



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 13 NOVEMBER 2024

DRAFT LEICESTER, LEICESTERSHIRE AND RUTLAND SUICIDE PREVENTION STRATEGY 2024-2029

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to seek views of the committee on the refreshed draft Leicester, Leicestershire and Rutland (LLR) Suicide Prevention Strategy 2024-2029, as part of the consultation. The draft strategy is attached as appendix A.

Policy Framework and Previous Decisions

2. Through its public health duties, the Council has responsibility for oversight in relation to suicide prevention, working alongside the Integrated Care Board, Police, other authorities and the voluntary sector. Part of this responsibility includes collecting and analysing suicide data to inform the development of suicide prevention strategies and action plans.
3. The relevant policy framework includes:
 - a) National policy framework:
 - NHS Long Term Plan 2019 and subsequent NHS Mental Health Implementation Plan 2019/20 – 2023/24;
 - The National Suicide Prevention Strategy 2023-2028.
 - b) County Council framework:
 - Leicestershire County Council Strategic Plan Refresh 2024-2026: The Suicide Prevention Strategy has relevance to the strategic outcomes of Great Communities, Improved Opportunities, Strong Economy, Transport and Infrastructure, and in particular the outcome of Safe and Well.
 - Delivering good health and prevention services 2022-2027 – A Public Health Strategy: The Suicide Prevention Strategy supports actions and objectives within the Public Health Strategy, including reducing stigma around mental health and raising awareness of suicide prevention.
 - Leicestershire Joint Health and Wellbeing Strategy 2022-2032: The Health and Wellbeing Strategy has a marker of success as 'maintain

suicide rates that are lower than the national average' and a commitment to 'continue to focus on maintaining low rates of suicide and impact of suicide, supporting work of the LLR Suicide Prevention Strategy'.

4. The Committee previously considered a report in June 2021, to update on the developments from the LLR Suicide Prevention Strategy 2020-2023. The different initiatives provided by Public Health and the LLR Suicide Audit and Prevention Group (SAPG), the partnership which oversees suicide prevention, were discussed.
5. On 22 October 2024, the Cabinet approved a formal 8-week consultation on the draft strategy.

Background

6. The current Suicide Prevention Strategy for LLR, which covered the period 2020-2023, has been a strong foundation for ongoing efforts, with many of its priorities remaining relevant. However, it now requires an update to incorporate the latest data and evidence, whilst also aligning with the refreshed National Suicide Prevention Strategy 2023-2028 to ensure Leicestershire County Council's and wider partnership approaches remain effective and responsive to emerging needs.
7. Suicide risk also reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances, with adults in poorer communities and those facing economic challenges more likely to be affected.
8. Leadership for suicide prevention sits with upper tier and unitary local authorities (Public Health). Oversight and co-ordination within Leicestershire sits with the LLR Suicide Audit and Prevention Group (SAPG), which reports into the Health and Wellbeing Boards for each local authority area. The SAPG is made of representatives from Leicestershire County Council, Leicester City Council, Rutland Council, Integrated Care Board (ICB), Leicestershire Partnership NHS Trust (LPT), Leicestershire Police, District Councils, the voluntary and community sector and people with lived experience.
9. The draft strategy 2024-2029, as well as the previous strategy 2020-2023, covers LLR. The other key stakeholders, such as the ICB, Leicestershire Police and LPT, operate across LLR, making a broader, multi-area approach important to ensuring consistency, collaboration and effectiveness in addressing shared priorities and challenges. An LLR strategy also allows for activity to span geographical boundaries and allow people to access help on a wider footprint, rather than just in the area where they reside.
10. The National Suicide Prevention Strategy was refreshed and relaunched in September 2023 to cover the period 2023-2028 and there is an expectation that this is mirrored locally. However, it was important to all stakeholders involved that the local strategy was data and needs driven for LLR, rather than a duplication of the national strategy.
 - a) The ambitions of the National Strategy are:

- 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.

b) The eight priorities for action include:

- 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 harm, 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.

11. An Equalities Impact Assessment (attached as Appendix B to this report) has been undertaken, with no negative implications from the strategy found. The draft strategy aims to support suicide prevention across the population, as well as within targeted groups, where risk is highest.
12. Although this is a health focused proposal, a health implications eform was completed (Appendix C). The draft strategy was considered within the wider context of health, and recommendations from the completion of the eform have been incorporated, with many aiming to be addressed through the action planning process which will follow strategy adoption.

