active Leeds
- Steve Baker, Head of Active Leeds

The Chair highlighted that while the Board has already been initially consulted on the relevant budget proposals as part of a working group meeting held during December 2023, Members were given a further opportunity as part of this meeting to raise any further questions or make any further comments on the proposals.

The following areas were raised during the Board's discussion:

- *Proposed car parking charges in parks* - while acknowledging that proposals to introduce car parking charges in parks is outside of the remit of the Adults, Health and Active Lifestyles Scrutiny Board, some related comments were made linked to promoting active lifestyles. The Chair therefore advised that these would be shared with the Environment, Housing and Communities Scrutiny Board as part of its deliberations on the matter. In summary, the related comments were as follows:

- Although it is widely recognised that being physically active is essential for good physical and mental health and wellbeing, the latest performance data shows that 40.7% of adults in the most deprived areas of the city are physically inactive.
- Having good levels of accessibility to green spaces, including all city and community parks, forms part of the ongoing efforts to encourage and support people to lead more active lifestyles and therefore it is important that this also forms part of the considerations in terms of any potential impacts.
- Car parking payment methods in general should be non-discriminatory and offer a range of options, including a cash option.
- Creating opportunities and empowering more people to choose active ways of travelling also remains a key priority and linked to this a suggestion was made around exploring opportunities for developing and providing route maps for walking, wheeling and cycling to local green spaces and parks.

➢ *Fees and charges*: Members reiterated the points also made during the Board's budget working group meeting surrounding the proposal to review the charges applied to adult social care activities. Assurances were again sought that people would not be charged more than it is reasonably practicable for them to pay based on their individual financial assessment. Importance was also placed on ensuring that individuals are safe in making any decision to no longer receive a service in terms of this being based on need rather than being financially driven.

➢ *Promoting and supporting active lifestyles*: Members acknowledged and praised the proactive approach of Active Leeds and partners in exploring external funding sources, particularly for key areas of need, and further encouraged this approach. The Chair also reminded Members that supporting healthy weight and active lifestyles will be a key feature of the Board's March meeting too.

The Chair concluded by explaining that the Board's deliberations on the relevant budget saving proposals will inform a composite report from Scrutiny that will be submitted to the Executive Board for consideration during its meeting on 7th February 2024.

RESOLVED – That the contents of the report be noted and the Board's deliberations on the relevant budget savings proposals inform a composite report from Scrutiny that will be submitted to the Executive Board for consideration during its meeting on 7th February 2024.

73 Work Schedule

The Head of Democratic Services submitted a report that presented the Board's latest work schedule for the forthcoming municipal year.

The Chair referenced Appendix 3 of the report, which was a summary note of the Scrutiny Board's working group meeting in relation to local NHS dentistry provision. The Chair also highlighted that the Chair of the West Yorkshire

Joint Health Overview and Scrutiny Committee had wrote to Victoria Atkins MP, Secretary of State for Health and Social Care, to relay the Committee's own concerns about the difficulty in accessing NHS dentistry in West Yorkshire and that Board Members would be kept informed of any further developments.

RESOLVED –

(a) That the Scrutiny Board's work schedule for the 2023/24 municipal year be noted.

(b) That the summary note of the Scrutiny Board's working group meeting in relation to local NHS dentistry provision be noted.

74 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 13th February 2024 at 1:30pm (pre-meeting for all Board Members at 1:00pm)

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Agenda Item 7

Report author: Magdalena Boo, Head of Public Health (Drugs, alcohol, safer communities)

Tel: 07891 275 781

Leeds Drug & Alcohol Strategy and Action Plan

Date: 13 February 2024

Report of: Director of Public Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- The Adults, Health and Active Lifestyles Scrutiny Board have requested that the Leeds Drug & Alcohol Strategy and Action Plan is presented to them at their 13 February 2024 meeting. This report sets out the current position and some planned processes for refreshing and updating the strategy and action plan. This report seeks views on the DRAFT 2024-7 strategy vision and priorities/outcomes.

- There has been significant positive change since the current 2019 strategy was approved including the publication of the Dame Carol Black review, the publication of the national Drug Plan "From Harm to Hope" and new allocations of new increased funds for drug and alcohol treatment and recovery from the Universal Grant 2021/2 and the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-2025.

- In June 2022, HM Government issued Guidance to Local Delivery Partners regarding the implementation of "From Harm to Hope". This guidance set out a series of key actions and timescales which included forming a local combatting drugs partnership and creating a local Drug Strategy and delivery plan. Although Leeds already had a partnership (Leeds Drug & Alcohol Partnership Board) and a Leeds Drug & Alcohol Strategy and Action Plan 2019-2024 (Leeds Drug Alcohol Strategy Action Plan 2019-2024.pdf) it was appropriate and timely to refresh these arrangements given the national changes. The Board was reconvened and refreshed 2022-23. The current strategy expires in 2024.

Recommendations

a) That the Board note the national requirement for Leeds to have a drug and alcohol strategy and action plan and note that the existing strategy will expire in 2024 and requires refresh;

b) That the Board provide comments to shape the city's strategic priorities and direction on drugs and alcohol, noting that there are no further uplifts to funding announced and therefore this must be achievable within resource.

c) That the Board provide a view on the proposed approach to refreshing the drug and alcohol strategy and on the DRAFT 2024-7 strategy vision and priorities/outcomes.

What is this report about?

1 The Adults, Health and Active Lifestyles Scrutiny Board have requested that the Leeds Drug & Alcohol Strategy and Action Plan is presented to them at their 13 February 2024 meeting. This report sets out the current position and some planned processes for refreshing and updating the strategy and action plan. This report also seeks views on the DRAFT 2024-7 strategy vision and priorities/outcomes.

2 In September 2019 the Leeds Drug & Alcohol Strategy and Action Plan (Leeds Drug Alcohol Strategy Action Plan 2019-2024.pdf) was approved. However, this was then followed by a period of significant disruption arising from the Covid-19 pandemic March 2020-February 2022. During this time the Leeds Drug & Alcohol Partnership Board did not meet, and the focus was on maintaining safe access to treatment and recovery services.

3 During this period, there was also positive change with the publication of the Dame Carol Black review, the publication of the national Drug Plan "From Harm to Hope" and new allocations of new increased funds for drug and alcohol treatment and recovery from the Universal Grant 2021/2 and the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-2025.

Table 1 - National Drug Plan Timeline

February 2019	February 2020	July 2021	December 2021	April 2022	July 2022	May 2023
	Covid-19 pandemic					
Dame Carol Black Independent Review commissioned	Dame Carol Black Review Part 1 published on drug supply & demand	Dame Carol Black Review Part 2 published on prevention, treatment, recovery.	HM Government "From Harm to Hope" 10-year drugs plan published	Supplemental Substance Misuse Treatment & Recovery Grant allocations published	Guidance for local delivery partnerships to implement "From Harm to Hope" published	National Outcomes Framework updated

4 In June 2022, HM Government issued Guidance to Local Delivery Partners regarding the implementation of "From Harm to Hope". This guidance set out a series of key actions and timescales which included forming a local combatting drugs partnership and creating a local Drug Strategy and delivery plan. Although Leeds already had a partnership (Leeds Drug & Alcohol Partnership Board) and a Leeds Drug & Alcohol Strategy and Action Plan 2019-2024, the substantial changes over this period meant it was appropriate and timely to refresh these arrangements.

5 The Leeds Drug & Alcohol Partnership Board reconvened in November 2022 and now meets regularly on a quarterly basis, chaired by the Senior Responsible Officer and Director of Public Health, Victoria Eaton.

6 The governance structure for drugs and alcohol in Leeds was agreed by the Health and Wellbeing Board (27 September 2022). The Leeds Drug and Alcohol Partnership (LDAP) Board provides strong strategic leadership locally and supports effective partnership working around drugs and alcohol. The LDAP reports to the Leeds Health and Wellbeing Board, Safer Leeds

Executive and Children and Young People Partnership. The Partnership Board also links to the West Yorkshire-wide Combatting Drugs Partnership[1].

7 An updated DRAFT Leeds Drug & Alcohol Strategy was developed in November 2022 recognising the new opportunities and "asks" from the national investment. This refreshed draft is now being reviewed by all the sub-groups of the Board: Co-occurring Mental Health Alcohol and Drugs; Children and Young People; Criminal Justice (via Reducing Reoffending Board); Performance and Intelligence; Social Marketing Planning; Healthcare Sub-group.

8 Robust local, regional and national governance and monitoring arrangements offer high scrutiny that supplementary substance misuse treatment and recovery grant (SSMTRG) funding is directed towards treatment and recovery only, and that increased funding is leading to improved treatment and recovery outcomes for the people of Leeds. Drug and alcohol progress against national strategic outcomes and spend against national strategic priorities is exceptionally closely monitored and this is linked to the uplift of SSMTRG funding from the Office for Health Improvement and Disparities which is performance related. A National Combating [sic] Drugs Outcome Framework[2] was published in May 2023 and will be used to monitor and measure local performance. Leeds submits an annual workforce census return which sets out the number of staff employed, demographic information, qualifications, and roles. A progress report was requested by OHID in 2023 in addition to the progress reported to the Health and Wellbeing Board[3]. This is in addition to local performance monitoring and reporting through the Public Health Programme Board (provider performance), Public Health Governance Group (financial performance), Leeds Drug and Alcohol Partnership Board (strategic overview on outcomes against agreed dashboard). Forward Leeds, our main provider is rated as "Outstanding" overall by the Care Quality Commission[4]. These arrangements are set out to contextualise any additional local scrutiny that the Adults, Health and Active Lifestyles Scrutiny Board may require.

What impact will this proposal have?

9 The proposal is to refresh and update the Leeds Drug & Alcohol Strategy and action plan so that the strategic priorities and direction of travel reflect the views of local stakeholders and current needs as well as national priorities. This must be achievable within resource as there have been no further announcements of funding for drugs and alcohol.

10 The Leeds Drug & Alcohol Strategies since 2013 have had the same strategic priorities/outcomes:

- Prevention (fewer people use drugs)
- Harm reduction, treatment, and recovery (less harm and more people recover)
- Safeguarding, Hidden Harm, Intergenerational harms (fewer children, young people, families affected)
- Crime and disorder (less drug and alcohol related crime and disorder)

This is shown in the table below (Table 2 – Leeds Drug & Alcohol Strategies 2013-2027).

[1] Council and democracy (leeds.gov.uk)
[2] National Combating Drugs Outcomes Framework: supporting metrics and technical guidance (publishing.service.gov.uk)
[3] Council and democracy (leeds.gov.uk)
[4] Forward Leeds rated outstanding by national regulator - Forward Leeds

Strategic partners are now being asked to identify any further strategic priorities, with the important caveat that these must be achievable within resource.

11 One example of a strategic outcome that we have not traditionally included in our Leeds Drug & Alcohol Strategies is an outcome focussed on prevention at a social and commercial determinants of health level rather than at an individual level. Public Health understand drug and alcohol misuse not solely as an individual problem affecting individuals, families, and communities, and not purely as a lifestyle choice, but as an outcome caused by a complex interplay of influences. Where we grow up and the influences that we are exposed to can affect lifelong outcomes. Social determinants of health such as poverty, neighbourhood deprivation, and race inequalities contribute to wider health inequities that shape risky behaviour patterns including increased prevalence of drug and alcohol use. Commercial determinants of health such as saturation of licensed premises or alcohol advertising, and irresponsible retailing such as underage sales can exacerbate risk. The contrast to these negative social and commercial determinants of health is to create healthy places and positive social norms such as visible recovery. What this means in practice is less visible drug and alcohol use in communities so that there is not an expectation that this is a neighbourhood or community where drinking and drug use in public spaces is the norm, less drug and alcohol related litter – cans, glass, needle waste, cannisters, less public facing advertising including the curtilage of shops, fewer licensed premises for alcohol and those that are permitted are responsibly run, urban design for safer spaces. As an Inclusive Recovery City, positive social norms in communities of visible recovery could include drug and alcohol-free social spaces or recovery volunteers at community events. As a Local Authority with regulatory powers, some of this is achievable within resource, and some requires targeted additional resource.

Table 2 – Leeds Drug & Alcohol Strategies 2013-2027

Year	Vision	Strategic priorities
Leeds 2013-16 Drug & Alcohol Strategy and Action plan	Leeds is a city that promotes a responsible attitude to alcohol and where individuals, families and communities affected by the use of drugs and alcohol can reach their potential and lead safer, healthier and happier lives	• People choose not to misuse drugs and/or alcohol • More people to recover from drug and alcohol misuse • Fewer children, young people and families are affected by drug and alcohol misuse • Fewer people experience crime and disorder related to the misuse of drugs and alcohol
Leeds 2016-2018 Drug & Alcohol Strategy and Action plan	Not found	• People choose not to misuse drugs and/or alcohol • More people to recover from their drug and alcohol misuse and the harms it can cause • Fewer children, young people and families are affected by drug and alcohol misuse • Fewer people experience crime and disorder related to the misuse of drugs and alcohol
Leeds 2019-2024 Drug & Alcohol Strategy and Action plan	Not stated	• Fewer people misuse drugs and/or alcohol and where people do use they make better, safer and informed choices • Increase in the proportion of people recovering from drug and/or alcohol misuse • Reduce crime and disorder associated with drug and/or alcohol misuse • Reduce impact of harm from drugs and alcohol on children, young people and families • Addressing specific emerging issues

DRAFT Leeds 2024-2027 Drug & Alcohol Strategy and Action plan	Leeds is a compassionate city that works with individuals, families, and communities to address the harms caused by drug and alcohol use.	• Fewer people misuse drugs and/or alcohol, and where people do use they make better, safer, and more informed choices *Outcome 1.1* – Increase awareness of drug and alcohol issues *Outcome 1.2* – Ensure the availability of high quality harm reduction services *Outcome 1.3* – Reduce drug and alcohol related death • Increase in the proportion of people recovering from drug and/or alcohol misuse *Outcome 2.1* – Ensure treatment services are effective, high quality and responsive to need *Outcome 2.2* – Increase the capacity and competency of the workforce *Outcome 2.3* – Ensure effective pathways and outreach provision is in place to support drug and alcohol users to access the support they need *Outcome 2.4* – Provide a wide and varied number of options to promote and support recovery • Reduce crime and disorder associated with drug and/or alcohol misuse *Outcome 3.1* – Tackle serious and organised crime, including county lines *Outcome 3.2* – Reduce offending and antisocial behaviour associated with drug and alcohol use and improve outcomes for offenders *Outcome 3.3* – Reduce the availability and harm caused by illicit drugs and the inappropriate availability of alcohol • Reduce the impact of harm from drugs and alcohol on children, young people and families *Outcome 4.1* – Ensure children and young people are informed about the potential harms of drugs and alcohol *Outcome 4.2* - Protect children and young people and prevent harm by supporting parents / carers into effective treatment *Outcome 4.3* – Protect children and young people - including addressing the impact of drugs and alcohol on Child Sexual Exploitation (CSE)/Child Criminal Exploitation (CCE)/domestic violence and abuse (DVA)/anti-social behaviour (ASB) *Outcome 4.4* – Ensure children and young people are supported to access services for their drug and/or alcohol use *Outcome 4.5* – Responding to digital threats and opportunities

How does this proposal impact the three pillars of the Best City Ambition?

☒ Health and Wellbeing ☐ Inclusive Growth ☐ Zero Carbon

12 The main focus of the Leeds Drug & Alcohol Strategy is health and wellbeing, but this also encompasses community safety and criminal justice.

What consultation and engagement has taken place?

Wards affected: City-wide, all wards		
Have ward members been consulted?	☐ Yes	☒ No

13 The proposal is to take the opportunity to review and refresh the Leeds Drug & Alcohol Strategy using the existing governance arrangements of subgroups of the Leeds Drug & Alcohol Partnership Board, the Board itself, Adults, Health and Active Lifestyles Scrutiny Board, Safer Leeds Executive Board, Children and Young People Partnership, the Health and Wellbeing Board, and the West Yorkshire Combatting Drugs Partnership. This allows a range of strategic partners and elected representatives of the City of Leeds to ensure that the Strategy and Action Plan meet the City's priorities, to ensure ownership of the Strategy and Action Plan. Executive Member Cllr Salma Arif has also requested that there is service user and carer consultation on the Draft Strategy and action plan.

What are the resource implications?

14 Leeds has received allocations of new increased funds for drug and alcohol treatment and recovery from the Universal Grant 2021/2 and the Supplemental Substance Misuse Treatment which come with specific grant conditions, one of which is to create a drug and alcohol strategy and action plan. and Recovery Grant (SSMTRG) 2022-2025. No further uplifts to Leeds drug and alcohol funding have been announced, so the strategic priorities going forward must be met within resource.

What are the key risks and how are they being managed?

15 There are no significant risks – there is already a current strategy 2019-2024 and an updated DRAFT which means all governance conditions are met. The proposed refresh gives the city and its strategic partners ownership of the strategic priorities and the direction of travel for Leeds on drug and alcohol issues.

What are the legal implications?

16 There are no legal implications as the grant conditions and guidance are met. This is a timely update as the current Strategy and Action Plan expire in 2024.

Options, timescales and measuring success

What other options were considered?

17 An alternative option is to endorse the refreshed updated strategy and action plan (updated by Leeds City Council officers) without further consultation of strategic boards but the risk to this approach is that the city and its strategic partners will not have ownership of the strategy or the direction of travel for Leeds on drug and alcohol issues, and that key strategic priorities will be missed.

How will success be measured?

18 Success of the strategy and action strategy will be measured through the National Combating Drugs Outcomes Framework for drugs and alcohol[5] and other bespoke local measures and local data dashboards. Please see appendix 2 for illustrative example of how local Draft strategic outcomes map onto national measures which already exist or are in development, including publicly available information. Progress will be reported to the Leeds Drug & Alcohol Partnership Board which reports to the Health and Wellbeing Board and to Safer Leeds Executive, and Children and Young People Partnership.

What is the timetable and who will be responsible for implementation?

19 The proposed timetable for the refresh of the Leeds Drug & Alcohol Strategy and Action Plan is:

December 2023 to March 2024 Leeds Drug and Alcohol Partnership Board subgroups review and comment on the DRAFT 2024-7 Drug & Alcohol Strategy and Action Plan.

February 2024 – Adults, Health and Active Lifestyles Scrutiny Board review and comment on the DRAFT 2024-7 Drug & Alcohol Strategy and Action Plan.

March 2024 – Leeds Drug & Alcohol Partnership Board 1-hour discussion tabled to review the comments from the consultation and produce a final DRAFT for further consultation with Safer Leeds Executive, Children and Young People Partnership, Health and Wellbeing Board, and West Yorkshire Combatting Drugs Partnership.

Summer 2024 –submission for consultation and approval to relevant boards

Victoria Eaton is Senior Responsible Officer for drugs and alcohol in Leeds.

Appendices

- Appendix 1a - Draft Leeds Drug & Alcohol Strategy and Action Plan 2024 - 2027
- Appendix 1b - Draft Leeds Drug & Alcohol Strategy Action Plan 2024 – 2027
- Appendix 2 - Alignment of Strategic Outcomes to National Outcome Measures and publicly available datasets.

Please note that these are live documents under current consultation and are therefore subject to change.

Background papers

- Drugs strategy national outcomes framework - GOV.UK (www.gov.uk)
- From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

[5] Drugs strategy national outcomes framework - GOV.UK (www.gov.uk)

Leeds

Drug and Alcohol Strategy and Action Plan

2024 - 2027

Leeds is a compassionate city that works with individuals, families, and communities to address the harms caused by drug and alcohol use.

Our vision supports the wider vision for Leeds - that, by 2030, Leeds will be locally and nationally recognised as the best city in the UK - driving forward change by working effectively with our partners, stakeholders, and service users.

This document describes our plans for addressing the harms caused by drug and alcohol use in Leeds. Informed by the ambitions and challenges of the Government's latest Drug and Alcohol Strategies, as well as our local ambitions to deliver the Safer Leeds Community Safety Strategy, the Leeds Health and Wellbeing Strategy, Best Council Plan and The Leeds Health and Care Plan, we have worked collaboratively to agree our vision, and the priorities and actions to achieve agreed outcomes.

The success of this strategy will also contribute to achieving our City Priorities including ensuring that Leeds is the best city for Health and Wellbeing, a Child-Friendly City and contributes to Safe, Strong Communities.

Our strategy and action plan covers children, young people and adults and takes account of an individual's life course.

Why have a Drug and Alcohol Strategy?

Drug and alcohol use affects a large number of people - not just those who use drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses.

The consequences of drug and alcohol use for people and society are wide ranging and can be long lasting. Our vision is that Leeds is a compassionate city that works with individuals, families and communities affected by drug and alcohol use to help them to make better and more informed choices, and lead healthier, safer, and happier lives. An important element of the strategy is around minimising drug and alcohol misuse, to reduce harm and prevent associated problems from escalating.

In December 2021, the Government published a major independent review of drug misuse[1]. It considered a wide range of issues, including the system of support and enforcement around drug misuse, identifying a range of strategies and targets aimed at tackling drug harms. The review prioritises:

- Breaking drug supply chains, so that law enforcement agencies can target and prevent the drug related causes of crime effectively, reducing the associated violent crime, exploitation of people, and other associated crime.
- Delivering a world-class treatment and recovery system which provides those experiencing, or at risk of experiencing, drug and alcohol issues the treatment and support they need to achieve long-term recovery; including support to achieve more stable life outcomes for those experiencing multiple disadvantages.
- Achieving a shift in the demand for recreational drugs by creating a generational shift in the demand for drugs which encourages adults to change their behaviours and prevents young people from starting to take drugs.

