

Suicide Prevention Action Plan for Leeds 2018-2021

Leeds Strategic Suicide Prevention Group – Refresh January 2020

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Suicide Prevention Action Plan for Leeds 2018 - 2021

Purpose

The Suicide Prevention Action Plan for Leeds sets out the direction and priorities for the city's suicide prevention agenda for the period 2018-2020. This is a working document, used as a framework to guide local action and activity. This action plan also demonstrates citywide investment matched to key areas of action in line with national policy, intelligence and the most recent Leeds Suicide Audit (2014-2016). This direction then reflects "The Leeds Approach" to suicide prevention across the city (see Appendix 1).

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

Scope

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

The scope of this action plan is informed by priorities relating to local needs, national policy and the evidence-base for suicide prevention, including the recommendations from both the [Leeds Suicide Audit \(2014-2016\)](#) and the national strategy refresh [Preventing Suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives \(January 2019\)](#). This includes interventions commissioned locally by the partners of the LSSPG. The plan takes a life course approach and ensures continuous links with children and families' and older people's work streams.

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

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

Background

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

1. Reduce the risk of suicide in key high-risk groups.
2. Tailor approaches to improve mental health in specific groups.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.
7. These areas for action, where relevant, formed the basis of the previous Suicide Prevention Action Plan alongside the findings from the Leeds Suicide Audit published in 2019.

National updates

In January 2019 the national suicide prevention strategy was refreshed in the form of the [Fourth Annual Progress Report](#). Alongside this, the first [Cross-Government Suicide Prevention Workplan](#) was published, which aims to drive progress across all sectors of national and local government to continue to reduce suicides. In May 2019, the Samaritans produced an independent progress report on [Local Suicide Prevention Planning in England](#), where the Leeds Suicide Prevention Action Plan was included as a case study and rated 'outstanding'.

Alongside the key areas for action, the refreshed strategy (2019) has also prioritised:

1. Working in partnership with local government to embed their local suicide prevention plans in every community;

2. Delivering our ambition for zero suicide in mental health inpatients and improving safety across mental health wards and extending this to whole community approaches;
3. Addressing the highest risk groups including middle-aged men and other vulnerable groups such as people with autism and learning disabilities, and people who have experienced trauma by sexual assault and abuse;
4. Tackling the societal drivers of suicide such as indebtedness, gambling addiction and substance misuse and the impact of harmful suicide and self-harm content online;
5. Addressing increasing suicides and self-harming in young people; and
6. Improving support for those bereaved by suicide

The following key documents inform the content of the current action plan:

- [Preventing suicide in public places](#) (Public Health England, 2015).
- [Identifying and responding to suicide clusters and contagion](#) (Public Health England, 2015).
- [Suicide Prevention](#) (House of Commons Health Committee, 2016).
- [Local suicide prevention planning guide](#) (Public Health England, 2016).
- [Government response to the Health Select Committee's Inquiry into Suicide Prevention](#) (Department of Health, 2017).
- [National Confidential Inquiry into Suicide and Homicide by People with Mental Illness](#) (University of Manchester, 2017).
- [Prevention concordat for better mental health](#) (Public Health England, 2017).
- [Support after a suicide: A guide to providing local services](#) (Public Health England, 2017).
- [West Yorkshire and Harrogate Suicide Prevention Plan \(STP\) \(2017\)](#) (West Yorkshire and Harrogate Partnership, 2017).
- [Suicide prevention: A guide for local authorities](#) (Local Government Association, 2017).
- [Five Year Forward View for Mental Health – One year on](#) (NHS England, 2017).
- [Local Suicide Prevention Resources: Case Studies & Information sheets](#) (National Suicide Prevention Alliance in association with Public Health England, 2017).
- [Nobody Left Behind: Good Health and a Strong Economy](#) (Leeds City Council, Director of Public Health, 2018).
- [Preventing Suicide in England: Fourth Progress Report of the Cross-Government Outcomes Strategy to Save Lives](#) (Public Health England, 2019).

- [Cross-Government Suicide Prevention Workplan](#) (Public Health England, 2019).
- [The NHS Long Term Plan](#) (NHS, 2019).
- [Suicide Prevention – Quality Standard](#) (NICE, 2019).