Suicide Data

13. The two primary data sources used locally for suicide prevention are the Office for National Statistics (ONS) and Real Time Suspected Suicide Surveillance Data (RTSSSD). The RTSSSD, provided by Leicestershire Police, offers more timely and detailed insights, but it is based on suspected suicides and remains inconclusive until confirmed by a coroner's inquest. In contrast, the ONS data consists of confirmed suicide cases, but there are significant time delays in receiving this information and lacks in the details which the RTSSSD provides. Therefore, both are used to provide a more comprehensive picture of suicide locally. For the strategy, RTSSSD from 2018-2023 was used.

14. Within Leicestershire, suicide rates are not significantly different to the national average, however over recent years there has been an increasing trend (figure 1).

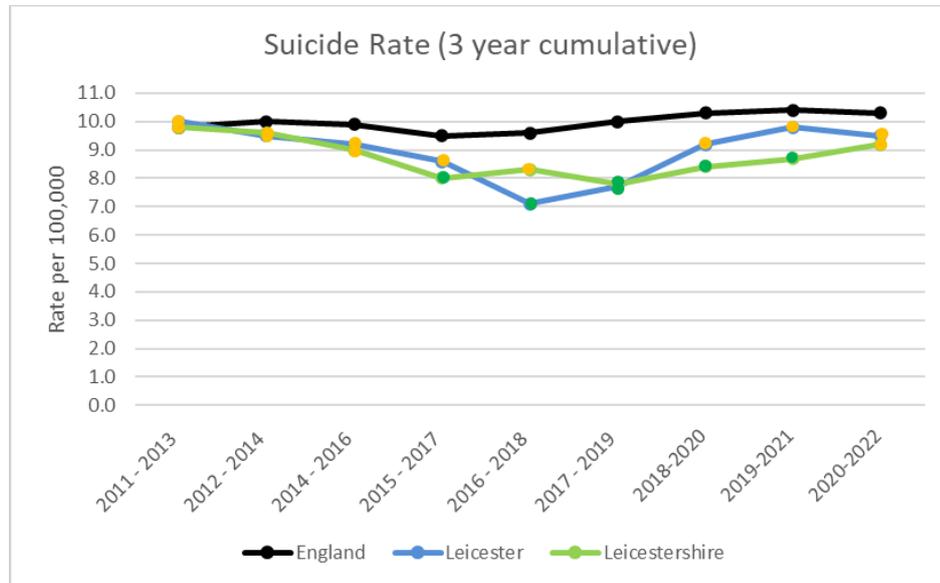


Figure 1 – 3-year cumulative suicide rates for Leicester and Leicestershire (Source: ONS – amber denotes similar to England average, with green showing lower than the England average)

15. Leicestershire residents aged 30 – 59 years collectively made up 59.9% of the suspected suicides between 2018 and 2023. Analysis of the median age showed that females were on average four years older than males overall. Figure 2 shows the age and gender split for suspected suicides across LLR between 2018 and 2023.