The Review recognises that local government and its delivery partners are best placed to establish local priorities and devise ways of working to address these challenges quickly and effectively. It supports collaboration between partners such as local authorities, housing groups and criminal justice agencies at national and local levels, to identify and deliver best practice in relation to these priorities. New investment will empower and resource local partners to deliver results. In Leeds we have created a new multi-agency partnership to ensure the delivery of comprehensive treatment and recovery programmes, alongside effective enforcement and ambitious prevention to reduce drug and alcohol use for the long term. The partnership will deliver on new nationally set standards and outcomes, providing structure and oversight, and directing resources to ensure consistently high-quality services.

[1] From Harm to Hope: A 10-year drugs plan to cut crime and save lives. HM Government, 2021

How are we going to achieve the vision?

- Whilst the aim is to prevent or reduce drug and alcohol misuse, it is recognised that some people are unable or unwilling to stop using drugs and/or alcohol. Therefore, a harm reduction approach will also be taken, which aims to reduce the harms associated with the use of drugs and alcohol. This very much fits with the ambition to be a compassionate city.

- The Leeds Drug and Alcohol Strategy and Action Plan feeds into the Leeds Best Council Plan. Therefore, it impacts on, and is influenced by, a number of different Council strategies and plans including, but not limited to:
    - Leeds Health and Wellbeing Strategy
    - Leeds Health and Care Plan
    - Leeds Safer Stronger Communities Plan
    - Leeds Reducing Reoffending Strategy
    - Leeds Inclusive Growth Strategy
    - Leeds Housing Strategy
    - Leeds Mental Health Strategy
    - Leeds Children and Young People's Plan
    - Leeds Best Start Plan
    - Future in Mind: Leeds (a strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0-25 years)
    - Leeds Maternity Strategy
    - Leeds City Council Equality Improvement Priorities
    - Leeds Better Lives Strategy
    - West Yorkshire and Harrogate Health and Care Partnership Plan.

- An effective governance framework has been developed to monitor the drug and alcohol strategy and deliver the accompanying action plan.

- We acknowledge the importance of close working with NHS partners to deliver this strategy and reflect the NHS Forward Plan, which encourages the NHS to do more around the prevention agenda. We will also engage with Primary Care Networks and Local Care Partnerships across the city to ensure that primary care play their part.

- The importance of our third sector partners who contribute to the drug and alcohol agenda is recognised and highly valued; ensuring partnership working is effective, developing a shared citywide approach to addressing the challenges caused by drug and alcohol misuse, resulting in services that are better integrated, including mental and physical health, criminal justice, housing, and employment and skills.

- We recognise the importance of staying connected to enforcement agencies and their work to ensure a coherent and cohesive approach, and will develop appropriate partnerships with West Yorkshire Police, the Ministry for Justice, the Crown Prosecution Service and the Home Office.

- We recognise the work being done across West Yorkshire and the wider region and how

what we do in Leeds fits into this, as well as where we can work collaboratively with partners in other areas. In addition, the priorities outlined within the West Yorkshire and Harrogate Health and Care Partnership Plan align well with the drug and alcohol agenda and this provides a valuable platform for partnership building.

In order to deliver this strategy, we will ensure that we:

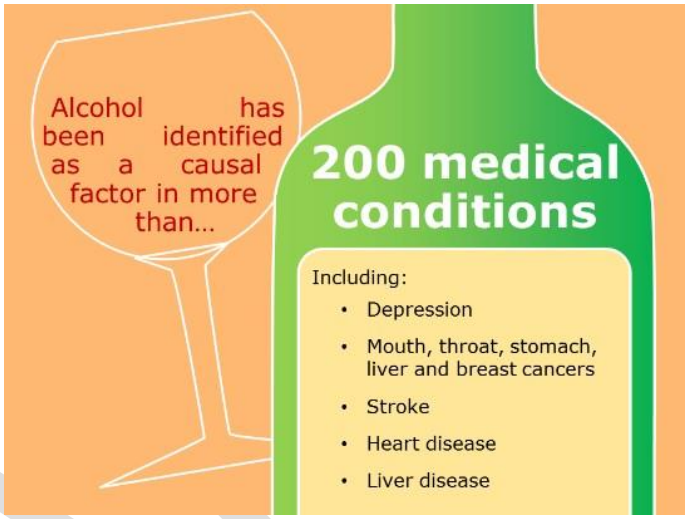
- Work in partnership and co-produce with service users
- Work with vulnerable people, including families and those who are not currently accessing services, to direct help to those who need it most to better understand and meet their needs
- Use the best available evidence, data, and intelligence to inform citywide decisions on drug and alcohol use and ensure resources are allocated effectively
- Review the action plan annually to take stock of what we have achieved and review and set actions for the following year(s)
- Work restoratively, using a 'Think Family' approach and to remain alert to current and emerging safeguarding issues
- Are aware of new and emerging issues and establish mechanisms to be able to respond quickly and effectively
- Respond to any recommendations relating to drugs and alcohol made in the Director of Public Health's annual report
- Encourage innovation and the use of new technologies
- Seek additional funding opportunities through business, private enterprise, and academia to support the drug and alcohol agenda

What are we going to do?

We have set out 4 key outcomes supported by an action plan:

1. Fewer people misuse drugs and/or alcohol, and where people do use they make better, safer, and more informed choices

Misuse of drugs and alcohol limits opportunities for people and communities to lead fulfilling lives. We will ensure people understand the potential harms of drugs and alcohol, and that they have the knowledge and options available to them to make better, safer, and more informed choices. We will work to ensure that we 'Think Family' and are better able to identify and support vulnerable individuals and families affected by drug or alcohol use. We will ensure we recognise and act on key points where people are considered most vulnerable, such as people leaving custody. We will do this by focussing on the following sub-outcomes.



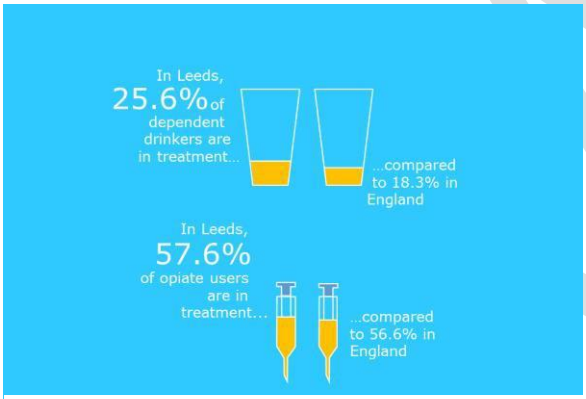
Medical conditions where alcohol has been identified as a causal factor (Public Health England, 2018)

Outcome 1.1 – Increase awareness of drug and alcohol issues
Outcome 1.2 – Ensure the availability of high quality harm reduction services
Outcome 1.3 – Reduce drug and alcohol related death

2. Increase in the proportion of people recovering from drug and/or alcohol misuse

Drug and alcohol treatment is effective in improving health and saving lives. We will ensure services continuously improve and are informed by, and responsive to, the wishes and needs of those who misuse drugs and alcohol. We will provide clear and easy routes into treatment and services that support recovery and address complex individual needs, including mental and physical health, housing, and employment and skills. We will prioritise vulnerable groups for treatment including people who are homeless, rough sleeping, sex working, leaving prison, and parents and families who may need more support and flexibility to access services. We will do this by focussing on the following sub outcomes:

Social return on investment of drug and alcohol treatment (Public Health England, 2018)



Outcome 2.1 – Ensure treatment services are effective, high quality and responsive to need

Outcome 2.2 – Increase the capacity and competency of the workforce

Outcome 2.3 – Ensure effective pathways and outreach provision is in place to support drug and alcohol users to access the support they need

Outcome 2.4 – Provide a wide and varied number of options to promote and support recovery

3. Reduce crime and disorder associated with drug and/or alcohol misuse

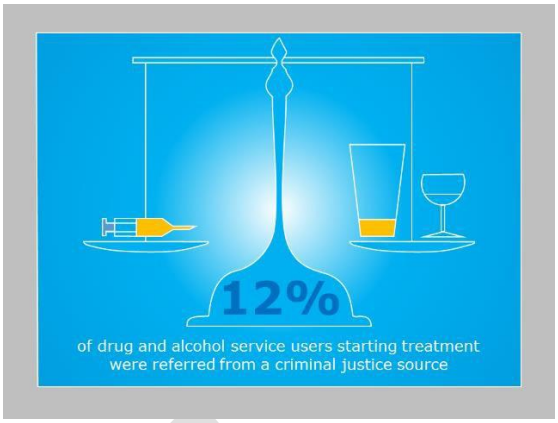
A significant amount of crime in the city is linked to drug and alcohol use, either through people committing crime to fund drug and alcohol use, or through behaviours associated with the use of drugs and alcohol, e.g. street drinking and drug use. Leeds has three prisons within its boundary and a women's feeder prison just outside. We will work with prisons, police, and probation to ensure offenders with drug and alcohol misuse issues have clear routes into services and opportunities for effective rehabilitation.

Working with partner agencies, we will influence the night-time economy to reduce drug and alcohol harm. We will also work with criminal justice agencies to disrupt and reduce the impact of organised crime groups and reduce the availability of drugs and the inappropriate use of alcohol.

We will ensure that we protect children and young people from being exploited by addressing the impact of drugs and alcohol on Child Sexual Exploitation (CSE)/Child Criminal Exploitation (CCE) including across county lines. We will also improve our understanding of links between youth violence and drugs and alcohol and develop our responses accordingly.

With well evidenced links to drug and alcohol use, domestic violence and abuse is a priority for us. We will ensure that these links are embedded within the actionplan.

We will do this by focussing on the following sub outcomes:



Percentage of drug and alcohol service users starting treatment who were referred from a criminal justice source (Public Health England, 2019)

Percentage of known organised crime groups who are associated with illicit drug supply, in Leeds (Leeds City Council, 2019)

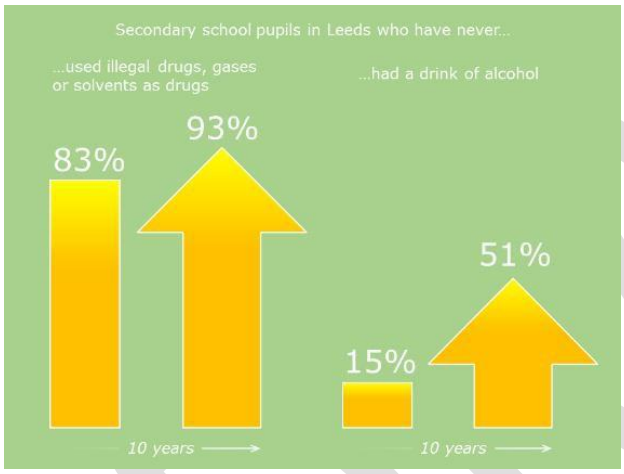
Outcome 3.1 – Tackle serious and organised crime, including county lines

3.2 – Reduce offending and antisocial behaviour associated with drug and alcohol use and improve outcomes for offenders

Outcome 3.3 – Reduce the availability and harm caused by illicit drugs and the inappropriate availability of alcohol

4. Reduce the impact of harm from drugs and alcohol on children, young people and families

Leeds wants to be the best city for children and young people to grow up in. We want to ensure that we protect children and young people from the harmful effects of drug and alcohol use by themselves or by those around them, and aim to achieve this through an effective prevention and treatment approach that is bespoke to children's and young people's needs. We recognise that a number of children and young people have had adverse childhood experiences (ACEs), caused by parental/carer drug and/or alcohol use and we aim to reduce this number by supporting their parents and carers to address this. We will do this by focussing onthe following sub outcomes:



Percentage of secondary school pupils in Leeds who have never used illegal drugs, gases or solvents as drugs, or had a drink of alcohol – 2017/18 compared to 2007/08 (Leeds City Council, 2018)

Outcome 4.1 – Ensure children and young people are informed about the potential harms of drugs and alcohol

Outcome 4.2 Protect children and young people and prevent harm by supporting parents / carers into effective treatment

Outcome 4.3 – Protect children and young people - including addressing the impact of drugs and alcohol on Child Sexual Exploitation (CSE)/Child Criminal Exploitation (CCE)/domestic violence and abuse (DVA)/anti-social behaviour (ASB)

Outcome 4.4 – Ensure children and young people are supported to access services for their drug and/or alcohol use

Outcome 4.5 – Responding to digital threats and opportunities

How will we check on progress?

The Drug and Alcohol Partnership is a collaboration between key agencies including Public Health, Safer Leeds, the NHS, Police, Prisons, Probation, Children's Services and the third sector. The Partnership has developed the strategy and action plan in consultation with a wide range of partners, providers and service users. This Partnership will set key performance indicators and oversee and drive the delivery of the action plan.

Members of the Partnership will be responsible for different areas of the action plan and will be accountable to the Partnership for the delivery of that area.

A regular update will be provided to the Partnership on the progress of the action plan, against key performance indicators, which will be refreshed at regular intervals by the Partnership.

The Partnership will report on the progress towards achieving strategic outcomes to the Health and Wellbeing Board. Progress on priorities to reduce the impact of drugs and alcohol on crime and disorder will also be reported to the Safer Leeds Executive. Progress on priorities for children and young people will be reported to the Children and Families Trust Board.

Updated Drug and Alcohol Action Plan

Outcome 1 – fewer people misuse drugs and / or alcohol and where people do use they make better, safer and informed choices

Outcome 1.1 – Increase awareness of drug and alcohol issues

Plan, develop and deliver campaigns and promotional material/activity that are effective and responsive to need and changes in drug and alcohol use, including: • Annual (including national) campaigns • Seasonal campaigns • Campaigns targeted at specific populations • Ad hoc campaigns and promotional material/ activity.	Ongoing	Leeds Drug and Alcohol Social Marketing Planning Group (S-MAP)/ Reading and Leeds Festival Advice and Campaigns Team (FACT)
Promote prevention and harm reduction, through public engagement activities/ events.	Ongoing	Forward Leeds
Utilise local and national media (including radio and television) to raise awareness of the risks of drug and alcohol use, and services available to help anyone in Leeds who needs them.	Ongoing	Forward Leeds/ Leeds City Council
Ensure Leeds City Council's advertising and sponsorship policy supports the aims of the Leeds Drug and Alcohol Strategy.	2024/25	Leeds City Council
Develop and deliver drug and alcohol training (including study days and e-learning packages) for hospital staff.	2024/25	LTHT
Improve hospital patient information on drugs and alcohol, including reduce harm and support.	2024/25	LTHT
Proactively promote drug and alcohol services, and the treatment options available, to the public and partner organisations/ services.	Ongoing	Forward Leeds/ Leeds City Council

Outcome 1.2 – Ensure the availability of high quality harm reduction services

Ensure everyone who works with those with drug and/or alcohol issues are trained in harm reduction approaches, including the delivery of Identification and Brief Advice.	Ongoing	Forward Leeds/ LTHT/ GP practices
Ensure inpatients are assessed/screened for alcohol and drug use on attendance/admission to hospital.	2024/25	LTHT
Give Brief Advice to anyone who drinks alcohol at, or above, the 'increasing risk' level on the Alcohol Use Disorders Identification Test (AUDIT).	Ongoing	Forward Leeds/ LTHT/ GP practices

Continue to increase workforce capacity within the commissioned drug and alcohol service's Harm Reduction and Social Support (HRSS) Team.	Ongoing	Forward Leeds
Promote the city's needle exchange services to those who use drugs and encourage them to use them.	Ongoing	Forward Leeds
Enhance needle and syringe programmes (including more use of low dead space syringes), in specialist, as well as pharmacy-based, services.	Ongoing	Forward Leeds
Ensure the commissioned drug and alcohol service works with pharmacy-based needle exchange services to ensure they are responsive to the needs of those who use drugs.	Ongoing	Forward Leeds
Promote the use of Audit C and Audit screenings in primary care.	2024/25	Leeds City Council/ GP practices
Further develop the Leeds Liver Project to increase the number of people screened for alcohol-related liver disease.	Ongoing	Forward Leeds/ LTHT/ Leeds City Council
Engage with primary, secondary and community care around the issue of over prescribing, and addiction to, medicines (including over-the-counter).	2024/25	Forward Leeds/ Leeds City Council
Enhance drug and alcohol outreach and engagement with those who need it, including: • people experiencing rough sleeping and homelessness • sex workers • people with disabilities • older people • drug and alcohol users not in contact with treatment.	2024/25	Forward Leeds
Use the Leeds Alcohol Licensing Data Matrix to inform alcohol licensing decisions and update the tool annually.	Ongoing	Leeds City Council
Ensure the commissioned drug and alcohol service and relevant Leeds City Council Teams work together to remove and dispose of drug-related litter.	Ongoing	Forward Leeds/ Leeds City Council

Outcome 1.3 – Reduce drug and alcohol related deaths

Raise awareness of the risks associated with drug and alcohol use.	Ongoing	Forward Leeds/ Leeds Drug and Alcohol Social Marketing

		Planning Group (S-MAP)
Expand the distribution of naloxone kits and training to staff in the commissioned drug and alcohol service and other services used by people who use drugs, providing replacement kits and refresher training to anyone who needs them.	Ongoing	Forward Leeds
Introduce naloxone into the police, training all appropriate police officers, in Leeds, in overdose awareness and naloxone administration, and provide replacement kits and refresher training to anyone who needs them.	2024/25	West Yorkshire Police
Raise awareness of naloxone and it's use in preventing drug related deaths.	2024/25	Probation Service
Train probation staff (on a voluntary basis) in harm reduction awareness and the use of naloxone.	2024/25	Probation Service
Improve drug and alcohol related death surveillance, systems and review processes.	2024/25	Leeds City Council
Use the Leeds Drug Alert System (LDAS) to issue city-wide alerts, when appropriate, and ensure the Professional Information Network (PIN) is updated quarterly.	Ongoing	Leeds City Council/ Forward Leeds

Outcome 2 – Increase the proportion of people recovering from drug and / or alcohol misuse

Outcome 2.1 – Ensure treatment services are effective, high quality and responsive to need

Utilise increase in local authority drug and alcohol public health and commissioning capacity and expertise.	2024/25	Leeds City Council
Expand service user involvement and co-production, and integrate experts by experience, across both drug and alcohol treatment and recovery.	Ongoing	Forward Leeds
Continue to deliver high quality psychosocial interventions and evidence-based programmes delivered to those with drug and/or alcohol issues.	Ongoing	Forward Leeds
Improve the quality, and increase the range, of pharmacological intervention delivered to those with drug and/or alcohol issues, as well as clinical capacity, capability, and expertise.	Ongoing	Forward Leeds
Run the Improving Hospital Opioid Substitution Therapy (iHOST) project in hospitals and support iHOST champions.	2024/25	LTHT

Improve the quality of drug and alcohol key working/case management, by reducing caseload sizes and implementing caseload segmentation approaches.	2024/25	Forward Leeds
Develop targeted treatment for priority or vulnerable groups, including underserved ethnic groups, women/girls, LGBT+ communities, and people engaged in chemsex.	Ongoing	Forward Leeds
Increase the number of inpatient detoxification placements, to meet increasing demand, following community treatment expansion, by utilising the dedicated in-patient detoxification grant and multi-area local authority commissioning consortia.	Ongoing	In-patient detoxification grant commissioning consortia
Expand coverage of Buvidal as a treatment option.	2024/25	Forward Leeds
Continue to identify, test and treat those at risk of having Hepatitis C (contributing to the national Government ambition to eradicate Hepatitis C), as well as other viruses, including Hepatitis B, HIV.	Ongoing	Forward Leeds/ LTHT
Improve physical health care, assessments and onward referral for those in drug and alcohol treatment, including respiratory, sexual, palliative, liver and dental health.	2024/25	Forward Leeds
Work in partnership with the locally commissioned alcohol detox and rehab service on plans to increase bed spaces.	2024/25	Leeds City Council/ St Anne's
Engage with, and include, carers in the treatment of those with drug and alcohol issues, as well as support them in their own right	Ongoing	Forward Leeds/ Carers Leeds/ Leeds Young Carers Support Service
Use the findings from the COVID-19 DASE project to inform future service provision and delivery.	2024/25	Leeds City Council/ Forward Leeds
Use the findings from the 'Exploring communities of belonging around drink' research, to inform future service provision and delivery.	2024/25	Leeds City Council/ Forward Leeds
Explore the feasibility of providing medically managed hospital-based alcohol detox.	2024/25	LHTH/ Leeds City Council
Explore the feasibility of the drug and alcohol service having a full digital service offer.	2024/25	Forward Leeds
Form a research group, across the north of England, to build capability and capacity for doing research into alcohol-related liver disease, and design and deliver high quality, methodologically innovative research studies in this area.	2024/25	LHTH

Develop a dual diagnosis work plan that addresses the needs of those with coexisting drug and/or alcohol with mental health issues.	2024/25	Dual Diagnosis Strategy Group