Local picture

The three main drivers of this action plan are the national strategy, the findings from the Leeds Suicide Audits and real time surveillance. The plan focuses on local priorities and needs that align within the approaches set out in the refreshed national strategy. A visual was developed to demonstrate the [Leeds Approach](#) to suicide prevention (Appendix 1).

Leeds Suicide Audit (2014-2016)

The latest Leeds Suicide Audit was published in September 2019. This audit looked at deaths that occurred over the three year period 2014 - 2016. The key findings from the Leeds Suicide Audit (2014–2016) can be found in Appendix 3.

The Leeds Suicide Audit (2014–2016) recommended 12 areas of priority for suicide prevention in Leeds:

1. Engage partners from a wide range of organisations, ensuring key suicide prevention work is undertaken by skilled people who have access to the groups identified as most at risk. Support partners to embed effective actions within their own action plans across the city that link to the Leeds Strategic Suicide Prevention Plan.
2. Target interventions towards those identified as most at risk. Every agency working to prevent suicide should consider how their work promotes resilience and good mental health, whilst reflecting the needs of the local population.
3. Actions to reduce risk for people in contact with the criminal justice system to include points of transition, first contact, early days of custody and the pre- and post-release period. Link the suicide prevention agenda to other plans in the city where criminal justice work is being prioritised.
4. Work with primary care to increase the recognition of those at risk of suicide. This audit shows that half of the people had contact with primary care within three months of their death. Clinical Commissioning Group partners to work collaboratively with Leeds City Council, frontline services and the voluntary sector, ensuring acute and community services are better joined up, avoiding gaps in support during transitions and improving access for those that need it most.
5. Appropriate management of poor mental health at an early stage, including swift access to care, with family and friends involved in care planning where appropriate. Research shows that those with depression and other mental illnesses can

benefit from a range of interventions both pharmacological (Zalsman, et al., 2016; Reinstatler & Nagy, 2015; Cipriani, Hawton, Stockton, & Geddes, 2013) and psychosocial (Zalsman, et al., 2016; Donker, et al., 2013) and these can reduce the risk of suicide. Ensure healthcare strategies are aligned and embed relevant recommendations from the latest Leeds Suicide Prevention Action Plan.

6. Continue to develop real time surveillance including data from partners to tailor specific activity around reducing the means of suicide. Partners should include West Yorkshire Police along with the transport and rail sector to inform future local action.
7. Continue to work with the local media to dispel myths around any high-frequency locations (should they arise) as an effective means of suicide prevention.
8. Continue to prioritise postvention interventions that are aimed towards those who are bereaved by suicide, and ensure that the Leeds Suicide Bereavement Service receives timely referrals from local organisations.
9. Engage with partners who are most likely to be in early contact with those who are bereaved by suicide (e.g. Accident and Emergency departments, West Yorkshire Police, Coroner's office) to ensure early access to appropriate services.
10. Continue to work with colleagues in the media and promote the use of the national guidelines developed in Leeds in partnership with the National Union of Journalists.
11. Continue to undertake a suicide audit at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city.
12. Continue to inform partners on suicide intelligence using the audit, real time surveillance and Office for National Statistics mortality statistics, so that relevant organisations can develop coordinated responses to both emerging risks and clusters should they arise.

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

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

Suicide Prevention Action Plan for Leeds (2018-2021)

