

**Report of:** Director of Public Health/Leeds Strategic Suicide Prevention Board

**Report to:** Leeds Health and Wellbeing Board

**Date:** 21<sup>st</sup> March 2024

**Subject:** Leeds Suicide Prevention Action Plan (2024-27) and Leeds Suicide Audit (2019-21)

Are specific geographical areas affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number: Appendix number:		

**Summary of main issues**

Suicide is preventable. Leeds is committed to reducing the number of lives lost to suicide. 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 and are rarely down to one reason, this is why no one organisation is able to directly influence factors alone.

The development of the Leeds Suicide Prevention Action plan - overseen by the Leeds Strategic Suicide Prevention Group with support from the Suicide Prevention Network - demonstrates our strategic and collaborative approach. Local and national data ensures effective targeting of resource in Leeds and ongoing monitoring ensures our work can respond to minimise harm and prevent future deaths.

**Recommendations**

The Health and Wellbeing Board is asked to:

- a) Note the headlines of the report which include the most recent data on suicide, references to the published evidence 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;
- Recognising that suicide is preventable
  - Providing quality suicide prevention training for staff and volunteers
  - Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
  - Becoming a suicide prevention champion and supporting others to do so
  - Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
  - Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.
  - Developing and delivering programmes of work to prevent suicide
- d) Support the work of the Leeds Strategic Suicide Prevention group in advocating for improved recording of protected characteristics, especially ethnicity data, via the Coronial process, by co-signing a letter to HM Chief Coroner alongside the Leeds Adults, Health and Active Lifestyles Scrutiny Board.

## 1 Purpose of this report

- 1.1 This paper and supporting documents provide the Leeds Health and Wellbeing Board with an update and overview of the Leeds Suicide Prevention Action Plan (2024–27). This includes the approach taken in developing the Plan as well as updated national and local evidence base, data and guidance reports including the Leeds Suicide Audit (2019–21).

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

- 1.2 This paper also highlights the importance of taking a collaborative system-wide approach to preventing suicide with a request to the Board and Board members to ensure suicide prevention is a priority across the system.

## 2 Background information

- 2.1 The most recent data (published by the Office for National Statistics in December 2023) shows that the Leeds suicide rate for 2020-2022 is 11.9 deaths by suicide per 100,000 population (lower than the rate of 13.3 per 100,000 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.

- 2.2 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 and this is why no one organisation can directly influence them.

- 2.3 The Leeds Suicide Prevention Action Plan has been collaboratively developed by the Leeds Strategic Suicide Prevention Group. The group brings together key organisations and leaders from across the city to oversee the delivery of the suicide prevention action plan for Leeds. The overarching principles of the group are to use a whole-systems, life-course and evidence-based approach to leading the work. Organisations are represented by their ability to use their influence and impact to reduce the suicide rate in Leeds.

- 2.4 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. Postvention is a preventative approach following a suspected suicide to promote healing and mitigate the negative effects of a person's exposure to suicide.
- 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 Prevention 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 of the work to date - and through connections across the region - ensure we are continuing to build on evidence-based programmes of work.

2.5 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

2.6 The National Strategy highlights the following 8 key priorities for action:

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

8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

2.7 The national plan and national data are used alongside other key guidance documents to direct resource and action in Leeds. 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) and additional resources through third sector partners including The Samaritans.
- The NHS Long Term Plan (NHS, 2019)
- Suicide Prevention – Quality Standard (NICE, 2019)

### 3 Main issues

3.1 The Leeds Suicide Prevention Action Plan uses local data alongside national data, guidance and published evidence to ensure actions and priorities are targeted and based on common risk factors for specific populations in Leeds. Data used include the Leeds Suicide Audit (2019–21) published by Leeds City Council Public Health in November 2023 [Leeds Suicide Audit 2019 - 21](#) and real time suspected suicide surveillance data supplied through partnership working with West Yorkshire Police.

3.2 The Office for Health Improvement and Disparities (OHID) recommends every local authority carries out a Suicide Audit with the local Coroner's Office regularly to understand common risk factors, demographics, methods used and access to services by people who have taken their own life. This data also allows 'deep dives' to explore a wide variety of circumstances which provides rich information about a person's life. It also helps us understand trends and help with targeting prevention activity.