Outcome 2.2 – Increase the capacity and competency of the workforce

Increase treatment capacity in the commissioned drug and alcohol service.	Ongoing	Forward Leeds
Expand the commissioned drug and alcohol service's Co-Occurring Mental Health, Alcohol and Drug (COMHAD) team, in order to address increasing need.	2024/25	Forward Leeds
The commissioned drug and alcohol service to continue to explore solutions to the challenge of staff recruitment and retention, including recruitment events, international recruitment, apprenticeships, nurse preceptorship scheme, career pathway training approach, and pathways for people with no sector experience/who have lived experience.	Ongoing	Forward Leeds
Increase and enhance clinical supervision, training and development support given to staff in the commissioned drug and alcohol service.	Ongoing	Forward Leeds
Ensure the commissioned drug and alcohol service is aware of, and utilises, development opportunities that support workforce development, for staff at all levels, such as Health Education England's new apprenticeships, and in line with new national occupational standards.	Ongoing	Forward Leeds/ Leeds City Council
Increase knowledge of drug and alcohol use, and associate issues/risks (including 'adverse childhood experiences' and 'trauma informed practice') in the wider health and social care workforce.	Ongoing	Forward Leeds/ LTHT/ Leeds City Council

Outcome 2.3 – Ensure effective pathways and outreach provision is in place to support drug and alcohol users to access the support they need

Consider a referral to specialist drug and alcohol treatment for anyone who drinks at the 'possible dependent' level on the Alcohol Use Disorders Identification Test (AUDIT).	Ongoing	GP practices/ LTHT
Develop pathways into, and out of, specialist drug and alcohol treatment, to respond to co-morbidities and complex needs, including co-occurring mental health issues and liver disease.	Ongoing	Forward Leeds/ LTHT/ GP practices

Ensure anyone at risk of liver fibrosis, as a result of harmful alcohol use, is offered testing (including FibroScanning), with onward referral as appropriate.	Ongoing	Forward Leeds/ LTHT/ GP practices
Ensure anyone with issues relating to prescribed or over the counter medication(s) is referred into the drug treatment service's specialist team.	Ongoing	GP practices/ LTHT/ Forward Leeds
Support people with drug and/or alcohol issues, who are (or are at risk of becoming) homeless into drug and alcohol treatment services, through the Rough Sleeper Drug and Alcohol Treatment Grant.	Ongoing	Forward Leeds
Continue to run the High Impact, High Dependency Problem Street Drinking Pilot.	2024/25	Leeds City Council
Explore enhanced outreach/service delivery, in areas of greatest economic and health need.	2024/25	Forward Leeds

Outcome 2.4 – Provide a wide and varied number of options to promote and support recovery

Promote visible recovery at all stages of drug and alcohol treatment and recovery e.g. through peer mentors, as well as events such as the annual graduation ceremonies for those completing drug and alcohol treatment programmes.	Ongoing	Forward Leeds
Develop and expand the recovery community, by utilising the 5 WAYS Recovery Academy, to sustain long-term recovery, increase the visibility of recovery, and support social integration, including: • peer-based recovery support services • recovery community centres • recovery support services in educational settings • facilitating access to mutual aid • recovery housing • long-term recovery management, such as recovery check-ups.	Ongoing	Forward Leeds
Continue running peer-led support groups, as well as closed access sessions for specific populations.	Ongoing	Forward Leeds
Develop strong links with local partners in priority geographical areas, or those providing services to priority groups, identifying existing community assets and working with them to develop opportunities to support service users to maintain behaviour change.	2024/25	Forward Leeds
Provide a wide range of accredited and non-accredited courses for those in recovery.	Ongoing	Forward Leeds

Where appropriate, ensure hospital inpatients are signposted to drug and alcohol mutual aid group meetings (Narcotics Anonymous, Alcoholics Anonymous and/or Smart Recovery).	2024/25	LTHT
Support those with drug and/or alcohol issues into sustained employment, through the Individual Placement and Support Employment Programme grant.	Ongoing	Forward Leeds
Continue to run Recovery Wrx roadshows across West Yorkshire.	Ongoing	Forward Leeds
Maintain and update a refreshed version of the Recovery Wrx website.	Ongoing	Forward Leeds

Outcome 3 – Reduce crime and disorder associated with drug and/or alcohol misuse

Outcome 3.1 – Tackle serious and organised crime, including county lines

Target high risk, high harm drug and alcohol related Organised Crime Groups (OCG) with police disruption tactics and review these tactics with partners.	Ongoing	West Yorkshire Police
Increase frontline police officers' knowledge of their role in tackling serious organised crime.	Ongoing	West Yorkshire Police
Explore coproduction with grassroots community organisations to build resilience and deliver diversionary activity from county lines.	2024/25	Leeds City Council
Identify and map county lines threats, in order utilise local, regional and national resources, effectively	Ongoing	West Yorkshire Police
Run county lines intensification weeks (twice yearly), to increase police officer's knowledge of this and related issues	Ongoing	West Yorkshire Police
Utilise multi-agency training to raise awareness and identification of, as well as opportunities to tackle, county lines using a range of policing and partner (e.g. housing, etc.) powers.	Ongoing	West Yorkshire Police/ Leeds City Council
Target perpetrators of cuckooing, identify properties used for cuckooing, and support victims by e.g. securing their property, finding alternative accommodation and, where appropriate, referral into specialist treatment.	Ongoing	West Yorkshire Police/ Leeds City Council/ housing providers
Raise awareness of the issue of cuckooing.	Ongoing	Leeds City Council/ West Yorkshire Police

Use Neighbourhood Policing teams to gather intelligence on drug dealing, production and supply, and use appropriate enforcement action, including the use of search powers on individuals and premises.	Ongoing	West Yorkshire Police
Increase the reporting of intelligence related to drug issues to the police, via the partner intel sharing portal and review its use.	Ongoing	West Yorkshire Police
Local, regional and national criminal justice agencies to work together to identify and recover proceeds of crime relating to drug dealing.	Ongoing	West Yorkshire Police

Outcome 3.2 – Reduce offending and antisocial behaviour associated with drug and alcohol use and improve outcomes for offenders

Enhance the commissioned drug and alcohol treatment and Integrated Offender Management service's criminal justice work, to improve partnership working across criminal justice agencies/ settings.	2024/25	Forward Leeds/ Integrated Offender Management service
Increase drug testing in police custody for trigger offences and, following a positive test result, cell interventions and onward referral to specialist drug and alcohol treatment, where required.	2024/25	West Yorkshire Police
Explore the feasibility of extending the list of trigger offences for drug testing on arrest.	2024/25	West Yorkshire Police
Introduce drug testing for those on DRRs.	2024/25	Probation Service
Increase the number of community service treatment requirements, particularly DRRs (by 20%)/ATRs, and support improved compliance with court mandated orders.	2024/25	Courts/ Probation Service/ Forward Leeds
Improve the courts awareness of sentencing options (e.g. DRRs/ATRs) and their application, including training to court-based Probation Workers.	Ongoing	Courts/ Probation Service/ Forward Leeds
Introduce a drug and alcohol probation court screening tool.	2024/25	Probation Service
Support the role of Reconnect, for those leaving prison and returning into the community.	2024/25	Probation Service
Improve continuity of care for those with drug and alcohol issues going into, and coming out of, prison, as well as those on community orders.	Ongoing	Prisons/ Probation Service/ Forward Leeds
Continue use an incentivised drug-free living wing in prison.	Ongoing	HMP Leeds

Where antisocial behaviour and drug or alcohol use is identified, and where appropriate and consent is given, a referral to specialist drug and alcohol treatment is made.	Ongoing	West Yorkshire Police
Increase knowledge of drug and alcohol use, and associate issues, amongst those working in criminal justice/ community safety.	2024/25	Criminal justice/ community safety partners
Review policies on conditional cautions for those found in possession of drugs e.g. cannabis, SCRAs.	2024/25	West Yorkshire Police
Increase Evidential Drug Identification Testing (EDIT) to confirm substances seized and issue drug alerts, where needed.	Ongoing	West Yorkshire Police
Ensure those who work in criminal justice agencies are up-to-date on national changes in policy and reporting, in relation to drugs.	Ongoing	Criminal Justice Agencies
Review drug flagging, in crime recording practices, in order to improve intelligence and identify those using substances at the time of an offence.	Ongoing	West Yorkshire Police
All incidents of domestic abuse to receive a bespoke risk assessment, in collaboration with partners, with appropriate onward action, including referral into specialist drug and alcohol services, where required.	Ongoing	West Yorkshire Police
Provide additional drug and alcohol training to safeguarding police officers who respond to domestic violence and abuse, in order to respond to the needs of both victims and perpetrators.	2024/25	West Yorkshire Police
Explore adding domestic violence and abuse to the list of trigger offences for drug testing on arrest.	2024/25	West Yorkshire Police

Outcome 3.3 – Reduce the availability and harm caused by illicit drugs and the inappropriate availability of alcohol

Continue to undertake licensing compliance visits.	Ongoing	Leeds City Council
Deliver drug and alcohol training to staff working in licenced premises.	Ongoing	Forward Leeds
Support the work of the Purple Flag Working Group and contribute to actions around the night-time economy.	Ongoing	Leeds City Council
Run policing operations and projects focusing on the harms of drug use e.g. Jemlock, Capital, Spotlight.	Ongoing	West Yorkshire Police

Develop a de-escalation approach to alcohol and drug related violent disorder.	Ongoing	Leeds City Council/ West Yorkshire Police
Work with statutory and non-statutory partners to ensure appropriate responses to drink spiking.	Ongoing	Leeds City Council/ West Yorkshire Police
Proactively record spiking incidents and develop appropriate responses.	Ongoing	West Yorkshire Police
Raise awareness of spiking, including the consequences for offenders.	Ongoing	Leeds City Council/ West Yorkshire Police
Fund a mobile treatment unit, in the city centre, during the weekends of the festive period/New Year.	2024/25	Leeds City Council

Outcome 4 – Reduce the impact of harm from drugs and alcohol on children, young people and families

Outcome 4.1 – Ensure children and young people are informed about the potential harms of drugs and alcohol

Drug and alcohol education in Leeds to be delivered as part of mandatory health education in all schools.	Ongoing	Health and Wellbeing Service/ West Yorkshire Police (Safer Schools officers)
Vulnerable young people to receive targeted input and information from services.	2023/24	Forward Leeds
Safer Schools officers to work effectively with young people to minimise harm from use of drugs and alcohol.	2023/24	West Yorkshire Police
All young people in Leeds to have access to information about the potential harms of drugs and alcohol.	Ongoing	Leeds City Council/ Forward Leeds

Outcome 4.2 – Protect children and young people and prevent harm by supporting parents / carers into effective treatment

Referral processes to the commissioned drug and alcohol service (and other services, e.g. Early Help) for parental support will be clear and incorporated into the care pathways of key service providers.	2023/24	Forward Leeds/ Children and Young People's Drug and Alcohol Partnership Group
Effective measures in place to reduce the number of children coming into care through the family court due to parental substance use.	2023/24	BARCA/ Forward Leeds

Parents accessing drug and alcohol treatment services to feel well supported and able to reduce the impact of their substance use on their children.	Ongoing	Forward Leeds
The commissioned drug and alcohol service's Safeguarding group to undertake an annual audit of those in the service who have children living with them and share it with Children and Young People's Drugs and Alcohol Partnership Group.	2023/24 first audit due, then ongoing	Forward Leeds
Family Plus to carry out tailored support work with families who have new-born babies.	2023/24	Forward Leeds
Hidden harm training to be made available to all commissioned drug and alcohol service staff.	2024	Forward Leeds/ Early Help
Professionals working with families in Leeds to feel confident and informed to have better conversations with families about the potential harms of parental drug and alcohol use.	Ongoing	Early Help/ Leeds City Council/ Forward Leeds/ Children's Services

Outcome 4.3 – Protect children and young people - including addressing the impact of drugs and alcohol on Child Sexual Exploitation (CSE)/Child Criminal Exploitation (CCE)/domestic violence and abuse (DVA)/anti-social behaviour (ASB)

Children and young people experiencing CSE, CCE or DVA will be identified and offered support.	Ongoing	Safe Project/ Youth Justice Service/ Forward Leeds/ Youth Service
Ensure young people who are using drugs and/or alcohol, and experiencing domestic violence and abuse (or are at risk of domestic violence and abuse), can access appropriate support from the commissioned drug and alcohol service and Leeds Domestic Violence Service (LDVS).	Ongoing	Forward Leeds/ LDVS/ Children and Young People's Drugs and Alcohol Partnership Group
Ensure the wider workforce is informed about the way in which CCE is embedded into the drug trade in Leeds.	2023/24	West Yorkshire Police
Implement recommendations arising from the Ofsted inspection of Children's Services (March 2022).	2023/24	Children and Young People's Drugs and Alcohol Partnership Group

Outcome 4.4 – Ensure children and young people are supported to access services for their drug and/or alcohol use

Monitor, review and circulate to partners, data relating to young people's drug and alcohol use, making recommendations for further analysis.	Ongoing	Forward Leeds
Schools to have access to a citywide protocol on managing incidents involving possession of substances/intoxication.	2023/24	West Yorkshire Police/ Forward Leeds
Youth panel YJS and police will maximise options to divert out of criminal justice system, if substance use identified and referred to the commissioned drug and alcohol service.	Ongoing	Youth Justice Service/ West Yorkshire Police
Increase the number of referrals into treatment for young people being released from secure settings.	2023/24 Establish a baseline	Youth Justice Service/ Forward Leeds

Outcome 4.5 Respond to digital threats and opportunities

Identify ways to achieve data on how prevalent digital purchasing of drugs is for children and young people.	2023/24	West Yorkshire Police/ Leeds City Council
Generate insight into digital marketing of drugs to children and young people in Leeds.	2023/24	Leeds City Council
Explore ways of engaging young people in digital services through hybrid treatment offers.	2023/24 Ongoing	Forward Leeds

Appendix 2 – Alignment of Strategic Outcomes to National Outcome Measures and publicly available datasets

Please note that the Draft Leeds Drug and Alcohol Strategy is a live document under current consultation and therefore local strategic outcomes are subject to change.

Leeds' performance is measured against the National Combating [sic] Drugs Strategic Outcomes Framework. This uses a range of national data sources to measure performance against indicators.

There is publicly available national treatment and recovery data for both drugs and alcohol. Fingertips provides public access to performance measures for alcohol and drugs by selecting Local Alcohol Profiles for England for alcohol or by using the keyword 'drug' in the search bar of Fingertips. The National Drug Treatment Monitoring Service (NDTMS) has a publicly available platform for high level measures for adults and for under 18s. Local teams have log in details for restricted data where more granulated data is stored.

Leeds Drug & Alcohol Partnership Board are developing local dashboards to monitor performance against chosen indicators which are reported to the Board.

There are limitations on all data sets – national and local – such as data currency and data quality. National publicly available data is unrestricted but not as agile in showing changes as local data.

- National Combating Drugs Outcomes Framework: supporting metrics and technical guidance (publishing.service.gov.uk)
- Public health profiles - OHID (phe.org.uk)
- Local Alcohol Profiles for England - OHID (phe.org.uk)
- NDTMS - ViewIt - Young People
- NDTMS - Home

The table below shows how local Draft strategic outcomes map onto existing (or in development) national strategic outcomes and other national measures – for bespoke local strategic outcomes, local measures will be sought or developed. Please note, this comparison is provided for illustrative purposes and is not intended to be comprehensive.

Leeds Draft Strategic Outcome	**National Combating Drugs Strategic Outcomes Framework**	**National Measures (for all measures please see link – this is an illustrative sample)**	**National data sources**
Outcome 1: Fewer people misuse drugs and/or alcohol, and where people do use they make better, safer, and more informed choices	Strategic outcome 1: Reducing drug use Strategic outcome 3: Reducing drug-related deaths and harm	Proportion of individuals using drugs in the last year Prevalence* of opiate and crack use Prevalence* of alcohol dependency Alcohol dependence prevalence* in England. Smoking, drinking and drug use among young people in England Homeless with a drug dependency need	Crime Survey for England and Wales, Office for National Statistics. Official statutory homelessness statistics.

Outcome 1.1 – Increase awareness of drug and alcohol issues	Local measures to be identified		
Outcome 1.2 – Ensure the availability of high quality harm reduction services	Strategic outcome 3: Reducing drug-related deaths and harm	Availability of Needle and Syringe programmes (national outcome to be developed) Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination Persons in drug misuse treatment who inject drugs - Percentage of eligible persons who have received a hepatitis C test HIV late diagnosis in people who inject drugs first diagnosed with HIV in the UK Hospital admissions for drug misuse/alcohol admissions Hepatitis C prevalence in people who inject drugs	National Combating Drugs Outcome Framework development area OHID, Fingertips NHS Digital Unlinked anonymous monitoring survey of HIV and viral hepatitis among people who inject drugs
Outcome 1.3 – Reduce drug and alcohol related death	Strategic outcome 3: Reducing drug-related deaths and harm	Deaths from drug misuse (persons, males, females*) Deaths in drug treatment, mortality ratio Alcohol related mortality, alcohol specific mortality, under 75 mortality from liver disease, mortality from chronic liver disease, potential years of life lost due to alcohol related conditions male and female*	Deaths related to drug poisoning, England and Wales. Fingertips, Local Alcohol Profiles for England on Fingertips
Outcome 2: Increase in the proportion of people recovering from drug and/or alcohol misuse	Intermediate outcome 3: Improving drug recovery outcomes	Treatment progress	OHID
Outcome 2.1 – Ensure treatment services are effective, high quality and responsive to need	Intermediate outcome 3: Improving drug recovery outcomes	Treatment progress Unmet need for OCU treatment Unmet need for alcohol treatment Care Quality Commission rating	OHID Care Quality Commission

Outcome 2.2 – Increase the capacity and competency of the workforce		Workforce Census (annual) Workforce Competency Framework	Drug and Alcohol Treatment and Recovery Workforce Programme | Health Education England (hee.nhs.uk) Annual Workforce Census, Workforce Plan, Workforce Competency Framework building on Drug and Alcohol National Occupational Standards (DANOS) Drugs and alcohol national occupational standards (DANOS): guide. - Drugs and Alcohol
Outcome 2.3 – Ensure effective pathways and outreach provision is in place to support drug and alcohol users to access the support they need	Intermediate outcome 2: Increasing engagement in drug treatment	Numbers in treatment Prison continuity of care Community sentence treatment requirements Unmet need for OCU treatment Unmet need for alcohol treatment Number in prison treatment	Alcohol and drug treatment statistics: adults and young people Alcohol and drug treatment in secure settings Offender management statistics OHID.
Outcome 2.4 – Provide a wide and varied number of options to promote and support recovery	Intermediate outcome 3: Improving drug recovery outcomes	Treatment progress	OHID
Outcome 3: Reduce crime and disorder associated with drug and/or alcohol misuse	Strategic outcome 2: Reducing drug-related crime	Drug-related homicide Neighbourhood crime Proven reoffending Trafficking and possession Hospital admissions for assault by sharp object	Homicide in England and Wales. Crime Survey for England and Wales. Proven reoffending statistics Monthly hospital admissions for assault by sharp object
Outcome 3.1 – Tackle serious and organised crime, including county lines	Intermediate outcome 1: Reducing drug supply	Number of county lines closed Organised crime group disruptions Number and volume of drug seizures National Referral Mechanism referrals (Modern Slavery)	Home Office National Crime Agency HMPPS annual digest. Modern slavery National Referral Mechanism
Outcome 3.2 – Reduce offending and antisocial behaviour associated with drug and alcohol use and improve outcomes for offenders	Strategic outcome 2: Reducing drug-related crime	Community sentence treatment requirements Number in prison treatment Prison continuity of care	Data development National Combating Drugs Outcome Framework – e.g. number of crimes that are drug related

Outcome 3.3 – Reduce the availability and harm caused by illicit drugs and the inappropriate availability of alcohol	Local measures to be identified		
Outcome 4: Reduce the impact of harm from drugs and alcohol on children, young people and families		Acceptability of drug use in children Cessation or change in cannabis use in young people Cessation of high risk drinking in young people Cessation of other drug use in young people Hospital admissions for substance misuse (young people) Parental and family interventions delivered Children in need with drugs as an assessed factor Drug misuse in early pregnancy	
Outcome 4.1 – Ensure children and young people are informed about the potential harms of drugs and alcohol	Strategic outcome 1: Reducing drug use Intermediate outcome 3: Improving drug recovery outcomes	Acceptability of drug use in children Cessation or change in cannabis use in young people Cessation of high risk drinking in young people Cessation of other drug use in young people Hospital admissions for substance misuse (young people)	Smoking, drinking and drug use among young people in England OHID
Outcome 4.2 - Protect children and young people and prevent harm by supporting parents / carers into effective treatment	Intermediate outcome 3: Improving drug recovery outcomes	Parental and family interventions delivered Children in need with drugs as an assessed factor Drug misuse in early pregnancy* Drinking in early pregnancy	OHID Characteristics of children in need OHID Fingertips

Outcome 4.3 – Protect children and young people - including addressing the impact of drugs and alcohol on Child Sexual Exploitation (CSE)/Child Criminal Exploitation (CCE)/domestic violence and abuse (DVA)/anti-social behaviour (ASB)	Local measures to be identified		
Outcome 4.4 – Ensure children and young people are supported to access services for their drug and/or alcohol use		Permanent exclusions and suspensions – drug and alcohol related Cessation or change in cannabis use in young people Cessation of high risk drinking in young people Cessation of other drug use in young people Hospital admissions for substance misuse (young people)	Permanent exclusions and suspensions in England. OHID
Outcome 4.5 – Responding to digital threats and opportunities	Local measures to be identifed		

*National measure and choice to use prevalence not incidence

* National measure collects data on biological sex

* Foetal alcohol spectrum disorder data is not collected nationally Fetal alcohol spectrum disorder: health needs assessment - GOV.UK (www.gov.uk)

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Leeds Suicide Prevention Action Plan 2024 - 27 and Leeds Suicide Audit 2019 – 21

Date: 13 February 2024

Report of: The Director of Public Health

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- This report and supporting documents provide the Adults, Health and Active Lifestyles Scrutiny Board with an update and overview of the Leeds Suicide Prevention Action Plan (2024 – 27). This includes the approaches taken in developing the plan as well as updated national and local evidence base, data and guidance reports.