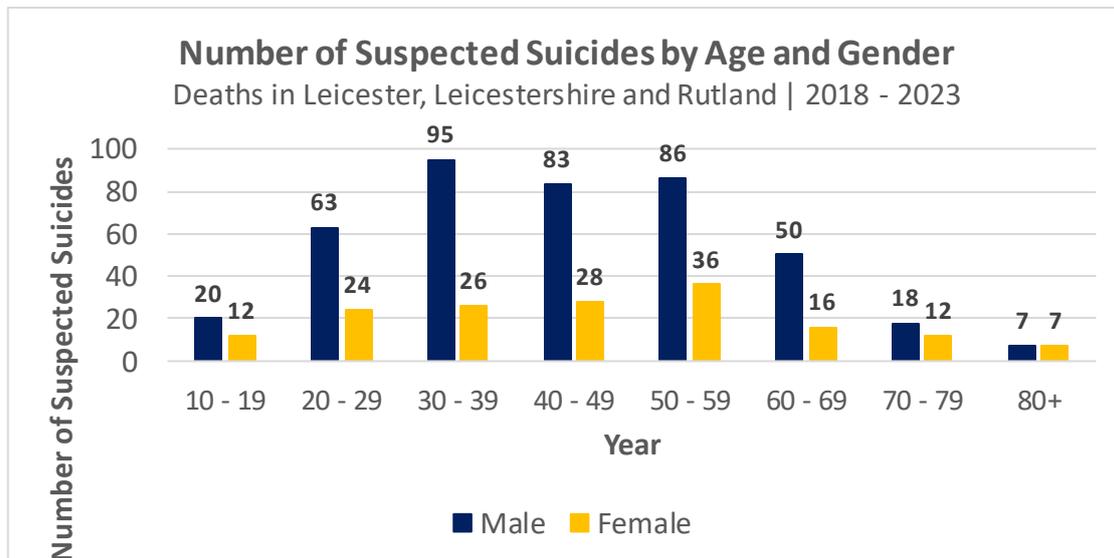


Figure 2 - Numbers of suspected suicide across LLR 2018-2023 by age category and gender (RTSSSD)

16. Nationally, men are three times more likely to die by suicide than women. Across LLR this is mirrored, with 74.6% of suicides being in males. The RTSSSD shows that

71.3% of all Leicestershire residents that died by suspected suicide between 2018 and 2023 were male.

17. Self-harm is a significant risk factor for suicide. Analysis of 2023 RTSSSD demonstrates this, with 42% of suspected suicides having a history of self-harm. Studies have found that up to 54% of suicides in young people had a history of self-harm.
18. There are other key risk factors associated with suicide and high-risk groups including, but not limited to:
 - People in contact with mental health services;
 - People in contact with the justice system;
 - Autistic people;
 - Those who have been bereaved by suicide;
 - Unemployed;
 - Those in financial hardship;
 - People experiencing problem gambling;
 - Care leavers;
 - People with substance use challenges.

Achievements from the 2020-2023 Suicide Prevention Strategy

19. The current strategy (2020-2023) resulted in a wide range of LLR-wide activity to prevent suicide.
20. The strategy was launched during the height of the COVID-19 pandemic which did prevent and delay some activity. However, it also brought partnerships closer together, aided information sharing and expedited programmes which were in conception phase to delivery phase at pace, such as the self-harm service.
21. Achievements from the 2020-2023 strategy include:
 - Development, commissioning and delivery of the LLR self-harm service
 - Expansion of the Tomorrow Project, supporting those bereaved by suicide
 - Establishment of Mental Health Friendly Places
 - Launching of the Start a Conversation eLearning and various events and conferences
 - Establishment of the Lived Experience Network
 - Established key working groups on communications and media, high risk locations, and data, to drive work forwards in a targeted, planned and evidence-based manner
 - Production of adult and children's mental health COVID-19 resources
 - Ongoing collaboration with Leicestershire Police on the Real Time Suspected Suicide Surveillance Data

22. There remain ongoing challenges which the 2024-2029 strategy, once approved, will continue to address:
- Supporting wider system partners, such as Primary Care, in their suicide prevention role.
 - Coordination of an approach to preventing suicide in public places/high risk locations. Positive strides have been made in this area, which will be built upon in the coming years of the strategy.
 - Protecting people who self-harm has been a challenge due to gaps in understanding and access to data. This is now being coordinated and will be enhanced.

The Refreshed Strategy 2024-2029

23. The draft strategy was developed in partnership and collaboration through a steering group which was led by Leicestershire County Council, and consisted of stakeholders from Leicester City Council, Rutland County Council, ICB, LPT, Leicestershire Police, lived experience and VCSE organisations including LLR Mind, Loughborough Wellbeing Centre, LAMP and Jamila's Legacy. An action plan will also be developed with the steering group to ensure the priorities are acted upon.
24. A key element of strategy development was engagement with professional stakeholders working within suicide prevention and mental health, and those with lived experience of suicide and mental health challenges. Those involved were asked a series of semi-structured questions which related to wider mental health and wellbeing, as well as likes and dislikes of the current local and national strategies, and what they thought would work locally to prevent suicide.
25. Focus groups were held with 32 professionals from across LLR, both in face to face and online formats. Focus groups were also held with 23 experts with experience from LPT's Youth Advisory Board, LLR Mind, the Suicide Lived Experience Network and the LLR Survivors of Bereavement by Suicide group.
26. Local and national data and evidence has informed the draft strategy including:
- a. Leicestershire Police's RTSSSD
 - b. ONS data on suicide
 - c. Engagement from stakeholders and experts with experience
 - d. The Joint Strategic Needs Assessments for Mental Health and Substance Use
 - e. Health Needs Assessment on Gambling Harms
 - f. Child Death Overview Panel reports
 - g. Literature reviews were conducted on suicide prevention and high-risk groups, with over 1,000 grey literature and published academic literature screened
27. Based on engagement feedback and local data, the priorities have been reduced from nine within the current strategy 2020-2023, to five within the refreshed draft