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
1. Leadership for Suicide Prevention	<ul style="list-style-type: none"> Chair and support an effective citywide multi-agency strategic suicide prevention group overseeing the delivery of the action plan. 	LCC PH	<ul style="list-style-type: none"> Evidence of strategic leadership and influence; progress on activities relating to the action plan. The content of the action plan will reflect activity across the group from all partners. Quarterly meetings with minutes and actions from activity of LSSPG and task groups (e.g. Primary Care Group). Review of the Suicide Prevention Action Plan for Leeds. Submitted both the Leeds Suicide Prevention Action Plan and our self-assessment of the Suicide Prevention Action Plan to the DH/ LGA/ PHE. Ensure Local Authority Mental Health Champions (Cllr Charlwood, Executive Member for Health, Wellbeing and Adults – Chair of the Health and Wellbeing Board, and Tom Riordan, Chief Executive of LCC) are kept informed of progress and are active suicide prevention champions. 	<p>Ongoing</p> <p>Ongoing</p> <p>Quarterly</p> <p>Annual</p> <p>2019</p> <p>Quarterly</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
City Wide	<ul style="list-style-type: none"> Identify funding, commissioning resources and opportunities for related suicide prevention activity and insight. 	LSSPG	<ul style="list-style-type: none"> The content of the action plan to reflect a range of funding sources and partners involved. 	Annual review (with a final review in 2020)
	<ul style="list-style-type: none"> Ensure that LSSPG members advocate on behalf of suicide prevention approach and have targeted activity in their local work plans including world suicide prevention day. 	LCC PH NHS Commissioners	<ul style="list-style-type: none"> Co-ordinate awareness and annual activity for citywide World Suicide Prevention Day (10th September) and links to the action plan. 	Completed by the end of September every year
	<ul style="list-style-type: none"> Maintain strong links to the Leeds Mental Health Partnership Board, Health and Wellbeing Board (HWBB), CCG Boards, Health Care strategic meetings and relevant Children and Young People's strategic groups. 	LCC PH	<ul style="list-style-type: none"> This ensures all suicide prevention work is undertaken with full collaboration and understanding of the broad agenda as set out in the Leeds Approach. This will demonstrate a joined up and coordinated approach across the life course. 	Ongoing
	<ul style="list-style-type: none"> The Leeds Suicide Prevention Action Plan underpins the Mental Health Prevention Concordat 	LCC PH	<ul style="list-style-type: none"> The Leeds Suicide Prevention Action Plan is fully included in the Leeds Mental Health Prevention Concordat. 	To be reviewed in 2020
Regional	<ul style="list-style-type: none"> Contribute and influence regional strategic groups particularly the following: <ul style="list-style-type: none"> PHE Communities of Interest (COI) 	LCC PH	<ul style="list-style-type: none"> To demonstrate collaboration and links with regional networks, partners and colleagues to share best practice in suicide prevention work. 	Ongoing

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

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> Offer bespoke support for local agencies wanting to engage and develop interventions in relation to working with vulnerable men at risk of suicide: Including specific groups identified from the Leeds Suicide Audit (2014-2016) as being high risk, such as those with a history of drug/ alcohol abuse, adverse childhood experiences, contact with the criminal justice system, experience of domestic violence (both victims and perpetrators), those in poor physical and mental health Provide relevant and targeted suicide prevention training to front line staff working with men at risk of suicide and their communities / families. 	<p>LCC PH Touchstone Leeds Mind</p> <p>LCC PH Health Care Services CCG Police Services</p>	<ul style="list-style-type: none"> Creation of a shared local database to support new partners engaging with work around men at risk of suicide. This will help demonstrate how we share knowledge and activity in Leeds e.g. establishing strong links with local employers, construction industry and communities. Identify and engage with potential partners working with vulnerable men at risk of suicide (i.e. debt advice, housing, building industry, gambling industry) Commissioning of community based suicide prevention and awareness training (SafeTALK, ASIST) to be delivered to targeted communities and local workforce in line with Leeds Suicide Audit findings (including understanding evidence-base around LGBTQ+ risk and targeted promotion of training). Bespoke training commissioned for healthcare wider workforce. 	<p>Ongoing – annual review</p> <p>Ongoing</p> <p>Quarterly contact monitoring of the service</p> <p>Review every 6 months</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> Ensure commissioned community health development services target men at risk of suicide and develop evidence-based work (MHL, green gyms, men's groups, walking groups e.g. Better Together). Suicide prevention work with men at risk continues to be an effective and key focus within MHL, LSBS and Your Space. 	<p>LCC PH Touchstone with third sector partners</p> <p>LCC PH Touchstone</p> <p>Leeds Mind / LSLCS</p>	<ul style="list-style-type: none"> Bespoke suicide prevention training for the local police workforce. Engagement with regional suicide prevention activity and partners around developing wider workforce support (including training and resources) with men at risk of suicide. Demonstration of increased activity of suicide prevention work with men at risk of suicide e.g. local men's groups including Orion Partnership, MenFM, New Wortley Wellbeing Centre, Andy's Man club, The James Burke Foundation and private sector initiatives, Forward Leeds (Drug and Alcohol service). MHL Service launched with priority areas of work identified to include links to at men at risk of suicide in local communities. MHL, LSBS and Your Space continue to demonstrate how they have worked in collaboration targeting men at risk of suicide/ within their communities. They will also demonstrate how they have linked with broader work streams e.g. social prescribing providers, Drug and Alcohol services where appropriate, 	<p>Review every 6 months</p> <p>Review every 6 months</p> <p>Quarterly monitoring of contract and KPIs</p> <p>Annual reports</p> <p>Quarterly monitoring of contract and KPIs</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> Investment of the recurrent suicide prevention budget is spent effectively and targets men at risk of suicide in Leeds in the form of local community grants and programme managed by Leeds Community Foundation (LCF). 	LCC PH LCF	<p>Better Together, the third sector, West Yorkshire Fire and Rescue Service (WYFR) and West Yorkshire Police.</p> <ul style="list-style-type: none"> Award of grants to local community groups to deliver suicide prevention activity in targeted areas in the city through asset based commissioning; continuing the funding and sustaining best practice in grants projects Shared evaluation and learning from local grant work; findings disseminated via LSSPG partners. Evidence of work undertaken towards match funding for the grants from local businesses. Build on successful work the men's suicide prevention grants programme through sharing the learning from the workshop and ensuring these findings are disseminated locally, regionally and nationally through a best practice toolkit/ handbook. 	<p>Annual</p> <p>Annual reports</p> <p>Ongoing (Grant-led)</p> <p>Ongoing</p>
	<ul style="list-style-type: none"> To promote findings of any insight work or new ways to 	Forum Central LSSPG members	<ul style="list-style-type: none"> Delivery of citywide and locality workshops/ forums held and 	Annual