- The Leeds Suicide Prevention Action Plan (2024 – 27) sets out the direction and priorities for the city's suicide prevention agenda. This is a working document, used as a framework to guide local action and activity, citywide. It is overseen by the Leeds Strategic Suicide Prevention Group and reports to the Health and Wellbeing Board.

Recommendations

a) To note the headlines of the report which includes the most recent data on suicide, references to the evidence base of what works to prevent suicide and findings from the latest Leeds Suicide Audit 2019 – 21.

b) Have assurance on the Leeds Suicide Prevention Action Plan (2024 – 27), the collaborative approach taken in developing it and plans for delivery.

c) Support Priority 6 of the Leeds Suicide Prevention Action Plan that Suicide Prevention is everybody's business whereby actions can be taken across all organisations in Leeds. These include a commitment to staff and volunteer suicide prevention training, becoming a West Yorkshire Suicide Prevention Champion and supporting suicide prevention campaigns.

What is this report about?

1 Leeds is committed to reducing the number of lives lost to suicide and every death is tragic, leaving a lasting devastating impact on families, friends and whole communities. Factors leading to someone taking their own life are complex, this is why no one organisation is able to directly influence them.

2 The Leeds Suicide Prevention Action Plan has been collaboratively developed by the Leeds Strategic Suicide Prevention Group. The group meets quarterly and brings together key strategic stakeholders from the city to oversee the delivery of the suicide prevention action plan for Leeds. The overarching principles of the group are to employ a whole-systems, life-course and evidence-based approach to leading the work. Organisations are represented due to their influence and impact on reducing the suicide rate in Leeds.

3 The Leeds Strategic Suicide Prevention Group has overseen several action plans, the most recent being 2018 – 21. This included;

- Ensuring commissioned community health development services target men at risk of suicide including work with men living in tower blocks.
- Providing suicide prevention training targeting those working with those most at risk.
- Development and dissemination of help seeking support resources focussing on the wider determinants that can impact on mental wellbeing, including Crisis Cards stocked and distributed by the Public Health Resource Centre.
- Securing recurrent funding for the Leeds Suicide Bereavement Service to offer postvention support.
- Building capacity in the third sector by launching a small grants programme enabling third sector organisations to develop and deliver projects aimed at reducing risk of suicide in key groups. Between 2018 and 2021, £244,164 was allocated to third sector organisations delivering projects to prevent suicide.
- Contributing and supporting the West Yorkshire Health & Care Partnership Suicide Preventions Strategy, including development and embedding of the Real-Time Suspected Suicide Surveillance work in Leeds.
- Participating in national policy and debate on suicide prevention through making representations to the All Party Parliamentary Group (APPG) on Suicide Prevention.

Experience and outcomes from delivery to date and through connections across the region ensure we are continuing to build upon evidence-based programmes of work.

4 On 11th September 2023, the Government published the National Suicide Prevention in England 5 year cross sector Strategy with the overall ambitions to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- continue to improve support for people who self-harm
- continue to improve support for people who have been bereaved by suicide

This Strategy highlights the following 8 key priorities for action;

- Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.

- Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
- Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
- Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Providing effective crisis support across sectors for those who reach crisis point.
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Providing effective bereavement support to those affected by suicide.
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

5 The national plan and national data are used alongside other key guidance documents. The Leeds Suicide Prevention action plan will remain live to ensure ongoing updates and newly released guidance can be used to support effective actions to prevent suicide in Leeds. These include;

- Preventing Suicide in Public Places (Public Health England (PHE) 2015)
- Identifying and Responding to Suicide Clusters and Contagion (PHE 2015)
- Local Suicide Prevention Planning Guide (PHE 2016)
- Suicide Prevention: a guide for local authorities (Local Government Association 2017)
- Annual report 2023: UK patient and general population data 2010-2020 (National Confidential Enquiry into suicide and safety in mental health 2023)
- West Yorkshire Integrated Care Board Suicide Prevention Strategy (2022 – 27)
- Local Suicide Prevention Resources: Case Studies & Information sheets (National Suicide Prevention Alliance)
- The NHS Long Term Plan (NHS, 2019)
- Suicide Prevention – Quality Standard (NICE, 2019)

6 The most recent data (published by the Office for National Statistics in December 2023) shows that the Leeds suicide rate for 2020-2021 is 11.9 deaths by suicide per 100,000 population (down from 13.3 in 2019-2021). This new rate is lower than the West Yorkshire rate of 12.5 but higher than the England rate of 10.3 per 100,000.

7 Our local action plan also uses local data to ensure actions and priorities are targeted and based on common risk factors and target populations in Leeds. These include the Leeds Suicide Audit (2019 – 21) published by Leeds City Council Public Health in November 2023 Leeds Suicide Audit 2019 - 21 (also attached as appendix 3) and real time suspected suicide surveillance data supplied through partnership working with West Yorkshire Police.

8 The Office for Health Improvement and Disparities (OHID) recommends every local authority carries out a Suicide Audit with the local Coroner's Office to understand common risk factors, demographics, access to services and methods for a local population who have taken their own life. The data also allows deep dives and further interrogation to help understand trends and help with targeting prevention activity. The Leeds Suicide Audit 2019 – 21 was published on the West Yorkshire Observatory in November 2023 and has been used to help shape the action plan. The Leeds Suicide Audit 2019 - 21 included;

- 66% of the audit population were male
- 72% of the audit population were either single, divorced, separated or widowed

- Considering age group population sizes, the 40 – 49 and 60 – 69 age groups had the same (highest) rates of suicide
- 26% of all suicides in Leeds occurred amongst people whose home postcode was in the 10% most deprived decile (using the Index of Multiple Deprivation and England deciles).
- 41% of the audit population lived alone
- 36% of the audit population had a recent or significant bereavement
- 43% of the audit population had a recorded previous suicide attempt
- 47% of the audit population had recorded misuse of either drugs and/or alcohol (with most being within the last 12 months)
- 11% of the audit population had contact with primary care a week prior to their death.

9 Real time suspected suicide surveillance data is shared from West Yorkshire Police on a weekly basis and ensures we are able to:

- Offer timely postvention support and proactive outreach to those bereaved and/or affected by a suicide;

- Monitor trends, locations and/or new and emerging methods;

- Identify and respond appropriately to potential clusters in preventing contagion.

10 The Leeds Suicide Prevention action plan recognises the need to continue to monitor and respond appropriately to the suspected suicide surveillance data with the development of a community response plan (including cluster responses) that will be developed, tested and implemented where necessary by the Leeds Strategic Suicide Prevention Group.

11 In responding to the complexities of suicide and suicide prevention and to the wealth of evidence and data outlined above, it was imperative that a multiagency approach was taken so the action plan was developed in collaboration with a wide range of partners. An action plan template (using the national plan) was taken to the Leeds Suicide Prevention Network and a workshop was held on 24th October 2023, with a variety of organisations represented including the third sector, prisons and the criminal justice system, West Yorkshire ICB and NHS providers, Leeds City Council, the Coroners Office and those with lived experience of being bereaved by suicide. Colleagues presented data and group discussions were facilitated to understand priorities, what currently works well and what else could be developed to prevent suicide in Leeds.

12 This approach was replicated with members of the Leeds Strategic Suicide Prevention Group on 27th November 2023 which included Leeds City Council (Public health – Public Mental Health and Children and Families, Communications, Highways and Safeguarding), West Yorkshire ICB, Primary Care, Third Sector, Coroner's Office, LYPFT and Universities.

13 A multiagency and cross sector approach allows us to remain focussed and ensure that data continues to be used to inform actions. This enables us to collectively maximise our finite resources to prevent future deaths.

14 The plan also contains actions and programmes of work that have been delivered in Leeds or other local authority areas with positive outcomes. This includes; the commissioning of postvention support linked to regional suspected suicide surveillance monitoring through the Leeds Suicide Bereavement service; and the annual third sector grants programme enabling local projects to be developed and delivered.

15 The Leeds Suicide Prevention Action Plan includes the following priorities;

I. **Provide Effective Strategic, Citywide Leadership to Prevent Suicide**
Including overseeing coordinated citywide approaches to communications, the facilitation of a suicide prevention network and influencing regional strategic work programmes.

II. **Reduce the risk of suicide in key high-risk groups**
Including working on community and ward level footprints to develop work programmes, taking settings-based approaches to identify and provide appropriate support to those who may be most at risk and providing a third sector grants programme to provide community led, prevention activities.

III. **Provide evidence-based information and support to those bereaved or affected by suicide**
Including the re-commissioning of the Leeds Suicide Bereavement Service, influencing the commissioning of and delivery of the West Yorkshire Suicide Bereavement Service and the development and implementation of a community response plan if and when a potential cluster is identified.

IV. **Reduce Access to the Means of Suicide**
Including the development of principles, guidelines and policy to minimise harm by the safe and sensitive removal of memorials and work programmes to be explored and developed with providers around safe storage for drugs and clinical assessment for supervised consumption.

V. **Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
Including the monitoring and challenge of irresponsible media reporting and the continued development and sharing of appropriate language guidance and support for any organisation working on communications and with the media.

VI. **Make suicide prevention everybody's business**
Including ongoing development and delivery of campaigns, promotion of the West Yorkshire suicide prevention champions programme (WY Suicide Prevention Champions) and supporting a training offer targeting those who may work and/or volunteer with those at highest risk.

The Leeds Strategic Suicide Prevention action plan remains a live document and dates and actions may be subject to change at any point to respond to ongoing needs and/or capacity changes within lead organisations.

What impact will this proposal have?

16 The Leeds Suicide Prevention Action Plan takes an evidence-based approach to preventing suicide in Leeds. It recognises the wider determinants and co-existing common risk factors where action needs to be taken to prevent future deaths. The plan remains live and aims to prevent suicide in Leeds and of Leeds residents.

How does this proposal impact the three pillars of the Best City Ambition?

☒ Health and Wellbeing ☐ Inclusive Growth ☐ Zero Carbon

17 Delivery of the Leeds Suicide Prevention Action Plan will support the delivery of key Public Health priorities, which will help deliver:

- Leeds Health and Wellbeing Strategy (2023 -2030)
- Leeds Mental Health Strategy.
- Best City Ambition
- Leeds being a Child-Friendly City by improving children's social, emotional and mental and wellbeing and supporting families to give the best start in life.
- Leeds being an Age Friendly City to grow old in and a place where people age well

What consultation and engagement has taken place?

Wards affected: All		
Have ward members been consulted?	☒ Yes	☐ No

18 Councillor Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles, was briefed on 12.1.24 and Elected Members attend the Leeds Suicide Prevention Network.

19 Engagement through the Leeds Suicide Prevention Network and Strategic groups ensures the development of the plan includes the voices of those with lived experience of being bereaved and affected by suicide as well as those who work directly with people who may be at higher risk of suicide.

What are the resource implications?

20 Suicide prevention is complex in its nature and requires capacity and engagement across partners. The Public Health team in Leeds City Council has the lead role in the strategic elements of action planning and data analysis in supporting the prevention of suicide.

21 The Leeds Public Health team also facilitates and provides capacity and resource to implement aspects of the plan including suicide prevention grants, the commissioning of postvention support, the commissioning of suicide prevention training and the leadership in delivering community responses. This is met through the Public Health grant.

22 Leeds City Council and partners take proactive approaches to prevent suicide focussing on the wider determinants of health, the built environment, communications and the delivery of specialist services.

23 Additional funds, resource and capacity would lead to increased activity and the opportunities to further prevent suicide.

What are the key risks and how are they being managed?

24 Changes in capacity and engagement from partners, either within the Strategic Suicide Prevention Group or the Suicide Prevention Network, could impact on the delivery of the Suicide Prevention Action Plan and prevention activities. Leeds Public Health continue to facilitate the Strategic Suicide Prevention Group and offer support to partners to ensure up to date data sources and the latest evidence base is shared, alongside the facilitation of further partnership working.

25 The conditions in which we are born, grow, live, work and age are shaped by our social and physical contexts and health, care and third sector services. These, in turn, are affected by the distribution of money, power and resources at global, national and local levels. The Leeds Suicide Prevention Action Plan aims to prevent suicides locally but cannot fully mitigate the impact of broader national or global incidents or policy.

What are the legal implications?

26 The Leeds Suicide Prevention Action Plan does not raise any legal implications. However, there is a need to ensure that legal compliance is in-built into relevant areas of activity supported or delivered by the programme and it is the responsibility of the lead organisation(s).

Options, timescales and measuring success

What other options were considered?

27 A collaborative approach using evidence and data from a variety of sources is deemed the most appropriate action as suicide prevention is everyone's business and to do otherwise risks future suicides.

How will success be measured?

28 The Leeds Strategic Suicide Prevention Group will lead the plan and provide assurance to the Health and Wellbeing Board as required, escalating to them any concerns or issues that the group consider appropriate. Measuring impact in suicide prevention is complex and challenging and we may never know about suicides prevented.

29 The ONS reported rate and annual numbers in Leeds (through suspected suicide surveillance data) provide the best indicators and will be used longitudinally. Other local indicators and outputs will be used to demonstrate impact of elements of the plan and they are included in the Suicide Prevention Action Plan.

30 The number of suicides, suicide rates and median registration delays are reported by the Office of National Statistics (ONS) on an annual basis by local authority in England and Wales. Data was published in December 2023 for 2020 - 2022. Suicide mortality rates are shown as a three-year rolling average and are calculated using the number of deaths and mid-year population estimates provided by the ONS Population Estimates Unit.

31 There are a number of caveats that need to be considered when using suicide data and rates including;

- Data is based on the date of registration not the date of death. Changes in delays in registrations may show a higher or lower number of deaths in a period of time. Suicide rates are based on the year of death registration. Because of registration delays, 41% of deaths registered in 2022 had a date of death in the same year, 50% occurred in 2021 and the remaining deaths occurred in 2020 or earlier.

- In July 2018, the standard of proof used to determine whether a death was caused by suicide was lowered to the "civil standard"; balance of probabilities. Previously a "criminal standard" was applied; beyond all reasonable doubt. Comparisons of before and after these dates should therefore be used with caution.

- Comparisons are also difficult to make across different areas and local authorities due to differing infrastructures and populations. It is also difficult to understand changes in rates over time due to external factors beyond the influence of the local authority and partners

that impact risk and protective factors for suicide and mental health (eg COVID-19, war, cost of living etc).

What is the timetable and who will be responsible for implementation?

32 Timescales for implementation and delivery of different elements are included in the Suicide Prevention Action Plan

Appendices

1. Creating Hope through Language - Helpful language guide (WY ICB)
2. The Leeds Suicide Prevention Action Plan 2024 – 27
3. Leeds Suicide Audit: 2019-2021

Background papers

N/A

West Yorkshire
Suicide Prevention

CREATING HOPE THROUGH LANGUAGE

Why? Research shows:

- The words we choose matter.....Language is powerful!
- Talking about suicide can help protect someone
- Non-stigmatising, compassionate language is important

Alongside the language, remember

- Don't avoid conversations through worry you'll say the wrong thing
- Show you are listening
- Find a quiet place without disturbances
- Try not to cut the conversation short
- It's ok to slip up from time to time
- You can find out more information at suicidepreventionwestyorkshire.co.uk

SAY: Died by suicide, lost their life to suicide, took their own life.

AVOID: Commit/committed suicide.

The word 'commit' could imply suicide is a sin or crime.

SAY: Died by suicide, fatal suicide attempt.

AVOID: Succesful or completed suicide.

It can frame a very tragic outcome as an achievement or something positive.

SAY: Suicide attempt, survived a suicide attempt.

AVOID: Failed or unsuccessful suicide attempt.

Failed or unsuccessful can imply the opposite would be a positive outcome.

SAY: ...is thinking of suicide, ...is feeling suicidal, ...is experiencing suicidal thoughts or feelings

AVOID: ...is suicidal.

Helps to avoid defining someone by their experience with suicide.

AVOID: ...is feeling suicidal because of/took their own life because...

The reasons for someone thinking of or taking their own life are complex so it is important not to speculate.

AVOID: Cry for help.

Suicide attempts must be taken seriously. Describing an attempt as 'cry for help' dismisses the intense emotional distress someone is experiencing.

SAY: Are you having thoughts of suicide?/are you feeling suicidal?/have you been thinking about killing yourself?

AVOID: You're not going to do anything silly are you?/Are you thinking of ending it all?/You're not going to top yourself are you?

This is to show that you are prepared to talk about suicidal thoughts and feelings and take it seriously. It's important to be direct. Using the word suicide shows people you are ok with them talking about it too and that you are there to listen.

Information has come from:

https://shiningalightonsuicide.org.uk/wp-content/uploads/2021/04/Language-guide-for-talking-about-suicide.pdf
https://www.researchgate.net/publication/333390095_Language_Use_and_Suicide_An_Online_Cross-Sectional_Survey
https://www.researchgate.net/publication/237011391_Suicide_and_Language_Why_we_shouldn't_use_the_'C'_word
https://psycnet.apa.org/record/2021-22428-001
https://media.samaritans.org/documents/Samaritans_Media_Guidelines_UK_Apr17_Final_web.pdf

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Suicide Prevention Action Plan for Leeds 2024 – 2027

Suicide is a complex and devastating event and leaves lasting impacts on families, friends and entire communities. Each life lost to suicide represents a profound and heart-breaking tragedy. The Leeds Suicide Prevention Action Plan demonstrates the long-term commitment to suicide prevention in Leeds.

The action plan takes a public health approach to identify who might be at highest risk of suicide and takes a partnership approach to develop and deliver evidence-based initiatives to prevent suicide.

Working on and reading about suicide may feel upsetting and distressing.
The Leeds Strategic Suicide Prevention strategic group would like to remind readers of the support available through the Leeds Suicide Bereavement Service and Mindwell; a directory of support around mental health and wellbeing.

All details can be found at the bottom of this action plan.

Purpose

The Suicide Prevention Action Plan for Leeds sets out the direction and priorities for the city's suicide prevention agenda for the period 2024 – 2027. This is a working document, used as a framework to guide local action and activity, citywide.

This plan demonstrates citywide investment, ambitions and actions matched to key areas of action in line with national strategy and policy, the evidence base, the most recent Leeds Suicide Audit (2019 – 2021) and ongoing surveillance and insight.

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, city priorities and emerging needs. The Leeds Strategic Suicide Prevention Group reports into the Leeds Health and Wellbeing Board.

Scope

The scope of this action plan is informed by priorities relating to local needs and recommendations from the National Suicide Prevention in England: 5-year Cross Sector Strategy published 11th September 2023 Suicide prevention in England: 5-year cross-sector strategy – GOV.UK (www.gov.uk)

The plan takes a life course approach to encompass work with children and families, working age adults and older people.

The plan ensures we coordinate proactive approaches to prevent suicide and minimise harm using data-led targeted approaches focussing on geographies, methods, demographics, protective factors and risk factors for suicide.

National Context

The National Suicide Prevention in England: 5-year Cross Sector Strategy 2023 – 28 highlights the continued need for national government effort, as well as continued action across the NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers and individuals. The cross-government strategy aims to bring everybody together around common priorities and set out actions that can be taken to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide

Data, evidence and engagement with experts (including those with personal experience) has identified the following priority areas for action to achieve these aims. These are to:

- improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
- provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes:
  - children and young people
  - middle-aged men
  - people who have self-harmed
  - people in contact with mental health services
  - people in contact with the justice system
  - autistic people
  - pregnant women and new mothers
- address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are:
  - physical illness
  - financial difficulty and economic adversity
  - gambling
  - alcohol and drug misuse
  - social isolation and loneliness
  - domestic abuse
- promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
- provide effective crisis support across sectors for those who reach crisis point
- reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides
- provide effective bereavement support to those affected by suicide
- make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

The National Strategy sets out over 100 actions led by government departments, the NHS, the voluntary sector and other national partners to make progress against these areas, particularly over the next 2 years.