strategy 2024-2029. The five priorities of the draft strategy focus on risk factors for suicide and create opportunities where public health leadership can support the system to understand its role in suicide prevention and appreciate that 'Suicide is Everybody's Business' (a key message within the draft strategy and National Strategy):

- a. Supporting the system to put in place measures to help reduce suicidal ideation and suicides in **children and young people**;
- b. Targeted support and resources at **higher risk groups and locations**, as identified by local and national data and evidence;
- c. Improve our local understanding of **self-harm** and support people with a history of self-harm;
- d. Providing effective **bereavement support** to those affected by suicide;
- e. **Leadership** - Work with system partners and communities to support their role within suicide prevention.

28. The refreshed draft strategy has added six guiding principles, which will be golden threads throughout the work to emerge from the strategy, and will be key to successfully delivering on the identified priorities:

- a. **Co-production and collaboration**
 - i. Meaningful and authentic lived experience involvement will drive work that emerges from the strategy.
- b. **Learn from past stories**
 - ii. Understanding our local suicides and the intersectionality of factors will be prioritised to inform future work.
- c. **Data driven**
 - iii. Work will be targeted using the best available data and evidence.
- d. **Normalising conversations**
 - iv. Work will be undertaken to support reductions in stigma and taboo, and support people to Start a Conversation around mental health and suicide.
- e. **Settings-based approach**
 - v. Holistic and multi-disciplinary methods will be used to integrate action across suicide risk factors within settings such as workplaces, schools and communities.
- f. **Trauma informed practice and care**
 - vi. TIP approaches will be explored to ensure services and provision are sensitive to people's past experiences.

29. It is proposed that the strategy spans a five-year period, as the risk factors for suicide are unlikely to change significantly during this time. This duration will provide adequate time to implement actions and maintain consistency. Progress will be monitored by the SAPG through an action plan, which will be reviewed and updated annually, in line with the best available data and evidence.

30. The action plan will be developed in line with the strategy priorities and guiding principles. The current evidence base will be used to define specific actions. These may include:
- a. Greater uptake of suicide awareness/prevention training.
 - b. Further development of the suicide bereavement service offer to incorporate lived experience voice more.
 - c. Developing closer links with the private sector and primary care to support them to talk confidently about suicide prevention, to challenge stigmatising attitudes and empower them to tackle risk factors.
 - d. Support partners to embed trauma informed practice principles, through training and policy development.
 - e. Continue to develop the high-risk locations group to respond to suicides in public places and put preventative measures in place.
 - f. Supporting implementation of mental health safety planning.
 - g. Work to improve our understanding of self-harm locally, operating across the system to access the data.
 - h. Continue to put specific interventions in place to target high risk groups such as middle-aged men.
 - i. Work with schools and the wider system to put interventions in place to tackle risk factors for children and young people, such as bullying.
 - j. Embed suicide prevention in the Health in All Policies approach, endorsed by LCC, ensuring health implications are considered.

Consultation

31. An 8 week consultation, hosted by Leicestershire County Council will take place from 28 October 2024.
32. The consultation will seek views of the general public, organisations and stakeholders that work with people at risk of, or with lived experience of suicide, and those with lived experience themselves via an online survey. The survey will be circulated through stakeholder networks, and via the LLR Suicide Audit and Prevention Group. Targeted group consultation events will take place with the lived experience groups that took part in the engagement phase of strategy development. Four experts with experience events are planned, which will engage with those who have experience of suicide, suicidal ideation and bereavement by suicide.
33. The consultation will determine the final version of the LLR Suicide Prevention Strategy 2024-2029, which will be taken to Cabinet in Spring 2025.