3.3 The Leeds Suicide Audit (2019–21) was published on the Leeds Observatory in November 2023 and has been used to help shape the action plan. The main findings of the Audit included;

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

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

3.4 Although there was mention of mental health difficulties in many cases (85%), about two-thirds (66%) of people in the audit had not been recorded as having been in contact with a mental health service. It is important, therefore, that suicide prevention work focusses on the wider determinants of health (such as poverty, housing, employment and education), the built environment, social contacts and getting messages out to a wide variety of employers and staff groups. While access to mental health services has an important place in supporting people when they need it, the Suicide Prevention Strategy and Action Plan rightly focuses on the approaches that support people to stay mentally healthy and connected to families, friends and communities, with a recognition that all the wider factors all contribute to the prevention of suicide.

3.5 In addition to the Audit data, on a weekly basis, data on suspected suicides is shared by West Yorkshire Police. This is primarily for surveillance purposes but also 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.

3.6 We consider that suicide prevention is everyone’s business and that a multi-agency approach is crucial to reducing suicides. A multi-agency and cross sector approach allows us to remain focussed and ensure that data continues to be used to inform action and allow us to collectively maximise our limited resources to prevent future deaths.

3.7 Our new Leeds Suicide Prevention Action Plan recognises the need to continue to monitor and respond appropriately to the suspected suicide surveillance data. This includes the development of a community response plan, including responses to identified clusters of suicide, e.g. in a locality or a setting, that will be used, where necessary, as agreed by the Leeds Strategic Suicide Prevention Group. Given the complexities of suicide and suicide prevention and the wealth of

evidence and data outlined above, we ensured the action plan was developed in collaboration with a wide range of partners.

- 3.8 A workshop was convened in October 2023 by the Leeds Suicide Prevention Network where colleagues presented data followed by facilitated group discussions around understanding priorities, what currently works well and what else could be developed to prevent suicide in Leeds. A range of organisations were represented including the third sector, prisons, the wider criminal justice system, West Yorkshire ICB and NHS providers, Leeds City Council, the Coroner's Office and those with lived experience of being bereaved by suicide.
- 3.9 This approach was replicated with members of the Leeds Strategic Suicide Prevention Group a month later which included Leeds City Council (including public health colleagues – Public Mental Health and Children and Families, Communications, Highways and Safeguarding), West Yorkshire ICB, primary care colleagues, third sector organisations, HM Coroner's Office, Leeds & York Partnership Foundation Trust (LYPFT) and local universities.
- 3.10 The plan contains actions, learning and programmes of work that have been delivered in Leeds or other local authority areas with positive outcomes. This includes;
- continued commissioning of postvention support linked to regional suspected suicide surveillance monitoring through the Leeds Suicide Bereavement Service;
  - further annual rounds of third sector grants programme enabling local projects to be developed and delivered.
- 3.11 The Leeds Suicide Prevention Action Plan is a live document so to respond to on-going needs and capacity across lead organisations, dates and actions will change as the life of the plan progresses. The Plan comprises six 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 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 policies to minimise harm by the safe and sensitive removal of memorials. Work programmes to be explored and developed with providers may include the 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 to irresponsible media reporting and the continued development and sharing of appropriate language guidance and support for any organisation working on communications or with the media.

#### **(vi) Make suicide prevention everybody's business**

Including ongoing development and delivery of campaigns, promotion of the West Yorkshire (WY) suicide prevention champions programme (WY Suicide Prevention Champions) and supporting a training offer targeting people who may work and/or volunteer with those at a higher risk of suicide.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

4.1.1 Engagement through the Leeds Suicide Prevention Network and Strategic Group ensures the development of the plan includes the voices of those with lived experience. This also includes those who work directly with and provide leadership around work to support people who may be at higher risk of suicide.

4.1.2 The Audit findings and Action Plan was discussed with elected members at the Adults, Health and Active Lifestyles Scrutiny Board at Leeds City Council. They highlighted;

- The wealth of good data and evidence provided to support the work
- the need for improved data collection and supported co-signing a letter from the Executive Member for Adult Social Care, Public Health and Active Lifestyles to HM Chief Coroner;
- opportunities to learn from other areas of the country working with large sports clubs;
- support for working alongside the Community Mental Health Transformation and crisis service colleagues to support people with complex and enduring mental health problems.
- the importance of making connections with primary care.

### **4.2 Equality and diversity / cohesion and integration**

4.2.1 The plan and its implementation contributes directly to the Best City Ambition, particularly the Health and Wellbeing pillar, 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.