The action plan for Leeds also draws upon this and other key guidance documents and will remain live to ensure ongoing updates and newly released guidance can be used to support effective action. These include;

- Preventing Suicide in Public Places (PHE 2015)
- Identifying and Responding to Suicide Clusters and Contagion (PHE 2015)
- Local Suicide Prevention Planning Guide (PHE 2016)
- Suicide Prevention: a guide for local authorities (Local Government Association 2017)
- Annual report 2023: UK patient and general population data 2010-2020 (National Confidential Enquiry into suicide and safety in mental health 2023)
- West Yorkshire Integrated Care Board Suicide Prevention Strategy 2022 – 27
- Local Suicide Prevention Resources: Case Studies & Information sheets (National Suicide Prevention Alliance)
- The NHS Long Term Plan (NHS, 2019)
- Suicide Prevention – Quality Standard (NICE, 2019)

Local Context

The Best City Ambition is the overall vision for the future of Leeds. At its heart is the mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. This will be achieved by focusing on improving outcomes across the 3 Pillars of the Best City Ambition; Health and wellbeing; inclusive growth; and zero carbon.

The health and wellbeing ambition is that by 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life.

To realise this ambition, Team Leeds will focus on;

- investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds
- ensuring children in all areas of the city have the best start in life and enjoy a healthy, happy and friendly childhood
- delivering a safe and welcoming city for people of all ages and from all communities in which residents feel more secure and have good friends
- enabling every community in the city to have safe connected spaces, streets and paths to access a local park or green space, providing somewhere to be active and to play, helping to improve mental and physical health across all ages
- working with housing providers, landlords, tenants and communities to improve poor quality housing, so everyone can have a home which supports good health, wellbeing and educational outcomes

By its very nature and complexity, suicide prevention work cuts across each of these priorities and must take a city wide and system wide, Team Leeds approach.

Three drivers that have contributed intelligence and guidance in the development of this action plan are the national strategy, the findings from the Leeds Suicide Audit (2019 – 21) and real time suspected suicide surveillance data which is shared by West Yorkshire Police on a weekly basis.

The Leeds Suicide Audit 2019 - 21 provided information to ensure a targeted approach was taken. The full report can be found Leeds Suicide Audit 2019 - 21 and the following was highlighted;

- 66% of the audit population were male
- 72% of the audit population were either single, divorced, separated or widowed
- Considering age group population sizes, the 40 – 49 and 60 – 69 age groups had the same (highest) rates of suicide
- 26% of all suicides in Leeds occurred amongst people whose home postcode was in the 10% most deprived decile (using the Index of Multiple Deprivation and England deciles).
- 41% of the audit population lived alone
- 36% of the audit population had a recent or significant bereavement
- 43% of the audit population had a recorded previous suicide attempt
- 47% of the audit population had recorded misuse of either drugs and alcohol (with most being within the last 12 months)
- 11% of the audit population had contact with primary care a week prior to their death.

Some populations and common risk factors will rely on wider drivers and local insight from partners. For example, for work with children and young people, the National Child Mortality Database report, Suicide in Children & Young People is a key driver, as low numbers of deaths of under 18s in Leeds means that it is not possible to use the local data sources to inform work.

The Leeds Strategic Suicide Prevention action plan remains a live document and dates and actions may be subject to change at any point to respond to ongoing needs and/or capacity changes within lead organisations.

Priority One – Provide Effective Strategic, Citywide Leadership to Prevent Suicide in Leeds				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Citywide	Lead an effective, citywide multi-agency strategic suicide prevention group (LSSPG) overseeing the delivery of the action plan.	LCC PH Leeds SSPG members	The Leeds Suicide prevention action plan reflects evidence based and innovative activity across the group from all (and wider) partners. Quarterly meetings with minutes and actions from LSSPG and task groups. Annual review of the Suicide Prevention Action Plan for Leeds. The action plan and progress reported to the Leeds Health and Wellbeing Board and Leeds City Council Health Scrutiny Board when called to provide assurance on outcomes.	December 2023 Quarterly Annual February 2024 and when called
	Lead the suicide prevention network (LSPN) providing opportunities to network, share best practice and embed evidence into work programmes across Leeds.	Leeds MIND LSPN members LCC PH	Quarterly meetings with guest speakers, sharing of best practice and local/national evidence-based interventions. Attendance and action log recorded and reported	Quarterly

	Identify and influence funding opportunities, commissioning intentions and resources to prevent suicide in Leeds.	Leeds SSPG members Leeds ICB Leeds City Council Leeds SSPG members	Successful applications, projects and services delivered in Leeds with outcome aims of improving wellbeing and preventing suicide Appropriate commissioned services support people in crisis and identify, address or signpost those at risk of suicide effectively SSPG members, elected members, system leaders and influencers advocate on behalf of suicide prevention approaches and have targeted activity in their local work plans.	Ongoing Ongoing
	Oversee coordinated city and system-wide communication plans to raise awareness of suicide prevention messages	Leeds SSPG members via organisation communication leads WY ICB Leeds ICB	Delivery of campaigns and sharing of key messages through appropriate channels, to include; – World suicide prevention day – World mental health day – University Mental Health Day Increased access to relevant support resources (e.g. West Yorkshire Suicide Prevention Web pages and Mindwell)	Annual

	Oversee the implementation of appropriate suicide prevention subgroups including; • Children and Young People	LCC PH children and families team and The Samaritans	Develop partnership approach and deliver programmes of work to prevent suicide in children and young people. Advocate for Suicide Prevention work within CYP strategic partnerships (Future in Mind Board, Children's Population Board; Child Death Overview Panel; Leeds Safeguarding Children's Board)	Annual update
Regional	Contribute and influence regional strategic group and work programme development including: • OHID Y&H Communities of Interest (COI) • West Yorkshire Suicide Prevention Advisory Network (SPAN) • West Yorkshire Suicide Prevention OG (SPOG) • West Yorkshire Children and Young People Suicide Prevention meeting	LCC PH and VCFS reps	Ensure best practice is shared across local authority areas Influence strategic priorities and actions across West Yorkshire Maintain strong working relationships with regional colleagues and develop cross boundary work programmes where appropriate to maximise resource.	Ongoing
National	Proactively contribute to national policy and debate and attend relevant conferences, webinars and	Leeds SSPG members	Ensure local work reflects the national picture Ensure local data, intelligence, insight and best practice is shared with wider colleagues.	Ongoing

	learning/sharing opportunities to prevent suicide.		Lobby for data collection to enhance local priority setting e.g. Coroner collection of ethnicity data.	March 2024
	Advocate for national funding to support place-based suicide prevention initiatives.	SSPG members LCC PH via executive members	Secure additional funding for suicide prevention activities regionally and locally.	Ongoing

Priority Two – Reduce the risk of suicide in key high-risk groups				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Identify high risk groups and understand common risk factors for suicide in Leeds. **Monitor and provide appropriate responses where suicide may have greater impact on others.**	Ensure real time suspected suicide surveillance data (SSS) and the Leeds Suicide Audit informs and influences local work programmes by identifying target/key high-risk groups	Leeds SSPG members LCC PH WY Police LCC PH Leeds SSPG members	Share findings through relevant channels to include: • Publish audit on Leeds observatory and make available at PHRC • Share audit with Suicide prevention network members • Share audit with elected members and system wide decision makers Complete and sign off SSS community response protocol and test with Leeds SPSG members.	January 24 January 24 March 24 March 24

		LCC PH Leeds SSPG members	Implement appropriate and proportionate actions based on SSS response protocol.	Ongoing
		LCC PH	Report high level report on an annual basis to LSPG members or sooner if cluster or high negative impact incidents occur.	Annual
		LCCPH Leeds SSPG members	Provide additional relevant data to settings, teams or work programmes leads to ensure targeted interventions are developed and delivered.	Ongoing
Develop and deliver targeted work programmes to prevent suicide in groups identified as being at high risk and to mitigate risk associated with common risk factors for suicide.	Ensure services working with those in high-risk groups promote help seeking and crisis support services and are confident in signposting and referring.	Leeds ICB VCFS LYPFT Primary Care All	Develop and disseminate safe and effective help seeking support resources with frontline services including Mindwell, Mindmate and Crisis Cards. Provide advice and consistent messaging to those working in frontline services to identify, prevent and support if and where appropriate – e.g. foodbanks and contact centres. Work with Local Care Partnerships, Primary Care Networks and elected members in wards and communities where rates are higher, to deliver localised, targeted approaches. The delivery of targeted interventions in Leeds with outcome measures reported	Ongoing Ongoing Ongoing

	Ensure new and existing spend is allocated based on suicide prevention evidence base, suspected suicide surveillance and findings from the Leeds Suicide prevention audit. To include; Leeds Suicide prevention grants Government Suicide prevention third sector grants	LCC PH (through contract with Leeds Community Foundation) VCFS	Annual report of Leeds grants provided to the SPSG highlighting the delivery of agreed outcomes towards the reduction of suicide rates in high-risk groups, as agreed with Leeds Community Foundation.	Annual
	Ensure tailored, settings-based approaches are taken to identifying those at risk and providing appropriate support and interventions. High quality suicide prevention policies and staff training are in place and implemented in the health and care sector across Leeds.	Primary Care LYPFT LTHT/LCH Higher Education Settings	Localised PCN activity developed and delivered. LYPFT Suicide and Self-harm prevention plan developed and implemented. Connections made with LTHT and LCH to better understand opportunities for suicide prevention in the workplace and for patients. Encourage and support all Higher Education Providers in Leeds to meet the principles of good practice within the University Mental Health Charter, and to achieve a Charter award.	Ongoing TBC Ongoing

		Prison and Criminal Justice Settings Leeds SSPG members WY ICB	Improve connections with prison and criminal justice settings in local area to understand suicide prevention approach, policies and training and identify opportunities for suicide prevention across the criminal justice pathway. Suicide Prevention policies signed off and implemented. Health and Care staff are identified and receive appropriate, sensitive and relevant training to prevent suicide	
Specific High-risk Groups Identified for 2024/25				
a) Men aged 40-49 and 60-69	Ensure ongoing support and resource for organisations and services to directly target and engage men who may be at higher risk.	LCC PH VCFS (MHU)	Review impact of Suicide Prevention Grant projects targeted at men and share intelligence to inform future work focused on men. Scope work across the city that is targeted at men and explore how to amplify and target further resource.	Annually – September

b) People with mental health problems and/or those in care of mental health	Suicide and self-harm prevention plan(s) developed and in place with partners who engage with and support people with both common mental health problems and those living with a serious mental illness	SSPG members	Partners to be identified and supported to develop plans inline with national and local evidence base and data Maintain links with Crisis services and community mental health transformation to ensure Suicide Prevention is considered in future model development and service delivery	Jan 24 – Jan 25
c) People experiencing relationship breakdown and loss	Ensure suicide prevention support is built into existing work programmes and services to support those going through a relationship breakdown and/or loss.	SSPG members VCFS	Develop and deliver work programmes to support people going through relationship breakdown and/or loss. This may include (gender specific) peer support groups with counselling and legal support available. Awareness raising of issues faced by fathers also important in order for court agencies, schools, police, GPs to have greater awareness of needs and risks.	Ongoing
d) People with a previous suicide attempt or a history of self-harm	Develop a citywide self-harm group to identify and minimise harm and reduce stigma.	LCC PH and partners LCC PH	Develop action plan and report actions. Actions for Year 1 include: Conduct work to better understand current prevalence and demographics across the city.	June 2024 and ongoing Jan – June 24 Jan – Mar 24

		LCC PH LCC PH	Conduct insight to capture lived experience of those who self-harm to inform future action plan and interventions. Develop or consider existing offers and deliver training on self-harm for frontline workers across Leeds.	Apr 24 – Mar 27
e) children and young people	Suicide Prevention plan developed and agreed by CYP SP Sub Group	LCC PH	Confirm Terms of Reference, membership, outputs and outcome measures. Develop and implement CYP Suicide Prevention Action Plan Initial agreed pieces of work include: • Taking a Public Health approach to support organisations to develop understanding about suicide in CYP and develop skills to support those in crisis. Includes support for reviewing policies, staff training and promotion of crisis support offer. • Creating and promoting guide for schools who experience a death by suspected suicide of a pupil.	2024 3 year funded programme – Oct 23 - Sep 26 March 2024

			• Agreeing position statement regarding approach to suicide prevention within education settings.	October 2024
f) those with drugs, alcohol, gambling addiction(s)	Develop relationships with gambling and drugs and alcohol services to better understand existing processes and opportunities for service improvement.	LCC PH	Named representative of relevant services to sit on the LSSPG. Provision of deep dive / profiles for people with a history of drug and alcohol use who took/take their own life to be shared with services to map against existing processes and understand gaps.	March 2024
Develop and deliver targeted work programmes and/or raise awareness of risk and support to prevent suicide in groups where local data does not identify higher risk but national evidence and research shows under-representation and greater	Provide support and opportunities to develop and deliver work programmes aimed at but no limited to; LGBTQ+ people, transgender and non binary people, those from culturally diverse backgrounds, carers, veterans, people in the perinatal period, separated fathers, older people and autistic people.	SSPG members VCFS VCFS and LCC PH WYICB and LCC PH	Examples include; • Ensuring annual grants programme reflects Leeds population data • Suicide prevention training and/or briefings are provided focussing on unpaid carers. • Suicide prevention training and resources are shared through the perinatal partnership board/perinatal mental health programme	Ongoing March 2024 2024

isolation/poor wellbeing.				

Priority Three - Provide evidence-based information and support to those bereaved or affected by suicide				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Use ongoing surveillance to identify areas for proactive outreach and intervention	Ensure pathways are set up and deliver proportionate actions through the Leeds Suicide Community Response Plan to those affected by suicide.	LCC PH, West Yorkshire Police and wider partners where identified	Implement plan and collate postvention support actions. Cluster identification processes in place, tested and cluster response led if identified.	March 24 Ongoing March 2024 Ongoing
Provide a suicide bereavement service for those affected by suicide	Ensure the Leeds suicide bereavement service continues to meet the needs of those bereaved by suicide and delivers effective postvention peer support, including a focus on family approaches.	Leeds MIND and LCC PH	Quarterly monitoring demonstrating effective outcomes and KPIs met. Review and recommission the suicide bereavement service from Jan 2025 in line with the West Yorkshire funded service.	Quarterly - Reported to Leeds SPSG annually January 2025

			Influence the West Yorkshire commissioned suicide bereavement service and ensure Leeds residents are supported.	Quarterly monitoring – annual report shared with SSPG
	Support partners, such as Higher Education Providers, to have in place a strategic approach to suicide prevention, which includes clear guidance to mitigate the impact of a suicide.	Leeds MIND SSPG	To include knowledge and awareness of appropriate services and referral and signposting pathways set up	Ongoing

Priority Four – Reduce Access to the Means of Suicide				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Public places	Ensure high risk locations are identified and appropriate actions are taken to prevent future suicides.	The Samaritans and partners	Consider the development of a high-risk locations suicide prevention sub-group with noted actions reported and fed back.	March 2024
		LCC PH and SSPG members	Lead ongoing deep dive and action planning to prevent future deaths if a location is noted in the suspected suicide surveillance data and/or if West Yorkshire Police share suicide attempt data.	Ongoing

	Work in partnership with settings and organisations with ownership of high-risk locations to continue to monitor and implement actions to mitigate risk	LCC PH and SSPG members The Samaritans	Maintain relationships with British Transport Police, Network Rail, National Highways and Prisons. Provide support to audit and action evidence-based initiatives to mitigate risk.	Ongoing – annual report to the LSSP Group
	Develop principles, guidelines and policy(s) to minimise harm by the safe and sensitive removal of memorials across LCC and partners.	LCC – PH and SSPG members	Current work includes mapping and delivery of interventions and opportunities at known high risk locations. Connections to be strengthened and continued with Highways, British transport Police and LCC City centre and Regulatory services. Principles and Guidelines or Policy to be tested, adopted and implemented	Jan – March 2024 Ongoing March – September 2024
Mechanisms (e.g. ligatures)	Work in partnership with settings and organisations to reduce access to mechanisms e.g. ligatures.	SSPG Members	Continue to review mechanism risk management policies and share learning across relevant organisations.	Ongoing
Pharmacological	Work with partners to reduce access to pharmacological means of suicide.	SSPG Members LYPFT	Explore opportunities to prevent medicines stockpiling and promote staff	Ongoing

		LTHT Primary Care	training on specific risks i.e. risks of helium use to end life. Explore and develop opportunities to reduce access to pharmacological means of suicide, by following safe prescribing practices for pain killers and antidepressants.	 Ongoing
Catalysts e.g. drugs and alcohol	Understand profiles of those who have used drugs and alcohol as part of their suicide and work in partnership with services to understand opportunities to mitigate risk further.	LCC PH	Work with Substance Misuse Services to implement action to reduce suicide risk for those in contact with services.	Jan 24 – Jan 25

Priority Five – support the media in delivering sensitive approaches to suicide and suicidal behaviour				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Promote sensitive and appropriate reporting	Ensure system wide comms leads are confident, knowledgeable and skilled in sensitively reporting.	LCC Comms The Samaritans	Resources shared and promoted with comms leads and media outlets for sensitive reporting.	January 2024 and Annual Review

			Sensitive language guide used as a reminder to anyone taking about Suicide. Creating Hope through Language Training session to be scheduled for Leeds Comms team to support colleagues in their role in reducing this impact of harmful reporting.	Ongoing March 2024 and repeated as need identified
	Reduce the impact of negative, stigmatising or harmful reporting on suicide across all platforms including online	The Samaritans and OHID National Union of Journalists and LCC PH	Report negative or insensitive reporting to the Samaritans. Launch and promote guidance for journalists developed by LCC PH and the National Union of Journalists	Ongoing March 2024

Priority Six – Make suicide prevention everybody's business				
Overview	**Action/Intervention**	**Lead Organisation**	**Progress (outcomes/milestones)**	**Timeline**
Suicide Prevention Training	Provide and promote relevant and targeted suicide prevention training to front line staff to ensure confidence and skills in identifying and supporting those at risk	WY ICB LCC PH	Deliver Papyrus SPOT, SPEAK and ASIST to those working with high risk groups Monitor and support the Being You Leeds service to include the delivery of relevant training to those working with high risk groups Support other providers of training to be aware of Leeds resources and support Work with Leeds Survivor Led Crisis Service to implement commissioned training focussed on skilling up CYP workforce and improving understanding of crisis support. Promote uptake of other relevant training opportunities for frontline workers.	Contract until Summer 2024 Ongoing Ongoing

Suicide Prevention Champions	Promote the West Yorkshire Suicide Prevention Champions campaign to create a network of individuals across different sectors and communities in Leeds with knowledge and skills around suicide prevention.	WY ICB LCC PH and partners	Support (a minimum of or an annual target of) 194 people in Leeds to become suicide prevention champions, one for every life lost reported in the 2019-21 suicide audit; each having completed the Zero Suicide Alliance suicide prevention training.	March 2024
Comms	Work with partners from across Leeds and West Yorkshire to promote relevant and appropriate suicide prevention campaigns, particularly targeting groups at the highest risk of suicide.	LCC PH LCC comms and LSPN	Ensure targeted and system-wide delivery of the West Yorkshire ICB 'Check In With Your Mate' campaign in September (World Suicide Prevention Day). Promote additional campaigns where appropriate	Sept 2024 Ongoing

There are many sources of support for anyone with concerns around Suicide

- Mindwell provides information on support available on mental health and wellbeing Home - MindWell (mindwell-leeds.org.uk)
- Leeds Suicide Bereavement Service provides support for anyone affected or bereaved by suicide Suicide Bereavement Services - Leeds and West Yorkshire - Leeds Mind

Leeds Suicide Audit

2019 - 2021

LEEDS CITY COUNCIL IN PARTNERSHIP WITH THE LEEDS SUICIDE PREVENTION STRATEGIC GROUP

Leeds CITY COUNCIL

List of Tables and Figures

Appendices

Foreword

Victoria Eaton
Director of Public Health
Leeds City Council

Councillor Salma Arif
Executive Member for Adult Social Care, Public Health and Active Lifestyles

This report is dedicated to the people in this audit and their friends, families, colleagues, communities and those affected by their deaths.

Suicide is a complex and devastating event and leaves lasting impacts on families, friends and entire communities.

We understand that many factors can contribute to suicide including poor mental health, social isolation, economic pressures, relationship breakdowns and more. Each life lost to suicide represents a profound and heart-breaking tragedy and it is with both a sense of responsibility and unwavering commitment to the well-being of our communities that we share the Leeds Suicide Audit Report 2019-2021.

We have a long-term commitment to suicide prevention in Leeds. As a compassionate city, our approach is rooted in the belief that every life is valuable and deserving of the opportunity to thrive. This audit takes a public health approach to identify who might be at highest risk of suicide and will support our continued efforts to prevent future deaths. Our approach will ensure that we have comprehensive, evidence-based initiatives that reflect all the new data, as well as learning from the experiences of those affected by suicide. This will inform our suicide prevention plan for Leeds.

We also acknowledge that suicide prevention must take a collaborative approach. Suicide prevention work is most effective when we work in partnership and draw upon available evidence of what can work. Local Government, the NHS, statutory services, the voluntary sector, local communities and families all have a valuable role to play in a partnership approach to suicide prevention. It is a shared mission to foster hope, reduce stigma, and create environments where people feel that they can reach out for support.

We remain committed to respecting the dignity and privacy of everyone who has been affected by suicide. We hope together, with a collaborative approach across the city, we can make a meaningful difference in the lives of those who may be struggling – offering hope, support and opportunity.

Our vision for Leeds is to be the Best City in the UK: one that is compassionate and caring.

Leeds is committed to reducing the number of lives lost to suicide.