Resource Implications

34. There is no additional investment attached to this Strategy.
35. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report

Timetable for Decisions

36. It is intended that the following Committees and Boards will receive reports as part of the consultation exercise:
- a. Leicester City Council Public Health and Health Integration Scrutiny Commission (5th November 2024);
 - b. Rutland Council Strategic Overview and Scrutiny Committee (28th November 2024);
 - c. Leicestershire County Council Health and Wellbeing Board (5th December 2024);
 - d. Leicester City Health and Wellbeing Board (12th December 2024);
 - e. Rutland Health and Wellbeing Board (14th January 2025) (despite this falling outside of the consultation timeframe, consideration will be given to any comments raised by the Board).
37. The consultation feedback will be analysed in January 2025 and the draft strategy altered accordingly. It will then be presented to Cabinet in spring 2025.

Conclusions

38. The Health Overview and Scrutiny Committee is asked to comment on the draft LLR Suicide Prevention Strategy 2024-2029.
39. Significant work has been undertaken and progress achieved since the last Suicide Prevention Strategy 2020-2023, such as implementation of the self-harm service, expansion of the suicide bereavement service and establishment of the Lived Experience Network. However, we want to continue to do more to support people and ensure that suicide isn't inevitable. This will be achieved through the delivery of actions to address the key priorities; children and young people, high risk groups and locations, self-harm, bereavement and leadership, and via utilisation of the guiding principles.

Background papers

LLR Suicide Prevention Strategy 2020-2023

<https://democracy.leics.gov.uk/documents/s165065/Appendix-%20LLR%20Suicide%20Prevention%20Strategy%202020-23.pdf>

National Suicide Prevention Strategy 2023-2028

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>

Joint Strategic Needs Assessments

- Leicestershire Mental Health Adults <https://www.lsr-online.org/uploads/adult-mental-health-chapter.pdf?v=1716543234>
- Leicestershire Alcohol Misuse <https://www.lsr-online.org/uploads/alcohol-misuse.pdf?v=1708331521>

- Leicestershire Substance Misuse <https://www.lsr-online.org/uploads/substance-misuse.pdf?v=1708331200>
- Rutland Mental Health and Dementia <https://www.lsr-online.org/uploads/mental-health-and-dementia-adults.pdf?v=1714724006>
- Leicester City Adults Mental Health <https://www.leicester.gov.uk/media/hojbpvzi/mental-health-adults-jsna-2023.pdf>
- Health Needs Assessment Leicestershire - Gambling Harms

Child Death Overview Panel Annual Reports
<https://lrsb.org.uk/cdop-annual-reports>

NHS Mental Health Implementation Plan
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

Leicestershire Joint Health and Wellbeing Strategy
<https://www.leicestershire.gov.uk/sites/default/files/2024-04/Joint-Health-and-Wellbeing-Strategy-2022-2032.pdf>

Delivering Good Health and Prevention Services 2022-2027 – Leicestershire Public Health Strategy
<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2022/7/28/public-health-strategy-2022-27.pdf>

Circulation under the Local Issues Alert Procedure

40. A copy of this report will be circulated to all members of the County Council.

Equality Implications

41. The draft strategy acknowledges that suicide disproportionately impacts some of the most disadvantaged and vulnerable people in society, whilst also noting that suicide can affect anyone. The priorities address higher risk groups, and are data driven.
42. A comprehensive Equality Impact Assessment has been conducted on the draft strategy and approved by the Public Health Department Equalities Group, which can be found in Appendix B.

Human Rights Implications

43. There are no human rights implications arising from the recommendations in this report.

Other Relevant Impact Assessments

44. A Health Implications eForm was completed on the draft strategy, which can be found in Appendix C. This acknowledged the implications of the strategy on the wider determinates of health, as well as the implications that those determinants may have on suicide and suicide prevention.

Appendices

Appendix A Draft LLR Suicide Prevention Strategy 2024-2029

Appendix B Equality Impact Assessment

Appendix C Health Implications eForm

Officer(s) to Contact

Mike Sandys

Director of Public Health

0116 305 4239

mike.sandys@leics.gov.uk

Fiona Grant

Consultant in Public Health

0116 305 7929

Fiona.grant@leics.gov.uk

Hollie Hutchinson

Public Health Portfolio Principal

0116 305 4204

hollie.hutchinson@leics.gov.uk

This page is intentionally left blank