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	engage with men at risk of suicide in partnership with the third sector, for example sharing best practice from the men's suicide prevention grants learning workshop		dissemination of new / refreshed prevention work with men at risk of suicide in areas where the risk is higher e.g. Adopt a Block, High Rise Housing interventions (Clyde's and Wortley) and address work that reflects risk factors/ environmental influences.	
	<ul style="list-style-type: none"> Review progress of Adopt a Block with recommendations for next steps. 	WYFR	<ul style="list-style-type: none"> Recommendations shared with LSSPG and wider partners. 	Annual
	<ul style="list-style-type: none"> Review progress of the High Rise Housing work targeting men at risk of suicide in areas identified in the Leeds Suicide Audit ensuring links to local debt advice e.g. Clydes and New Wortley areas in the city. 	LCC PH LCC Housing / Localities teams	<ul style="list-style-type: none"> Recommendations shared with LSSPG and wider partners. 	Annual
	<ul style="list-style-type: none"> Co-ordinate promotion of Crisis Cards to men at risk of suicide and those who work with high-risk groups via local organisations, GP practices, frontline workers as well as other resources developed by men's peer groups. 	LCC PH / PHRC	<ul style="list-style-type: none"> Review use and distribution of Crisis Cards in Leeds in order to identify gaps in provision and how the cards are used. 	Annual
			<ul style="list-style-type: none"> Disseminate findings and recommendations from the Crisis Cards evaluation to share learning and good practice. 	Ongoing
		MindWell Leeds CCG Primary Care	<ul style="list-style-type: none"> Refresh information annually with partners. 	Annual