In Leeds, around one person dies every five days as a result of suicide and every death leaves behind family, friends, colleagues and communities shattered by the loss.

Many others responding or providing support and care will also feel the impact suicide leaves.

National guidance recommends that every local authority carries out an annual suicide audit with a multiagency group coordinating effective and local action. The Leeds Suicide Audit will be used alongside suspected suicide surveillance data, the National evidence base and knowledge and insight from agencies across Leeds and those affected by Suicide.

The audit is a key tool in developing evidence to shape local work programmes by providing a focus for delivering effective suicide prevention interventions.

The factors leading to someone taking their own life are complex. This is why no one organisation is able to directly influence them. The Leeds suicide prevention action plan has been collaboratively developed by the Suicide Prevention Strategic Group which includes primary and secondary healthcare, third sector, education, media, the police, fire service, transport and rail sector, and the local authority to name a few.

Our suicide prevention activity is overseen by the Leeds Health and Wellbeing Board and contributes towards delivering outcomes set out in the Leeds Health and Wellbeing Strategy.

Suicide is a high priority public health issue for Leeds.

Alongside this audit which includes deaths over a three year period from 2019-21, we use information from the Office of National Statistics (ONS) to give a broad picture of suicide deaths in England.

The Office for Health Improvement and Disparities (OHID) publish this data to provide opportunities for comparison with other areas and trends over time. The numbers are not identical to our audit data, due to different collection methodologies.

Office of National Statistics (ONS)

ONS data shows in 2021, there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people; while this was statistically significantly higher than the 2020 rate of 10.0 deaths per 100,000 people, it was consistent with the pre-coronavirus (COVID-19) pandemic rates in 2019 and 2018.

The latest data is published on an annual basis

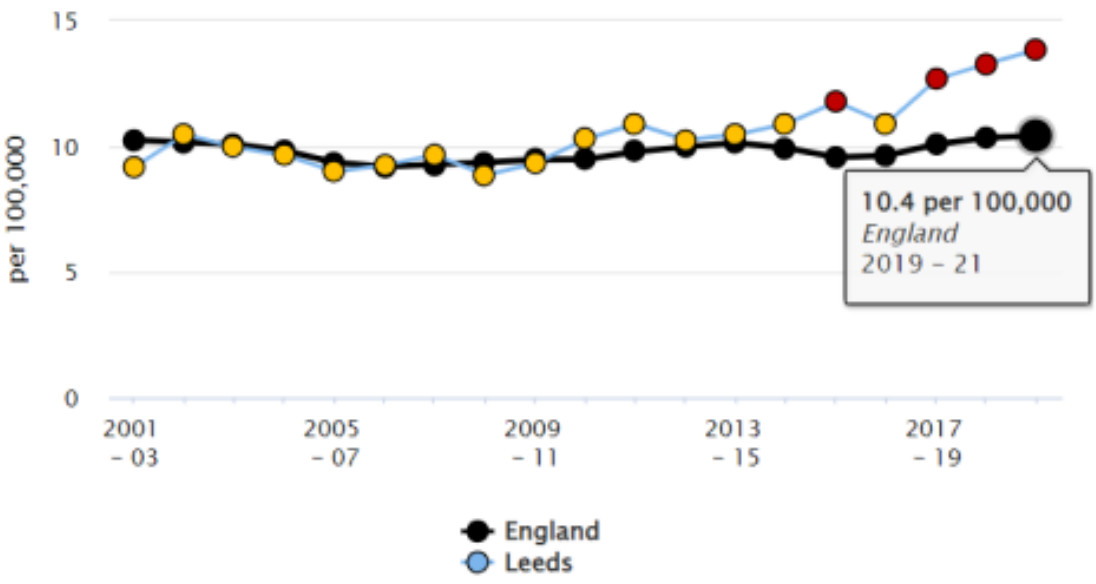
Office for Health Inequalities and Disparities (OHID) Published Data

OHID published data shows an England rate (2019 – 21) of 10.4 deaths per 100,000 and allows us to compare across different geographies.
OHID published data shows a Leeds rate (2019 – 21) of 13.9 deaths per 100,000 which is higher than both the England rate and the regional rate (Yorkshire and the Humber) of 12.5.

Leeds' rates (2019-21) are higher than those for all of the English Core Cities.

All core cities have a rate higher than the England average rate. (2019 - 2021)

Figure 1 Leeds Suicide Rate trend compared with England. (Source OHID Fingertips)



Further information on data can be found in appendix two

The 2019 - 21 Leeds audit showed 194 suicides by Leeds residents.

The Leeds Suicide Audit 2019-2021 shows a rate of 9.6 deaths per 100,000 for all persons with a female rate of 6.3 and a male rate of 12.9.

All rates in this audit have been calculated per 100,000 population of those aged 11 and above, registered with a Leeds GP in July of the years 2019, 20 and 21, and who are a resident of Leeds. These are crude rates and not age standardised rates.

GP data has been used as it includes ethnicity as well as deprivation data and means rates for the 2019-21 data are using the same denominator throughout.

Rates and counts used in the 2019 -21 suicide audit should not be compared with previous audits or with ONS or OHID published data sets due to the differing methods used and the change in the standard of proof used by Coroners.

Previous audits have also included deaths with open verdicts where the audit team considered the outcome to be most likely suicide. This audit includes deaths where the verdict was suicide as determined by the coroner.

In England and Wales, when someone dies unexpectedly, a coroner investigates to establish the cause of death.

In July 2018, the standard of proof used to determine whether a death was caused by suicide was lowered to the "civil standard"; balance of probabilities.

Previously a "criminal standard" was applied; beyond all reasonable doubt.

Since the change in the standard of proof, suicide rates nationally have not seen unprecedented increases.

Whenever a change in suicide rates occurs, the reasons are complex and will rarely be because of one factor alone.

Demographics

21%

of the audit population were people aged 40-49

66%

of the audit population were male

85%

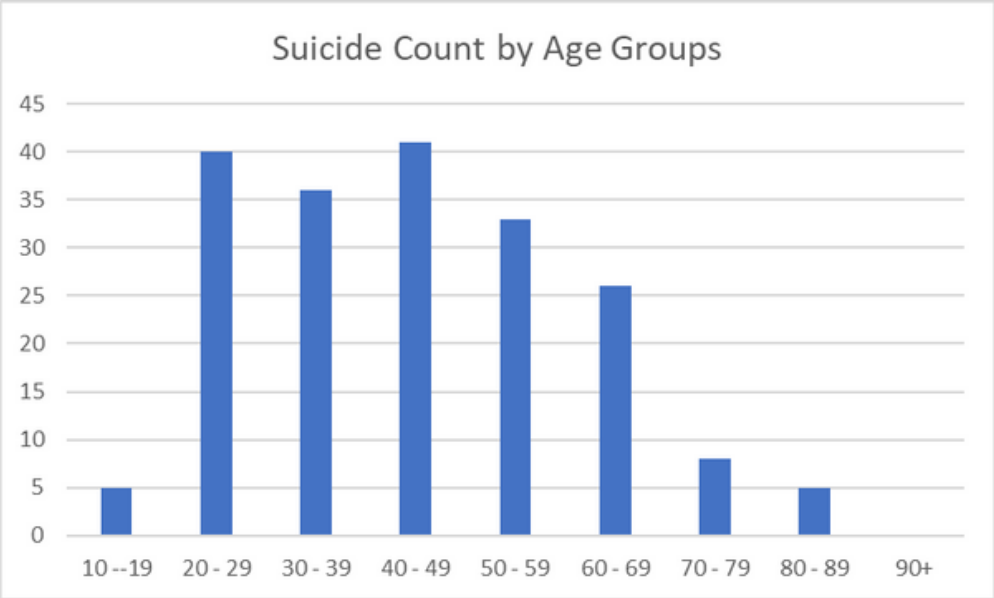
of the audit population were born in the UK

72%

of the audit population were either single, divorced, separated or widowed

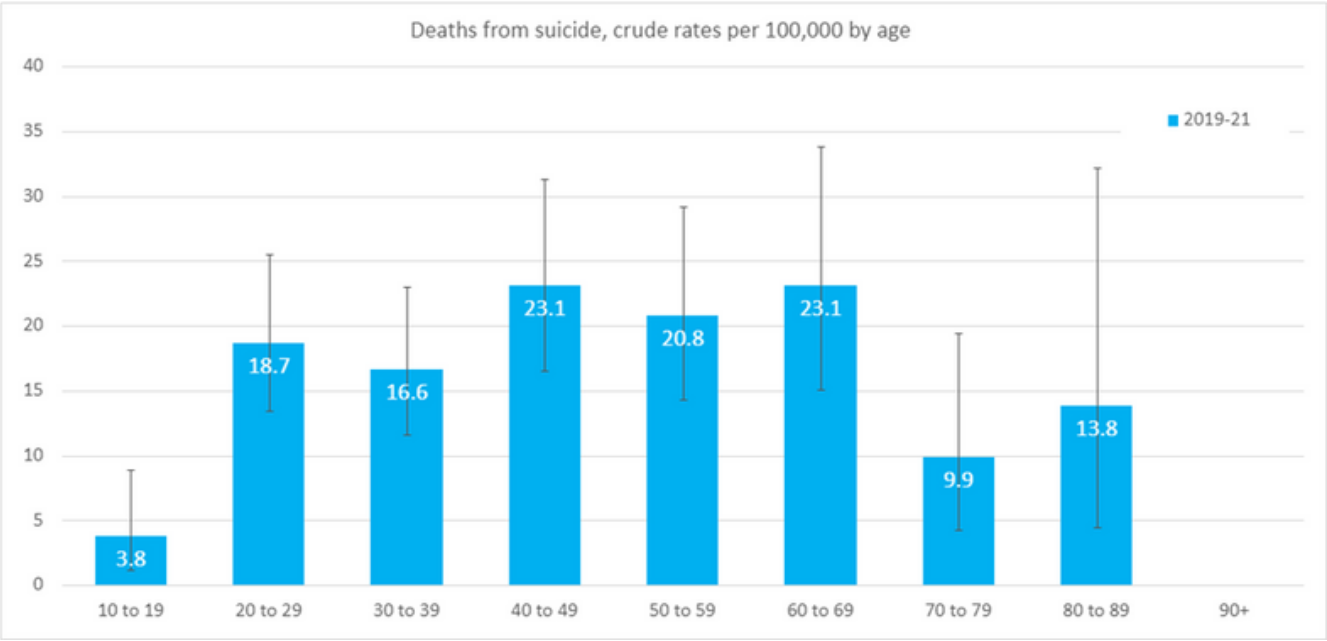
Age

Figure 2
Count of deaths by Suicide by Age



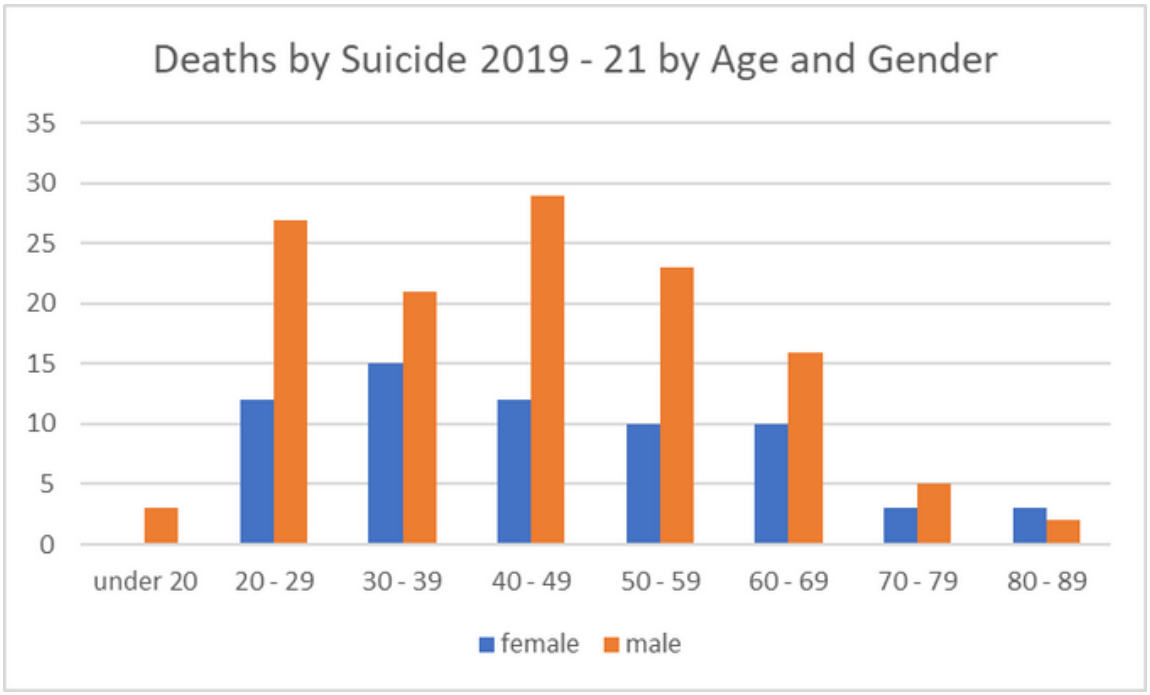
The age band with the highest count of suicides was 40-49 where 21% of all suicides occurred, however, this does not take into account the population size per age group. The following figure (3) accounts for the population of each age group at the time by demonstrating crude rates.

Figure 3
Deaths from Suicide - Crude Rates per 100,000 by age



By comparing rates and including the population size, the 60-69 age group has the same rate as the 40-49 age group.

Figure 4
Deaths by Suicide by Age and Gender (Count)



Gender

66% of the audit population were male which is lower than the national ratio of 3:1.

This is a considerable decrease in male suicides from 83% seen in the last audit where there was a ratio of 5:1. **This data should be used with caution due to the methodology differences referred to on p7.**

Figure 5
Deaths from Suicide - Comparison of Gender Counts

Audit	Female Count and Percentage (%)	Male Count and Percentage (%)
2008-10	38 (21%)	141 (79%)
2011-13	37 (17%)	176 (83%)
2014-16	34 (17%)	171 (83%)
2019 - 21	66 (34%)	127 (66%)

The ratio of males to females has lowered and this is reflected across younger age groups, deprivation and ethnicity as shown in figure 6.

Figure 6
Deaths from Suicide - Population and Demographic Comparisons with Previous audits

	% Males 2019 - 2021	% Males 2014 - 2016
Audit Population	65%	83%
Aged 10 -25	70%	87%
40% Most Deprived	50%	81%
Those from a Culturally Diverse Background	50%	86%

Sexual Orientation

Sexual orientation is rarely explicitly recorded by the coroner in the case notes. The relationship history of the individual was considered in conjunction with witness statements from those who knew the person. If, for example, they were married to a member of the opposite gender and there was no evidence to suggest any other sexual orientation, the person would be recorded as heterosexual.

This method of data collection is limited and may be inaccurate; it should be used with caution.

19% of the audit population's sexuality was unknown.

Of the people who had their sexuality recorded, 94% were heterosexual and 6% were from the LGBTQ+ community

Ethnicity

The reporting of ethnicity in Coroner's records is often limited due to inconsistencies with how it is recorded by numerous sources, such as within police and medical records. This is an ongoing national issue which can impact the quality and interpretation of suicide data.

Ethnicity was not specifically recorded in a standardised format in the vast majority of the Coroner's case notes and this is consistent with previous audit findings. However, we have proactively continued to strengthen our process of evidencing ethnicity from the case notes within records collated by the Coroner. This process involved triangulating information from post-mortem reports and additional narrative in witness statements and medical records.

32% of the audit population's ethnicity was unknown

Of the people whose ethnicity was recorded, 91% were recorded as White and 9% were recorded as being from an ethnic minority background.

Place of Birth

85% of individuals in the audit population were born in the UK and 50% of the audit population were born in Leeds.

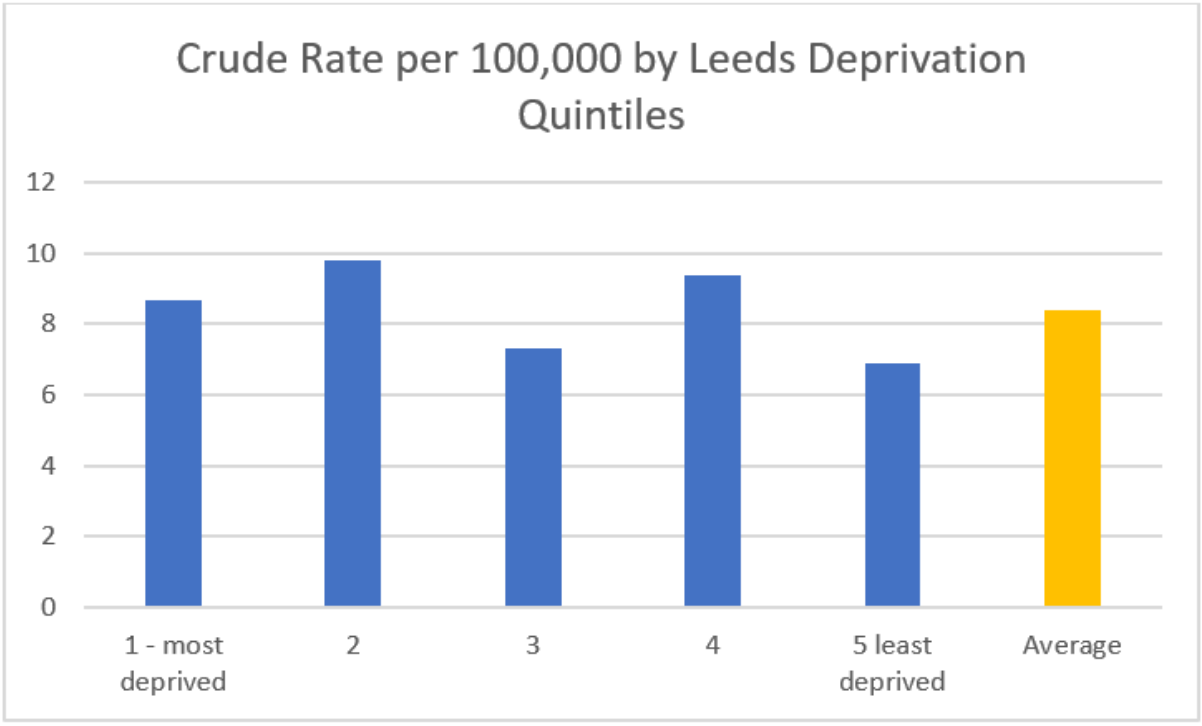
Home Postcode and Ward

26% of all suicides in Leeds occurred amongst people whose home postcode was in the 10% most deprived decile (using the Index of Multiple Deprivation and England deciles).

59% lived in the areas of Leeds falling into the most deprived 50% in Leeds (using England deciles).

The following figure accounts for the population of each quintile in Leeds at the time (calculated by the three year combined average population) demonstrating crude rates per 100,000

Figure 7
Deaths from Suicide - by deprivation quintiles



Of the 27 postcode districts recorded as home postcodes for people in the audit population, over half were from just eight: LS12, LS14, LS10, LS28, LS17, LS9, LS6 and the WF postcodes that come under Leeds City Council Boundaries.

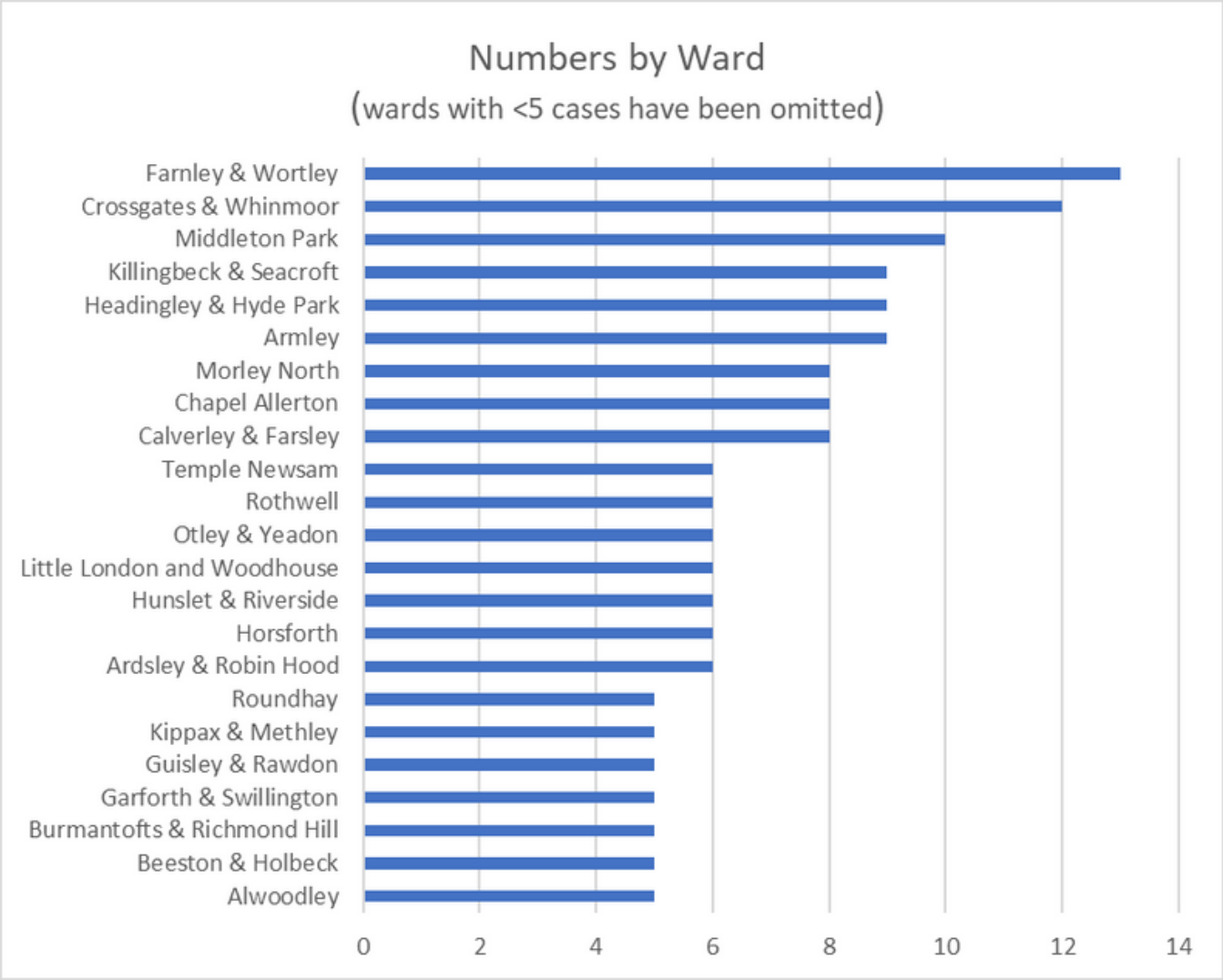
The most common home postcode recorded was the LS12 district which had just under 10% of all suicides.