- 4.2.2 We know from national evidence that some groups of people are under-represented in the local data, due to limitations in how data is collected and shared. The plan recognises this and will continue to reflect work to prevent deaths for communities where less is known locally but national evidence indicates a higher risk.
- 4.2.3 Leeds Suicide Prevention Strategic Group will undertake work to better understand the needs of people who frequently face additional barriers to accessing support eg people who are neurodiverse and people with lesser known risk factors, e.g. women within 12 months of childbirth. We have a specific action in relation to writing to HM Chief Coroner to advocate for improved recording of protected characteristics, especially ethnicity data, to ensure that there is an accurate record of suicides by ethnicity and that prevention responses can reflect this.
- 4.3 **Resources and value for money**
  - 4.3.1 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 advocacy, action planning and data analysis to support the prevention of suicide.
  - 4.3.2 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, supporting the city-wide Network and strategic leadership to deliver preventative approaches and community responses. This is met through the Public Health grant.
  - 4.3.3 Partners of the Leeds Strategic Suicide Prevention Group deliver action across the city within their respective organisations and take a proactive approach to prevent suicide focussing on the wider determinants of health, the built environment, communications and the delivery of specialist services.
  - 4.3.4 Additional funds, resource and capacity across the system would lead to increased activity and the opportunities to further prevent suicide.
- 4.5 **Legal Implications, access to information and call In**
  - 4.5.1 There are no legal or access to information implications of this report. It is not subject to call in.
- 4.6. **Risk management**
  - 4.6.1 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 impacts or policy.

- 4.6.2 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.

## 5 Conclusions

- 5.1 Leeds is committed to preventing suicide and taking a collaborative approach recognising all organisations can play a part in preventing future deaths. The Leeds suicide rate remains higher than the England rate and that of all core cities with local data highlighting opportunities to take evidence based and targeted approaches to reduce the rate.
- 5.2 Actioning recommendations and recognising that suicide is preventable supports the priority of making suicide prevention everybody's business leading to a continued reduction in the number of lives lost to suicide in Leeds.

## 6 Recommendations

The Health and Wellbeing Board is asked to:

- a) Note the headlines of the report which include the most recent data on suicide, references to the published evidence 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;
  - Recognising that suicide is preventable
  - Providing quality suicide prevention training for staff and volunteers
  - Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
  - Becoming a suicide prevention champion and supporting others to do so
  - Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
  - Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.

- Developing and delivering programmes of work to prevent suicide
- d) Support the work of the Leeds Strategic Suicide Prevention group in advocating for improved recording of protected characteristics, especially ethnicity data, via the Coronial process, by co-signing a letter to HM Chief Coroner alongside the Leeds Adults, Health and Active Lifestyles Scrutiny Board.

## **7 Background documents**

- The Leeds Suicide Audit (2019-21) can be accessed <https://observatory.leeds.gov.uk/wp-content/uploads/2023/11/Leeds-Suicide-Audit-2019-21.pdf>
- Appendix 1: The Leeds Suicide Prevention Action Plan
- Appendix 2: 'Creating Hope Through Language' Guide

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# Implementing the Leeds Health and Wellbeing Strategy

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## **How does this help reduce health inequalities in Leeds?**

The proposals in this report directly contribute to the three pillars of our Best City Ambition, particularly the Health and Wellbeing pillar, that in 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. The Leeds Suicide Prevention Action Plan uses local and national data alongside the published evidence to direct and target resources to prevent future deaths. It also recognises where less is known or existing data collection methods limit what is known locally and includes actions to improve this.

## **How does this help create a high quality health and care system?**

A multi-agency, partnership approach ensures we are able to collectively understand risk and what works to prevent suicide across the health and care workforce, the built environment and services that support and impact on the wider determinants of health. All partners of the Health and Wellbeing Board can and do contribute to efforts in preventing suicide which leaves profound and devastating impacts on families, friends, colleagues and service providers. Additional actions such as providing suicide prevention training, understanding and addressing risk factors, minimising access to means and methods, promoting protective factors and offering timely postvention support will contribute to a high quality health and care system with fewer deaths by suicide in Leeds.

## **How does this help to have a financially sustainable health and care system?**

The cost of an individual suicide has been previously calculated as £1.67m, with 70% of that figure representing the emotional impact on relatives. Suicide prevention efforts contribute to reduced healthcare costs, easing the burden on mental health services and promoting overall community wellbeing.

## **Future challenges or opportunities**

This paper highlights the need for a collaborative approach to preventing suicide in Leeds and some opportunities that can be considered across all partners. These include;

- Providing quality suicide prevention training for staff and volunteers
- Supporting citywide campaigns promoting protective factors for good mental health and wellbeing
- Becoming a suicide prevention champion and supporting others to do so
- Referring and/or offering bespoke and timely postvention support to anyone bereaved or affected by suicide
- Supporting our aim to reduce the stigma associated with suicide by creating safe spaces for challenging stigma and practices that may cause harm to others.
- Developing and delivering programmes of work to prevent suicide