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	<ul style="list-style-type: none"> Identify opportunities for external funding for local men's groups / foundations / health care / shaped by local intelligence and Leeds Suicide Audit findings. Ensure close links to CCG commissioned work including social prescribing and digital platforms (MindMate and MindWell). 	<p>Leeds CCG Healthcare providers Third sector</p> <p>LCC PH Leeds CCG Healthcare providers</p>	<ul style="list-style-type: none"> Engage new local partners e.g. Andy's Man Club, The James Burke Foundation, and Ground Up. Securing of external funding for suicide prevention activity specifically targeting men at risk of suicide/ their communities. Commissioned social prescribing services with staff trained to identify and support men at risk, promote resilience and early signposting Close working with MindWell and MindMate colleagues to ensure suicide prevention content reflects key messages. 	<p>Annual</p> <p>Ongoing</p> <p>Annual</p> <p>Annual</p>
	<p>b) Those at risk of/ with a history of self-harm</p> <ul style="list-style-type: none"> Promote effective use of the "Supporting young people who self-harm or feel suicidal: A guide for professionals in 	<p>Primary Care LCC PH / PHRC Healthcare LCBS</p>	<ul style="list-style-type: none"> Increased use of the resource by workers engaging with people who have a history of self-harm and understand the risk of suicide in this group. 	<p>Ongoing</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<p>Leeds working with young people aged 25 and under” resource to frontline workers who work directly with people with a history of self-harm e.g. youth workers, primary care staff, education.</p> <ul style="list-style-type: none"> Commissioning of Mental Health First Aid (MHFA) and self-harm training for wider workforce who work with those who have a history of self-harm. This will reduce the risk of suicide within the target group. Ensure suicide prevention work is included in any specific self-harm reduction work within the scope of the MHL service / healthcare services with those who have a history of self-harming behaviour. 	<p>LCC PH Leeds CCG LYPFT LCH</p> <p>LCC PH LSSPG LYPFT LCH</p>	<ul style="list-style-type: none"> Continue to promote and distribute the resource in an effective and targeted way alongside the Calm Harm self-harm prevention app for young people. Wider workforce will have a greater understanding when working with people who have a history of self-harm in relation to suicide risk – evidenced through training, use of resources and challenging stigma associated with this group. Evidence that a wide range of frontline staff have received targeted training around the risk of suicide associated with individuals who have a history of self-harm. Ensure good links with Forward Leeds drug and alcohol services as appropriate. Evidence life course work with partners e.g. Children and Family services, Universities and Further Education Colleges. Demonstrate any work undertaken in quarterly monitoring and reports. Demonstrate in healthcare local plan/ strategy, e.g. Future in Mind. 	<p>Ongoing</p> <p>Ongoing</p> <p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Quarterly monitoring of contract and KPIs</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
			<ul style="list-style-type: none"> Activities planned and delivered to reduce suicide risk in this population group. 	
	c) People in care of mental health services <ul style="list-style-type: none"> Suicide prevention plan developed and in place with Leeds and York Partnership Foundation Trust (LYPFT). Continue to work with PH and other blue light services on the suicide prevention agenda. Continue commissioning targeted welfare advice service with a focus on mental health outreach for people in care of mental health services The Leeds Approach to suicide prevention will align with local strategies and frameworks (e.g. Crisis and Urgent Care Group, 136 meeting, Leeds Safeguarding 	<p>LCC PH LYPFT</p> <p>West Yorkshire Police WYFR</p> <p>LCC PH / C&C LYPFT Leeds CCG</p> <p>LCC PG LYPFT Leeds CCG</p>	<ul style="list-style-type: none"> Suicide prevention strategy for LYPFT updated and shared, links with regional plans, local crisis and urgent care group, targeting those in care of mental health services. This includes providing support for the workforce. Identified contribution of police partnership collaborative work within mental health settings (i.e. Crisis and Urgent Care Group). Newly recommissioned Welfare Advice service delivering on KPIs in quarterly monitoring. The Leeds Approach is embedded in local crisis activity and mental healthcare plans linked to local Crisis and Urgent Care Group, in relation to suicide prevention for people in care of mental health services. 	<p>Ongoing</p> <p>Annual</p> <p>Quarterly monitoring of contract and KPIs</p> <p>Annual</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	Children Partnership (LSCP) mental health strategy, SPAN, and in line with Leeds Suicide Audit findings.			
4. Develop and support effective suicide prevention activity in local primary care	<ul style="list-style-type: none"> Establish suicide prevention in Primary Care Task and Finish Group with relevant partners identified Increase recognition of those at risk of suicide in primary care settings (e.g. patients with long-term physical health conditions, untreated and/ or undiagnosed depression and referrals to the Leeds Mental Wellbeing Service). Identify practices best placed to pilot embedding suicide prevention activity. 	<p>LCC PH Primary Care Leeds CCG LCH</p> <p>LCC PH Primary Care Leeds CCG LCH</p> <p>Primary Care Leeds CCG LCH</p>	<ul style="list-style-type: none"> Agreed work plan and TOR with key roles and responsibilities focusing on primary care activity. Development of action plan for suicide prevention in primary care. Identified opportunities and approach for suicide awareness training for non-clinical/ practice reception staff (frontline, active signposting role) and awareness of those at risk of suicide in the city. Ensure links are made with MHL commissioned training resource to deliver effective targeted training. Audit of GP practice mental health displays in priority areas (LS9, 10, 11, 12, 13) undertaken to identify gaps and share good practice. 	<p>Review progress annually</p> <p>Review progress annually</p> <p>Annual</p> <p>Quarterly monitoring of contract and KPIs</p> <p>Ongoing</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
to those bereaved or affected by suicide	Leeds Suicide Bereavement Service. <ul style="list-style-type: none"> Continue to prioritise funding for postvention services by commissioning a peer led suicide bereavement service for the people of Leeds. Continue providing an effective postvention service for the people of Leeds. Contribute towards the national evidence-base and identify opportunities to promote Leeds postvention activity on a regional and national level. Ensure citywide partners are aware of the risk factors associated with suicide bereavement and advocate for early postvention interventions. 	LCC PH	<ul style="list-style-type: none"> Recurrent funding confirmed and contract awarded (June 2018) and effective mobilisation/ contract management in place. 	Ongoing
		LCC PH Leeds Mind LSBS Touchstone WY Police	<ul style="list-style-type: none"> Ensure efficient contract monitoring and quarterly reporting has been met. Evidence of delivering workshops/ speaking at national events or work cited in national guidance on postvention. 	Quarterly Annual
		LCC PH Leeds Mind LSLCS Police	<ul style="list-style-type: none"> Increased referrals made by a wide range of services including the Coroner's office, primary care, police and the third sector. New clients referred into service and receiving targeted support earlier. 	Annual Annual
			<ul style="list-style-type: none"> Use and distribution of local and national resources e.g. "Help is at Hand"/ Crisis Cards sourced from the PHRC. 	Annual

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> Support the identification of potential contagion and suicide clusters within the Leeds population and act accordingly. Work closely partners (e.g. BTP, Network Rail, Forward Leeds and LYPFT) regarding shared intelligence and early information sharing of potential deaths by suicide. 	<p>LSBS Touchstone BTP Network Rail Forward Leeds</p> <p>BTP Network Rail Forward Leeds</p>	<ul style="list-style-type: none"> Intelligence from LSBS/ police and all partners to be shared in a timely manner, ensuring local communities are supported accordingly e.g. Community Action Plan (CAP) developed at a community level. To identify potential clusters of suicide/ contagion. 	<p>Ongoing</p> <p>Ongoing</p>
6. Support the local media in delivering sensitive approaches to suicide and suicidal behaviour	<ul style="list-style-type: none"> Promote responsible reporting in the media of suicide and suicidal behaviour, using the locally developed national reporting guidelines. Work with local and regional newspapers and other media outlets to encourage them to provide information about sources of support and helplines when reporting suicide and suicidal behaviour. 	<p>LCC PH Communications</p> <p>LCC Communications LYPFT Communications</p>	<ul style="list-style-type: none"> Evidence of sensitive reporting of suicides in the media by staff who use the media guidelines. Contribute at APPG sessions on media guidelines and the work undertaken in Leeds. Demonstrate appropriate and targeted messages aimed at young people. Demonstrate links with universities and colleges who provide media / journalism training. 	<p>Ongoing</p> <p>On going</p> <p>Annual Ongoing</p>

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> Link in with local anti-stigma activity (CLASP citywide partnership). 	LCC Communications Touchstone	<ul style="list-style-type: none"> Yorkshire Evening Post #SpeakYourMind campaign coverage and wider links to communication leads across the city particularly around shared messages and approaches to challenging, stigmatising media/ reporting. 	Ongoing
	<ul style="list-style-type: none"> Support national activity around digital media messages. 	PHRC LCC Communications	<ul style="list-style-type: none"> Demonstrate links with national/ local campaigns, e.g. Samaritans and Every Mind Matters. 	Ongoing
	<ul style="list-style-type: none"> Explore opportunities to promote sensitive approaches to reporting suicides with local universities and taught journalism / media / communications courses. 	LCC Communications MindMate	<ul style="list-style-type: none"> Demonstrate sensitive reporting locally and use of guidelines. 	Ongoing
7. Improve local intelligence on suicide in Leeds to inform suicide prevention activity	<ul style="list-style-type: none"> Promote findings of most recent Leeds Suicide Audit (2014-2016) and any relevant data for Leeds. 	LCC PH	<ul style="list-style-type: none"> Current audit findings disseminated to relevant partners across the city. 	Ongoing
			<ul style="list-style-type: none"> Ensure delivery of findings are appropriate for audience. 	Ongoing