Leeds is divided into 33 geographical wards with similar population numbers.

The most common ward to be recorded is Farnley and Wortley, with 13 suicides.

10 wards had fewer than 5 suicides recorded and are therefore not included in figure 8.

Figure 8
Deaths from Suicide - Count per Ward



Relationship Status

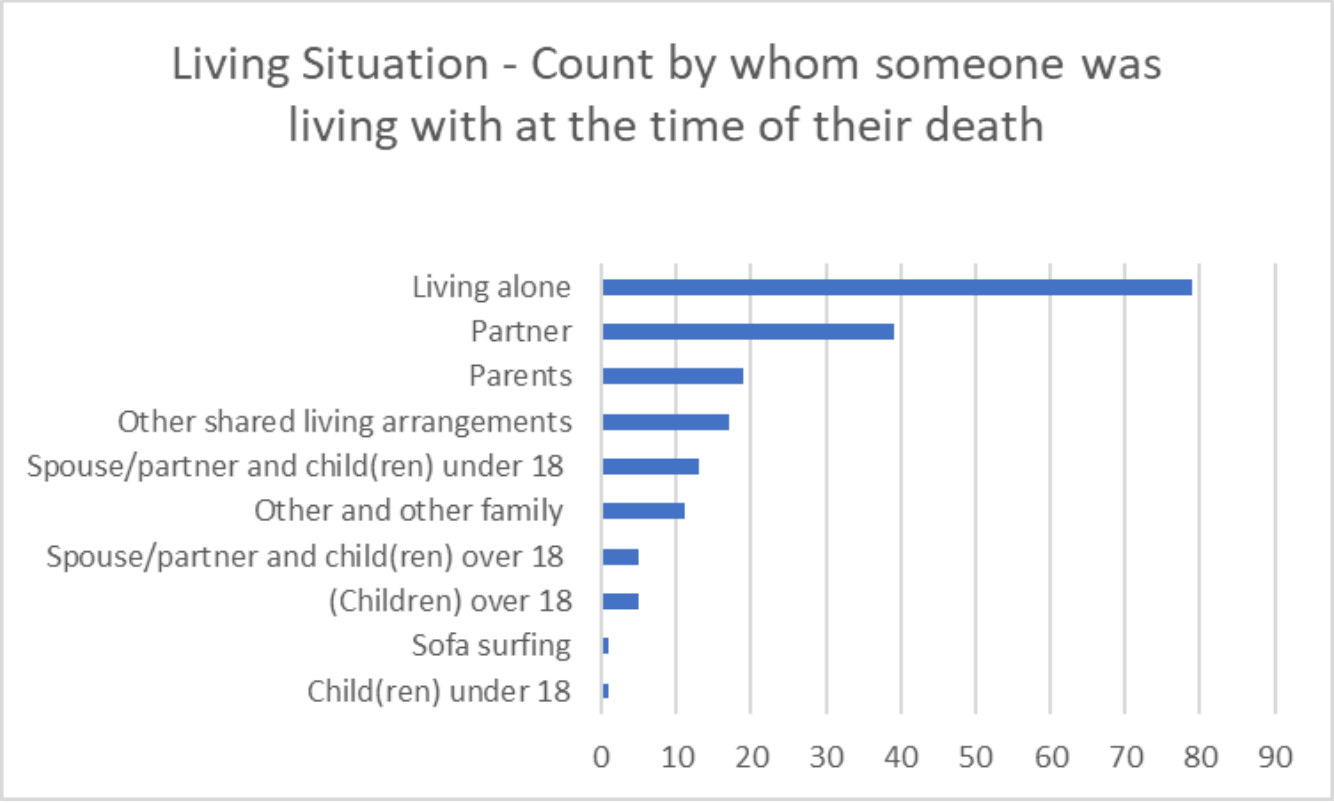
The most commonly recorded relationship status amongst the audit population was ‘single’, this replicates the finding from the previous three audits. 72% of people were recorded as either single, divorced, separated or widowed which is consistent with previous years audit findings.

Living Situation

41% of the audit population were living alone at the time of their death.

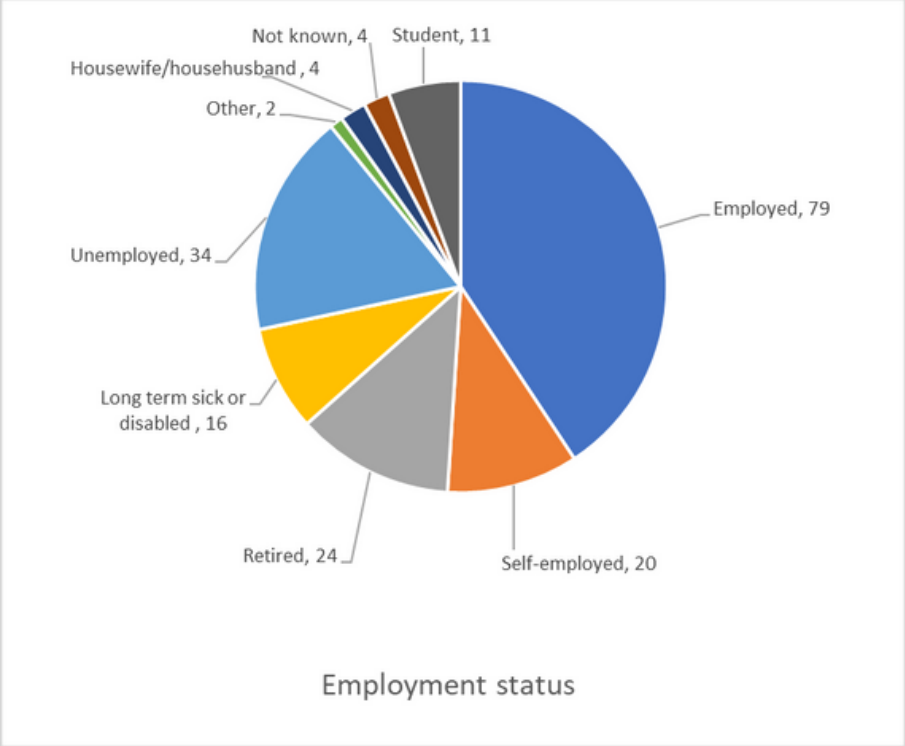
Figure 9

Living Situation at Time of Death



Employment

Figure 10
Employment Status



Just over half of the audit population were described as employed or self employed. (Note that some people were off work due to ill health)

"Problems with work" was recorded in 22% of people who were either employed or self employed.

These ranged from historical to more current problems.

The following table highlights the difference in employment status in the audit population broken down by gender.

Figure 11
Employment Status by Gender

Status	Male %	Female %
Employed or self employed	49	55
Retired	13	10
Long term Sick or disabled	8	9
Unemployed	22	9
Student	5	7
Other, unknown or housewife	3	9

Carers

3% of the audit population were recorded as being unpaid carers. This should be used with caution due to the likelihood of under reporting.

ONS suggests around 9-10% of people in the UK are unpaid carers.

Recorded Risk Factors

36%

of the audit population had a recent or significant bereavement

85%

of the audit population had a noted mental health problem either on medical records or from witness statements

43%

of the audit population had a recorded previous attempt of suicide.

47%

of the audit population had recorded misuse of either drugs or alcohol with most being in the last 12 months.

The audit data collection searched for evidence of 26 factors known to be associated with suicide with “Impact of COVID” being added from previous audits.

An inherent bias to this methodology is that only those risk factors which had already been recorded in the Coroner’s inquest could be noted.

Capturing this information in the first instance required a family member statement, witness statement, medical record, police investigation or post-mortem examination to mention factors associated with the identified risk factors.

As expected, risk factors which were more recent were more likely to be recorded and noted (for example, a bereavement) than something that may have taken place a number of years ago (for example an adverse childhood experience).

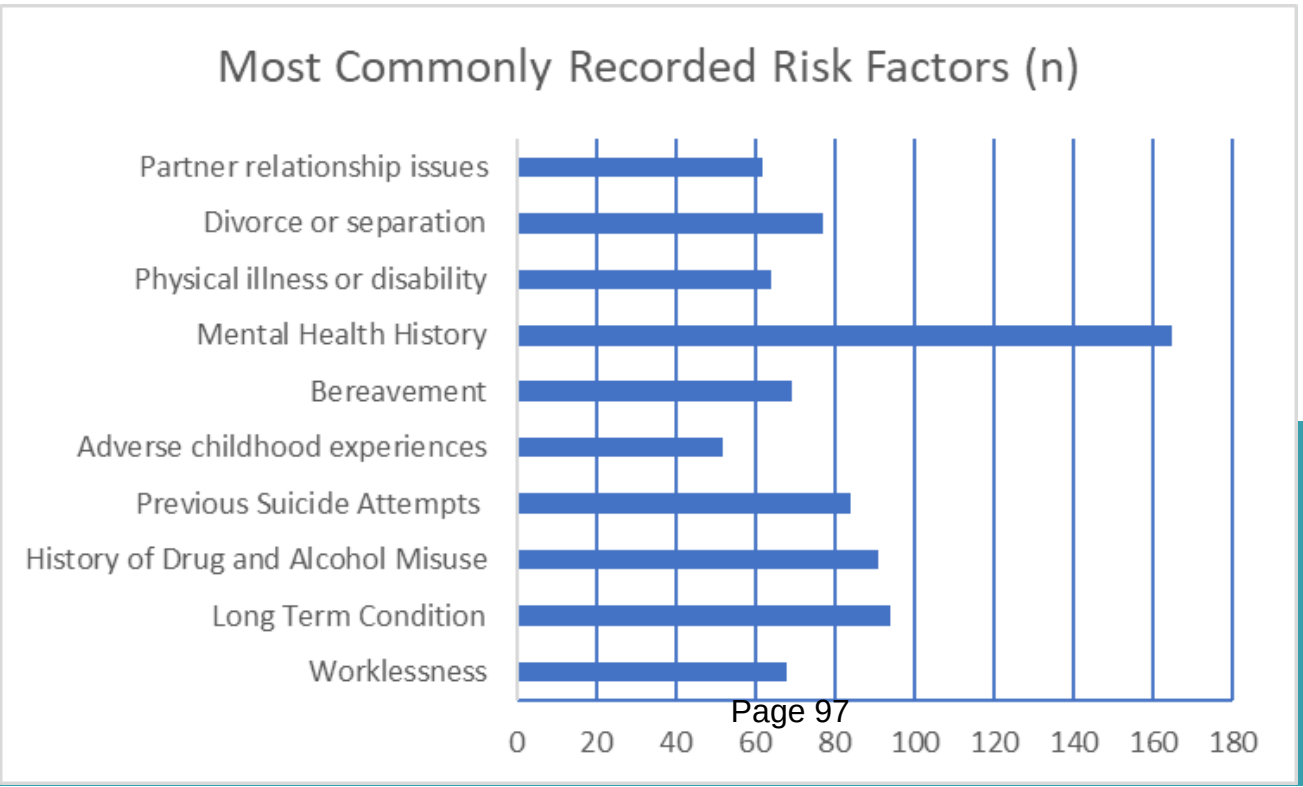
These findings are specifically labelled ‘Recorded Risk Factors’ as they only reflect factors clearly identifiable in the information provided. The findings will miss factors which are less likely to have been recorded, as well as suicide risks that weren’t specifically searched for in the process.

Multiple Risk Factors

The average number of recorded risk factors present in the audit population was 6.5 with consistency between genders. This compliments what is already known from practice; those who die from suicide often live complex lives, experiencing compounding risk factors.

The most commonly recorded risk factor was having a history of a mental health problem.

Figure 12
Count of Most Commonly Recorded Risk Factors



The risk factors that occurred most commonly together were a mental health history with a previous suicide attempt, mental health history with a drug and/or alcohol misuse history and mental health history with divorce or separation. Figure 13 shows the risk factor which most commonly occurred alongside a mental health history.

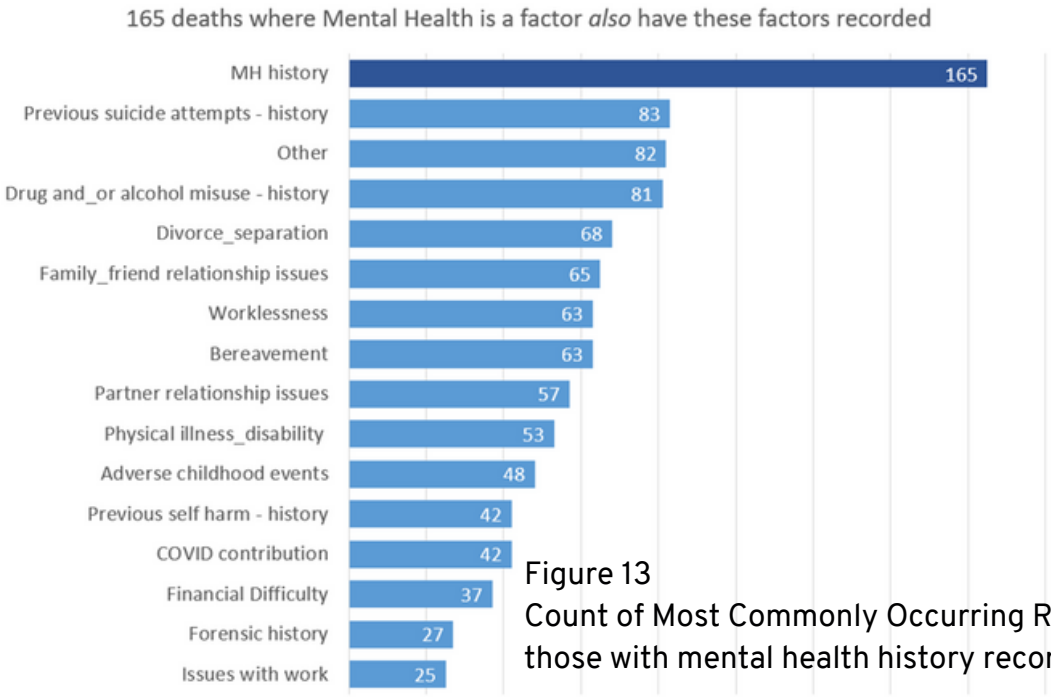


Figure 13
Count of Most Commonly Occurring Risk Factors for those with mental health history recorded.

"Other" includes circumstances and feelings recorded outside of the common risk factors collected such as; frustration with a recent car accident, a recent house move, struggling with language barriers, being worried about family members and being the victim of assault.

Mental Health Problems

A history of mental health problems was the most commonly recorded risk factor with 85% of the audit population having some kind of recorded mental health history. This was observed equally between males and females.

In addition to medical notes reporting a common or serious mental health problem, this also includes where witness statements, notes or clinical records have cited low mood, night terrors and phobias that have a negative effect on wellbeing. The percentage in this audit is higher than previous audits (78% in 2014 – 16 and 70% in 2011 – 13).

To note; the Leeds population with a common mental health problem on their GP record is 22.6% and the Leeds population with a serious mental illness noted on their GP record is 0.9%.

Financial Problems

Financial difficulties were recorded in 24% of the audit population which was lower than the previous audit. This equated to 46 people which is considerably less than the previous audit which highlighted 72 people.

The most common age group where financial difficulties was recorded was the 40-49 age group. The audit showed that men were more likely than women to have recorded financial difficulties and those identified as having financial difficulties were evenly represented across the Leeds deprivation quintiles. There were frequent records of negative benefit decisions, debt, housing debt, repossession, and drugs debt amongst other worries and concerns.

Physical Illness and Disability

A physical illness and/or disability was recorded in a third of the audit population.

There are records of: failed surgery, diagnosis with poor prognosis, chronic/painful conditions, deteriorations in conditions, delayed operations due to the pandemic, loss of eyesight and loss of work or independence (eg driving) due to health.

Physical illness or disability was much more likely to be recorded in older people in the audit population. 11% of those under 30 had an illness or disability recorded compared with 66% of those 60 and above and 77% of those 70 and above.

Physical illness or disability was recorded in 30% of the male audit population and 37% of the female audit population.

Bereavement

There were 69 people within the audit population who had experienced a recent or significant bereavement (36%).

The relationship of the bereavement recorded most frequently was the loss of a parent.

17 people (9%) in the audit population recorded having a family member or friend having taken their own life and this ranged from a time very close to their death to a historical bereavement many years ago.

Adverse Childhood Experiences

Adverse childhood experiences were recorded in 27% (52) of the audit population.

This should be used with caution due to the likelihood of under reporting. This data relies on witnesses providing a statement knowing this information, believing it relevant and recording accurately. Bullying at school was frequently mentioned, as well as previous abuse and involvement with social care. Published evidence highlights the proportion of people who died by suicide and experienced adverse childhood events may be far higher than what was observed in this audit.

Previous Suicide Attempts

In 57% of the audit population, this was the first known attempt.

27% had attempted once before and 17% had made multiple previous attempts (2 or more)

Of the audit population, females were more likely to have made previous attempts than men, who were more likely to die on their first attempt.

Drug and Alcohol Misuse

Just under half (47%) of the audit population had recorded misuse of either drugs or alcohol with most (84%) of those being in the last 12 months.

The following figure shows the type of misuse from those in the audit population with a recorded history of drug and/or alcohol misuse.

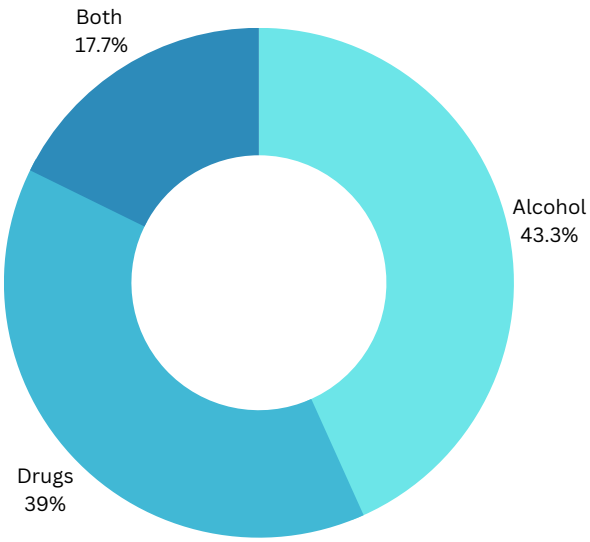


Figure 14
History of drug and/or alcohol misuse

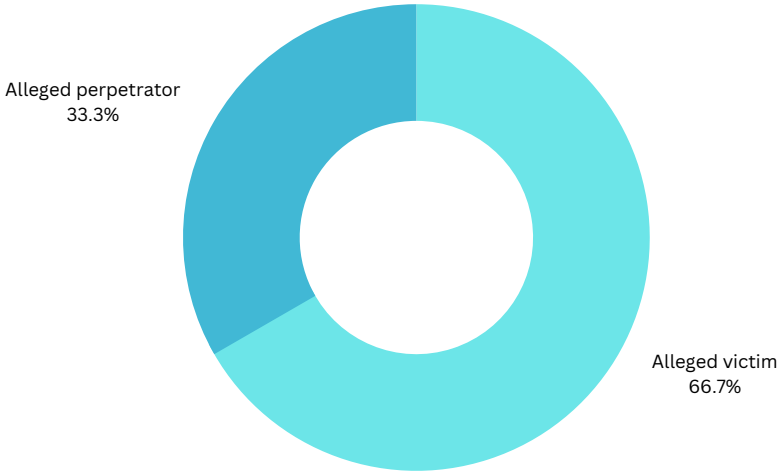
Self Harm

21% of the audit population had a record of self harm with 32% of those having self harm recorded more than once.

