Leicestershire, Leicester and Rutland (LLR) Suicide Prevention Action Plan 2020-23						
	Aim	Objective	Specific outcome	Milestones	Monitoring data	
Target support at key High-Risk Groups and at High Risk Settings						
(a)	high risk groups;	To use Real Time Surveillance data to understand and respond to deaths by suicide,	To develop LLR public mental health campaigns to address wider determinants of health in high risk	Spring meeting 2020: Suicide Audit and Prevention Group	Evidence of risk from annual Audits of deaths by suicide to be delivered to Spring Suicide	
(b)	Provide appropriate level of preventive support;	including emerging evidence of settings, means, demographic characteristics.	groups, access to mental health care support, including resilience and recovery services and IAPT.	(SAPG) receives reports on deaths by suicide in LLR.	Audit and Prevention Group (SAPG) meeting;	
(c)	Identify local high-risk settings;	To use available resources to	To use Suicide Audit and Prevention	Spring meeting 2020:	Clinical Commissioning Group reports concerning social	
(d)	Develop plans to mitigate risk in these settings;	protect people at an increased risk of suicide, including training, peer communicators,	Group (SAPG) resources to enhance communication and improve access to training	Task and finish group to review evidence of risk in LLR.	prescribing, access to mental health services;	
(e)	Develop plans to mitigate the impact of Adverse Childhood Experiences (ACEs);	community out-reach and bereavement support. To use public mental health approaches to increase resilience to mental illness, including for example better support for people in debt, gambling addiction, social isolation, unemployment To encourage people to seek timely appropriate support for mental illness {e.g. effective treatment for depression, measures to reduce social isolation or vulnerability to economic circumstances].	programmes. To develop cross-cutting and coordinated approaches to improve signposting to support, such as tackling unemployment, debt, stigma and discrimination. To put in place evidence-based interventions to lower risk of suicide in settings deemed to be high risk, including barriers, signage.	Spring meeting 2020: Develop reporting mechanisms to SAPG concerning hot spots. Winter meeting 2020: List local resources available to the SAPG. Create a task and finish group of SAPG in 2020 looking specifically at high risk groups and settings	Each SAPG meeting will take reports from key stakeholders and partners concerning mental health resilience and suicide prevention related activity. SAPG representative to liaise with, and report to, mental Health Partnership Boards and Health and Wellbeing Boards. Local reports to CCG commissioners on access to social prescribing and mental health services to sustain resilience to mental illness an provide support to people with anxiety and depression.	

		recognise and address the impact of Adverse Childhood Experiences (ACEs).			Number of people who are signposted to wider support networks by health and social care services.		
2. Protecting people with a history of self-harm							
()	Encourage evidence-based responses to protect people who self-harm; Work with health care commissioners to ensure best practice to protect people who self-harm; Develop and disseminate information from supportive community groups, such as the Samaritans;	To use Real Time Surveillance data to understand and respond to deaths by suicide, including emerging evidence of settings, means, demographic characteristics. To work with health care commissioners to implement NICE guidance on self-harm. To improve local monitoring of people who present with self-harm. To promote key messages which are supportive of people who self-harm and sensitively highlights suicide risk in people who self-harm.	To establish regular meetings with health care commissioners to implement NICE self-harm guidance in primary and secondary care; To ensure 'Start a Conversation' messages reflect latest best practice about protecting people who self-harm; To ensure partner organisations take every opportunity to promote key messages about self-harm and suicide risk.	Spring meeting 2020: Task and finish group to review evidence of risk in LLR. Annual report to SAPG concerning latest self-harm guidance.	Annual report on the number of people who die by suicide with a history of self-harm using Real Time Surveillance data. Report on the number of people who are trained in best practice response to self-harm in health care services. Report to SAPG by support groups about the local perceived need of people who self-harm in LLR. CCG commissioners will collect evidence towards the Public Health Outcome Framework measurement of people who self-harm		
	3. Support Primary Care to Prevent Suicide						
, ,	Work with primary care to identify and address the risk factors for suicide in their patient populations;	To challenge stigmatizing and taboo attitudes towards the issues of self-harm and suicide	To increase number of staff trained to identify suicide risk To equip primary care staff to support people bereaved by suicide.	Annual report to SAPG of people attending Suicide Awareness Training and Suicide	Number of primary care staff trained in suicide awareness and bereavement support; Evidence of improved		
(b)	Raise awareness about suicide risk in primary care by helping staff feel more confident to talk about suicide	Enhance primary care detection of and support for people at risk of self-harm		Bereavement Support Training	knowledge base and skills in primary care.		

	including IAPT and community mental health teams;					
	4. Engage with Private Sector to Enhance Their Efforts to Prevent Suicide					
(a)	Engage with the private sector to augment efforts to reduce the burden of suicide in LLR;	To establish meaningful links and support networks with the private sector to enhance mental health resilience and to address the risk factors for suicide; To deliver awareness raising training in workplaces to help achieve the specific outcomes. Specifically deliver ASIST training within workplaces to help achieve the specific outcomes.	To develop greater awareness of mental health, mental illness, suicide risk, how to support staff and mitigate risk factors; To link with LLR efforts on public mental health.	Annual report of activity to SAPG	Numbers of private sector partners pledging to 'Start A Conversation' Organisations accepting Time to Change Employers Pledge. Uptake of targeted training in the private sector	
	5. Support Provision of Enhanced Suicide Awareness Training					

(a)	Raise general awareness about suicide risk;	To empower course attendees to challenge attitudes about suicide.	To increase the number of LLR residents trained in suicide awareness	2020-23: 12 Courses of suicide awareness training with 300	Course evaluation data reported regularly to commissioners.
(b)	Help people to feel more confident in talking about suicide;	To help attendees to make an initial response to support someone who has expressed	To train and empower LLR residents to deliver community or online awareness through the Start a	delegates Annual report to	Community champions to report community and online activity.
(c)	Challenge stigmatising attitudes to suicide;	suicidal thoughts.	Conversation campaign.	SAPG	,
(d)	Promote the ethos embedded in the local and national strategies that "suicide is everybody's business";	To expand Start a Conversation community offer by developing a 'Community Champion' scheme for community promotion delivered by LLR residents		Community events delivered in each of the districts across LLR	
(e)	Highlight the importance of suicide bereavement support and how to access it;	To enhance access to suicide bereavement support		Workforce events delivered by employees (i.e. HR staff)	
		6. Better use of media (include	ling social media) to manage messag	es about suicide	
(a)	Recognise, understand and utilise different forms of media-print, on-line, social to better understand risks and to strengthen engagement with key	To increase campaign and website engagement To use Real Time Surveillance data to understand and	To use Real time Surveillance and annual audits to target specific highrisk locations/populations to increase early recognition of suicide and promote local/national support	Spring meeting 2020: Task and finish group to review evidence of risk in LLR.	Capture and analyse online advertisement data from all sources
(b)	partners to tackle suicide risk; Increase the online presence of	respond to deaths by suicide, including emerging evidence of settings, means, demographic	services. Formal links established with local	Review effectiveness and reach of first Start a Conversation social	Evidence of sympathetic and safe reporting of suicide through local media channels.
(b)	partners to tackle suicide risk;	respond to deaths by suicide, including emerging evidence of	services.	and reach of first Start	safe reporting of suicide

7. DATA: Raise awareness with better data and better use of data					
(a) Improve and use information about death by suicide in LLR;	To continue to use information about death by suicide as a way of providing timely appropriate support for people at risk of suicide, suicide hot spots and clusters To use Real Time Surveillance data as the main evidence source to inform suicide prevention policies and practices. Use data to provide appropriate support for people bereaved by suicide, and to effectively respond to suicide hot spots and clusters	To report annually on deaths by suicide in LLR, informed by Real Time Surveillance, ONS data and Public Health England Fingertips.	Spring meeting 2020: SAPG receives reports on deaths by suicide in LLR. Regular Formal reporting of Real Time data in 2020 to feed into reports from SAPG	Annual audit reports to SAPG preparatory to World Suicide Prevention Day. Quarterly reports to LLR SAPG and LLR Mental Health Crisis Care Concordat/LLR mental health programme delivery board.	

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