Priority	Action / Intervention	Lead Organisation	Progress (Outcomes / Milestones)	Timeline
	<ul style="list-style-type: none"> Establish a Leeds real time surveillance group with relevant partners. Expand and improve the systematic collection of and access to data on suicides through working with local and regional partners (e.g. BTP, Children and Young People's Services, Coroner's office, Network Rail and Samaritans). 	<p>LCC PH PHE Police</p> <p>LSSPG Police / BTP Network Rail Samaritans</p>	<ul style="list-style-type: none"> Development of real time surveillance systems both for the city and at a regional level ensuring appropriate intelligence is shared in a timely/ sensitive manner. Gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the city. Partners are able to articulate suicide rates in Leeds in comparison to regional and national rates whilst understanding their role in suicide prevention through the Leeds Approach; e.g. despite having a low number of deaths overall, national rates among the under 25s have generally increased in recent years. Sharing of best practice with national and regional partners e.g. BTP, West Yorkshire Police and Network Rail. 	<p>Ongoing</p> <p>Annual</p> <p>Quarterly</p> <p>Quarterly</p>

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Key terms/ Glossary

LSSPG – Leeds Strategic Suicide Prevention Group

LCC – Leeds City Council

TOR – Terms of Reference

PHE – Public Health England

LCC PH – Leeds City Council Public Health

DH – Department of Health

LGA – Local Government Associations

CCG – Clinical Commissioning Group

HWBB – Health and Wellbeing Board

LYPFT – Leeds and York Partnership Foundation Trust

SPAN – Suicide Prevention Advisory Network

LSBS – Leeds Suicide Bereavement Service

APPG – All Party Political Group

LSLCS – Leeds Survivor Led Crisis Service

ASIST – Applied Suicide Intervention Skills Training

SafeTALK – Safe Tell, Ask, Listen and Keep safe

KPIs – Key Performance Indicators

MHL – Mentally Healthy Leeds

LCF – Leeds Community Foundation

PHRC – Public Health Resource Centre

IAPT – Improving Access to Psychological Therapies

MHFA – Mental Health First Aid

LCH – Leeds Community Healthcare

C&C – Citizens and Communities

CAB – Citizens Advice Bureau

CAP – Community Action Plan

WY – West Yorkshire

BTP – British Transport Police

ICS – Integrated Care System

LSCP – Leeds Safeguarding Children Partnership

Appendix 1: The Leeds Approach



Leeds Strategic Suicide Prevention Group

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

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

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

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

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

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

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

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

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

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

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

In addition, the Chair of the Steering Group will:

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

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

Allocate responsibilities to each member of the steering group.

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

Members of the Steering Group will:

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

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

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

Accountability

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

Meeting Arrangements

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

Membership

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

- Chair: Deputy Director of Public Health and Public Health Lead for Suicide Prevention lead
 - Leeds Suicide Bereavement Service
 - Leeds Mind
 - Leeds Survivor Lead Crisis
 - Forum Central
 - Mentally Healthy Leeds
 - Touchstone
 - Leeds Community Foundation
 - Leeds City Council including;
 - Adult Social Care
 - Children and Families
 - Citizens and Communities
 - Highways and Transportation
 - Leeds and York Partnership Foundation Trust (LYPFT)
 - Leeds Teaching Hospital Trust (LTHT)
 - Leeds Community Health Care (LCH)
 - Clinical Commissioning Group
 - Primary Care Clinical Lead
 - CAMHS
 - Children's and Young People's Services
 - Education – Schools and FE / Universities
 - Offender Health
 - Prisons
 - West Yorkshire Fire and Rescue Service
 - West Yorkshire Police
 - British Transport Police
 - HM Coroner, Coroner's Office West Yorkshire
 - Network Rail
 - Private Sector Partners who are part of Mindful Employer
- * People with lived experience of being bereaved by suicide are also members of this group within the above agencies

Appendix 3: Summary of Findings

1/3 experienced financial difficulty



47%
experienced worklessness



78%
were White British

8% were from a BAME background



90% were born in the UK



43%
had contact with their GP within one month of their death

78%

had a documented history of a mental health diagnosis

Leeds Suicide Audit (2014- 16) Key Findings

In Leeds, men were **5** times more likely to end their life than women

There were **205** deaths by suicide between 2014 and 2016



83%
of the cases were male

30-39 was the most common age group for females



17%
of the cases were female

40-49 was the most common age group for males

41% lived alone



2/3 deaths occurred in the most deprived 50% of the city



58% were born in Leeds