Self harm was more commonly recorded in females than males (28% compared with 17% respectively).

39% of the audit population with a history of recorded self harm lived in the most deprived decile in Leeds (England deciles)

Domestic Violence



27 people within the audit population had domestic violence recorded (14%).

Of the 27 people, 2/3 were alleged to be the victim of domestic violence and 1/3 were alleged to have been the perpetrator.

Figure 15
Alleged perpetrator/victim of domestic violence

Connection to the Criminal Justice System - History

16% of the audit population had a recorded contact with the Criminal Justice System with 94% of those being male.

Police statements record a variety of reasons for contact with the criminal justice system with a majority reporting recent interactions where people had been arrested on the morning of their death, were on probation at the time of their death or awaiting a court appearance at the time of their death.

COVID-19

25% of the audit population had a record that COVID-19 was a contributing factor to their death.

Witness statements provided reasons that included; increased anxiety and fear of getting the virus; being unable to work and volunteer; disappointment and frustration with cancelled trips and events; not being able to see friends, family and partners; and finding it difficult being at home with family too much.

Data included in this audit and national rates suggests that numbers of people taking their own lives during the pandemic did not increase and the variety of reasons for impact demonstrates the complexity of COVID-19 as a potential risk factor.

Circumstances of Death

Content Warning - this section includes information that may be upsetting and distressing to read

65%

of all suicides were from hanging or strangulation

73%

of the suicide audit population took their life in their own home

50%

of the audit population left a note of intent

23%

of the audit population had drugs or alcohol in their system at the time of death

Method

Hanging/strangulation was the most common suicide method overall, accounting for just under two thirds (65%) of all suicides.

Nationally, hanging and strangulation was the most common method used by both men and women in the UK (61.1%)

Poisoning (18%), predominantly through medication or drug overdoses, and cutting/stabbing (6%) were the next most common methods.

More than a third of women who took their own lives did so by poisoning (38%), compared with fewer than one tenth of men.

This is consistent with national figures.

Figure 16
Suicide Method by Age

	Hanging / Suffocation	Cutting / Stabbing	Poisoning
Under 30	83%	3%	14%
30-59	78%	6%	17%
60+	46%	16%	38%

Methods did vary by age as per figure 16 which shows lower rates of hanging/strangulation in people over 60 and higher rates of poisoning

Just under 5% of all suicides were from jumping or were on a railway line. All of these suicides were men. Nationally, it is reported around 4.4% of suicides in the UK take place on the railway.

Location

There were 16 types of locations recorded in the suicide audit.

73% of all Leeds suicides occurred in the person's own home, 9% occurred in a park/wood and 4% occurred on the railway.

Of those who took their own life in their own home, 51% lived with someone else and 13% lived with their children (this includes those under and over 18)

Note of Intent

There was evidence of a suicide message left (using a variety of media such as a note or text) in half of all suicides with a physical note being the most common.

Some people had ensured their affairs were in order, sorted and guided people to financial details, warned loved ones not to enter a room and others apologised, gave reasons for their choices and shared messages of love.

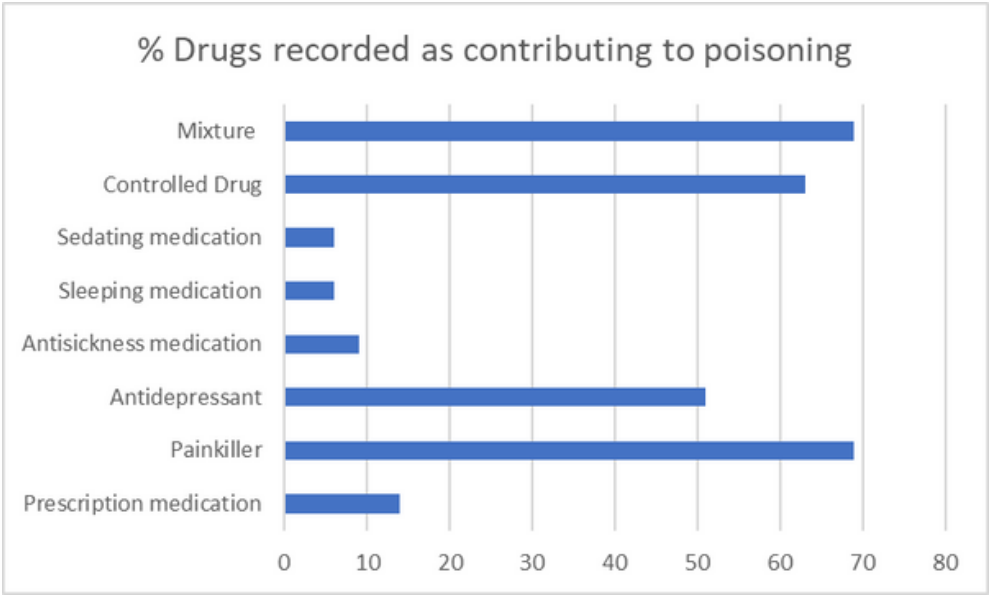
Alcohol and Drug Use at time of Death

Alcohol was recorded as being in the system in 23% of all people in the audit population.

Drugs were recorded as being in the system in 23% of suicides.

8% of the audit population had both alcohol and drugs recorded in their system

Figure 17
Type of Drug contributing to Death by Poisoning



63% of those with drugs and/or alcohol in their system at the time of their death also had a history of drug and/or alcohol misuse

Access to Services

11%

of the audit population had been in contact with primary care a week prior to their death

34%

of the audit population had been in contact with mental health services

21%

of the audit population had been in contact with community healthcare services

22%

of the audit population had contact with a crisis service at some time in their lives

Primary Care

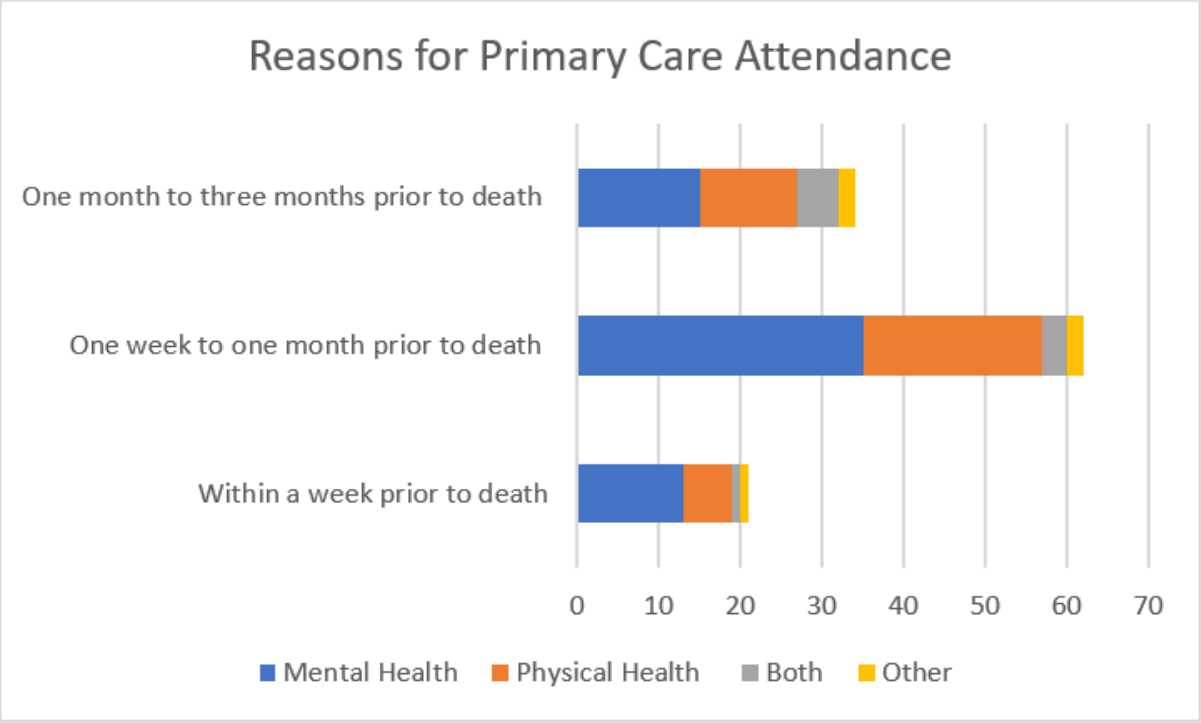
In the audit population, more than 1 in 10 people (11%) had been in contact with their GP within one week prior to their death and nearly 1 in 3 (32%) within one month prior to their death.

Nearly half of the audit population (49%) had come into contact with Primary Care in the 3 months prior to their death (calculated by combining “within the previous week”, “within the previous month” and “within the previous three months”).

For those that had come into contact with Primary Care in the three months prior to their death, 60% were male.

Figure 18 shows the primary reason for primary care attendance

Figure 18
Reasons for Primary Care Attendance in those most recently attending



Mental Health Services

66% of the audit population had never come into contact with Mental Health Services.

For those who had contact with Mental Health Services, 42% were in contact three months prior to their death and 24% of those had expressed suicidal ideation.

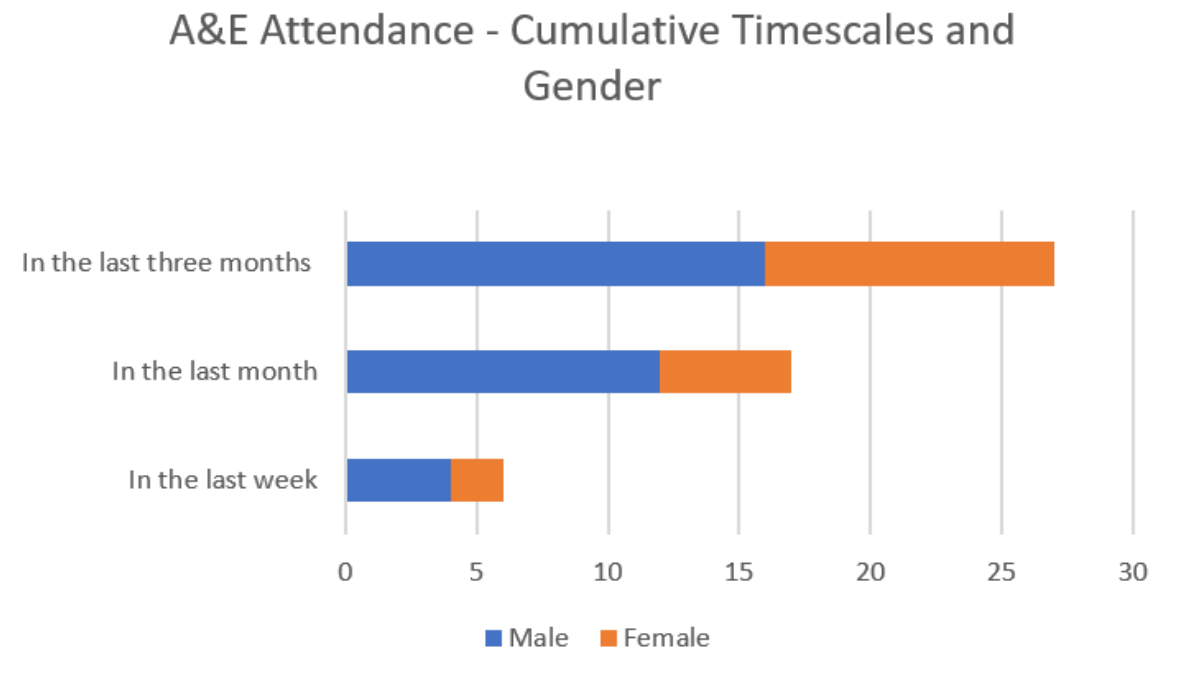
55% of those in contact with mental health services in the audit population were male.

A&E Attendance

A third of all of those in the audit population had an A&E attendance on their records (at some time in their lives) with 62% recorded as being for a mental health problem.

The following demonstrates the cumulative breakdown of the timeframes of the most recent attendances.

Figure 19
A&E Attendance by gender for those most recently attending



Community Healthcare Services

21% of the audit population had been in contact with community based healthcare services within the last year. 61% of those accessed for mental health support

Crisis Services

22% of the audit population had a recorded contact with a MH crisis service at some time in their lives.

Of those, only 4 had had contact in the week prior to the death, 12 within a month prior to the death with the majority having accessed crisis support more than a year ago.

Appendix One Acknowledgements

Lead Author - **Rachel Brighton** - Health Improvement Principal (Public Mental Health) - Leeds City Council

Adam Taylor Senior Information Analyst Integrated Digital Services - Leeds City Council

Other Contributors

Lucy Insam - Health Improvement Specialist (Public Mental Health) - Leeds City Council

Caron Walker - Chief Officer/Consultant in Public Health (Public Mental Health/Localities/Migrant Health/communities of interest) - Leeds City Council

Laura Hodgson - Head of Public Health (Public Mental Health) - Leeds City Council

Ryan Rothery - Health Improvement Specialist (Public Mental Health) - Leeds City Council

Lizzie Greenwood - Health Improvement Principal (Public Mental Health) - Leeds City Council

Dr. Alex Thompson - Public Health Registrar - Leeds City Council

We are grateful to many colleagues and partners for their contributions and continued support throughout the entire audit process.

We would particularly like to thank HM Coroner Mr Kevin McLoughlin, Simon Walker, and all those in the West Yorkshire Eastern Coroner's Service for their continued commitment to the suicide prevention agenda.

We would also like to particularly thank Matt Curley and Kelly Zuc, colleagues in the Public Health Intelligence team at Wakefield Council, who were integral in data collection alongside Kerry Badger a registrar in Public Health in Leeds City Council at the time.

We would also like to acknowledge all of the families, friends, colleagues and communities who have lost someone to suicide aswell as those delivering services, working to create a caring and compassionate City and all those looking out for others and checking in on their friends and families.

Appendix Two - Data

ONS data on Suicide

The Office of National Statistics releases data on suicides every year at the start of September.

Downloadable excel spreadsheets are available from the ONS website showing information for suicide registrations that happened in a given calendar year, including in each local authority area.

A registration happens following an inquest at a coroner's court. There are delays between the date of the suicide and the date of the inquest and so the number of registrations in a year does not equal the number of suicide deaths in that year.

In England and Wales, all deaths by suicide are certified by a coroner and cannot be registered until an inquest is completed. This results in a delay between the date the death occurred and the date of registration.

For suicides, the median registration delay for England was 180 days in 2021 (up from 165 days in 2020) and 291 days for Wales (up from 214 days in 2020). The median registration delay in both countries increased to its highest level since 2001, and was likely explained by the continuing disruption to inquests caused by the coronavirus (COVID-19) pandemic.

Delays can vary considerably from coroner to coroner.

ONS data covers male/female gender and age only.

Counts and Rates

It is important to understand the difference between suicide registration rates and suicide registration counts.

Counts - the ONS publish the number of suicides registered each year by local authority, as well as regionally and nationally.

Rates – the ONS publish Age Standardised Mortality Rates as a more reliable way of understanding trends in the suicide data ie how it is changing over time.

Data Collection Notes

The audit included one trans woman who identified as female. They are therefore included in female categories in this audit.

Authors of the Leeds suicide Audit recognise the importance of more thorough data collection on ethnicity and in future would advocate for recording categories recommended by Central Government to be used. Data in this field therefore remains limited.

Percentages have been rounded up rather than using decimal places.

Appendix Three Glossary and Key terms

Key term	Definition
Balance of probabilities	When an event is proved on a 'balance of probabilities', it is more likely than not to have occurred. It means that the event having occurred is probable, i.e. the probability of the event occurring is over 50%.
Beyond reasonable doubt	A legal term whereby if something is proved 'beyond reasonable doubt', it is shown to be almost certainly true.
Burden of proof	A legal standard that requires parties to demonstrate that a claim is valid or invalid based on facts and evidence.
Core Cities	A collaborative advocacy network of ten city councils representing ten large regional cities outside of Greater London (Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield). The Core Cities group serves as a delivery partner for Government and its agencies.
Decile	A quantitative method of splitting up a set of ranked data into 10 equally sized subsections. A decile therefore represents 1 out of 10 (10%) of the sample or population.
Postvention	Timely and appropriate interventions that are conducted after a suicide, largely taking the form of support for those who are bereaved (including family, friends, colleagues, neighbours and peers). Those who are bereaved by suicide are more likely to be at increased risk of suicide themselves.
Quintile	A quantitative method of splitting up a set of ranked data into five equally sized subsections. A quintile therefore represents 1 out of 5 (20%) of the sample or population.
Rate	A measure of the frequency with which an event occurs in a defined population over a specified period of time.

Report author: Angela Brogden

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Work Schedule

Date: 13th February 2024

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as a document that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.
- The Scrutiny Board Procedure Rules also state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include 'to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.
- The latest version of the Board's work schedule is attached to this report for the Board's consideration.

Recommendations

Members are requested to note this report and accompanying appendices and to consider the Scrutiny Board's work schedule for the 2023/24 municipal year.

What is this report about?

1. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year and therefore the latest version of the Board's work schedule for the remainder of the municipal year is attached as Appendix 1 for Members' consideration.

   Developing the work schedule

2. When considering any developments and/or modifications to the work schedule, effort should be undertaken to:

   - Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring, a particular issue.
   - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
   - Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
   - Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
   - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

3. To deliver the work schedule, the Board may need to undertake activities outside the formal schedule of meetings – such as working groups and site visits. Additional formal meetings of the Scrutiny Board may also be required.

   Developments since the previous Scrutiny Board meeting

   Community Health and Wellbeing Service (CHWS) pilot programme

4. In view of timeframe changes made to the CHWS pilot programme, the Chair has agreed that an update report will now be scheduled for the Scrutiny Board's July 2024 meeting.

What impact will this proposal have?

5. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year.

How does this proposal impact the three pillars of the Best City Ambition?

☒ Health and Wellbeing ☒ Inclusive Growth ☒ Zero Carbon

6. The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the priorities set out in the Best City Ambition.

What consultation and engagement has taken place?

Wards affected:		
Have ward members been consulted?	☐ Yes	☐ No

7. The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources prior to agreeing items of work.

What are the resource implications?

8. Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.

9. The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met.

10. Consequently, when establishing their work programmes Scrutiny Boards should consider the criteria set out in paragraph 2.

What are the key risks and how are they being managed?

11. There are no risk management implications relevant to this report.

What are the legal implications?

12. This report has no specific legal implications.

Appendices

- Appendix 1 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2023/24 municipal year.

Background papers

- None.

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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2023/2024 Municipal Year

June 2023	July 2023	August 2023
Meeting Agenda for 13/06/23 at 1.30 pm.	**Meeting Agenda for 11/07/23 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**
Co-opted Members (DB) Scrutiny Board Terms of Reference (DB) Potential Sources of Work (DB) Performance Update (PM) Innovation in Health and Care in Leeds (PSR)	Leeds Mental Health Strategy 2020 - 2025 (PSR) Healthy Leeds Plan Refresh (PSR) Leeds Tier 3 Specialist Weight Management Service – Scrutiny Board Statement (PSR)	
Working Group Meetings		
Health Service Developments Working Group 28/06/23 @ 3pm.		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2023/2024 Municipal Year

September 2023	October 2023	November 2023
Meeting Agenda for 12/09/23 at 1.30 pm.	**Meeting Agenda for 10/10/23 at 1.30 pm.**	**Meeting Agenda for 07/11/23 at 1.30 pm.**
Access to General Practice (PSR) Director of Public Health Annual Report 2022 (PM) Formal Response to Scrutiny Statement re: Leeds Tier 3 Specialist Weight Management Service (PSR)	Leeds Health and Care System Resilience and Winter Planning (PSR) Workforce challenges impacting on health and care service delivery in Leeds (PSR) Home First Programme (PSR)	Leeds Safeguarding Adults Board Progress Report (PSR) Street-lives Thematic Review (PSR)
Working Group Meetings		
	Neurodiversity assessments for children (PSR) 23/10/23 @ 10 am. (*A summary of this meeting was shared with the Board in November*).	Access to local NHS Dental Services (PSR) – 16/11/23 @ 10 am. (*A summary of this meeting was shared with the Board in January*).
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2023/2024 Municipal Year

December 2024	January 2024	February 2024
No Scrutiny Board meeting scheduled	**Meeting Agenda for 16/01/024 at 1.30 pm.**	**Meeting Agenda for 13/02/24 at 1.30 pm.**
	Leeds Teaching Hospitals NHS Trust Out of Hours Bereavement Arrangements (PSR) Performance Report (PM) Financial Health Monitoring (PSR) 2024/25 Initial Budget Proposals (PDS)	Leeds Drug and Alcohol Strategy (PSR) Suicide Prevention Action Plan (PSR)
Working Group Meetings		
2024/25 Initial Budget Proposals (PDS) 18/12/23 @ 11 am.		NHS Finance Update (PSR) 26/02/24 @ 1 pm.
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2023/2024 Municipal Year

March 2024	April 2024	May 2024
Meeting Agenda for 12/03/24 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
A themed focus on supporting healthy weight and active lifestyles to include the following elements (PSR): ➢ Existing and developing healthy weight management actions/initiatives. ➢ Updated position on the Tier 3 Weight Management Service recovery work and service redesign plans. ➢ Progress on the Physical Activity Ambition. End of year statement		
Working Group Meetings		
Site Visits/Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring