

**CABINET – 18 MARCH 2025****LEICESTER, LEICESTERSHIRE AND RUTLAND SUICIDE
PREVENTION STRATEGY 2024-2029 OUTCOME OF
CONSULTATION****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PART A****Purpose of the Report**

1. The purpose of this report is to present the outcome of the consultation on the draft Leicester, Leicestershire and Rutland (LLR) Suicide Prevention Strategy 2024-2029 and to seek approval of the final Strategy. The strategy is attached as Appendix A to this report, and a summary of the consultation responses are set out in Appendix B.

Recommendations

2. It is recommended that:
 - a) The outcome of the consultation on the draft Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-2029, including the comments of the Health Overview Scrutiny Committee, be noted;
 - b) The Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-2029 be approved.

Reasons for Recommendation

3. It is a requirement that local authorities in England have a Suicide Prevention Strategy/Plan. Since 2019, all local authorities in England have had such a plan in place.
4. The Strategy seeks to reduce suicide and support people at risk of suicide in the Leicester, Leicestershire and Rutland area and has been informed by individuals with experience of suicide, as well as the organisations supporting them.

Timetable for Decisions (including Scrutiny)

5. The Health Overview and Scrutiny Committee received a report on 13 November 2024 and its comments are set out in paragraphs 45-55 below.
6. The Strategy is also required to be presented at the respective Leicester City Council, Rutland County Council and the Integrated Care Board (ICB) meetings for final approvals. This is expected to be completed by 1 April 2025.

Policy Framework and Previous Decisions

7. The Council has a 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 the suicide prevention strategies and action plans.
8. 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.
 - 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’.
9. In June 2020 the Cabinet approved the LLR Suicide Prevention Strategy 2020-2023. The LLR Suicide Audit and Prevention Group extended the lifetime of the Strategy to 2024 to allow the refreshed version to take into consideration the new National Strategy.
10. On 22 October 2024, the Cabinet approved a formal 8-week consultation exercise on the draft LLR Suicide Prevention Strategy.

Resource Implications

11. There are no specific resource implications relating to the Strategy. Any potential additional activity will be covered by existing budgets.
12. The Director of Corporate Resources and Director of Law and Governance have been consulted on this report.

Circulation under the Local Issues Alert Procedure

13. This report will be circulated to all members.

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PART B

Background and Context

14. Each suicide is a tragedy, the effects of which reach into every community across England, with a devastating impact on families, friends, neighbours, colleagues and others, leaving lasting emotional and traumatic impacts. However, suicide can be preventable; with the right support, interventions and preventative measures in place, many lives can be saved.
15. 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 required 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.
16. Suicide risk also reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances, with those in poorer communities and facing economic challenges more likely to be affected.
17. 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, ICB, LPT, Leicestershire Police, District Councils, VCSE organisations and people with lived experience.
18. The proposed 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.
19. 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.

20. Following strategy approval, an action plan will be developed to address the priorities. Elements will be LLR wide, however actions will need to be specific and tailored to local need.
21. 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. The priorities for action of the National Strategy are:
- 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.
22. There are key risk factors associated with suicide and high-risk groups including, but not limited to:
- a) people with a history of self-harm
 - b) People in contact with mental health services
 - c) People in contact with the justice system
 - d) Autistic people
 - e) Those who have been bereaved by suicide
 - f) Unemployed
 - g) Those in financial hardship
 - h) People experiencing harmful gambling
 - i) Care leavers
 - j) People with substance use challenges
 - k) People experiencing domestic abuse
23. An Equalities Impact Assessment (attached as Appendix C) has been undertaken, with no negative implications from the strategy found. The strategy aims to support suicide prevention across the population, as well as within targeted groups, where risk is highest.

24. Although this is a health focused proposal, a health implications eform was completed (Appendix D). 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.

Achievement from the 2020-2023 Suicide Prevention Strategy

25. Achievements from the 2020-2023 strategy include:
- a) Development, commissioning and delivery of the LLR self-harm service
 - b) Expansion of the Tomorrow Project, supporting those bereaved by suicide
 - c) Establishment of Mental Health Friendly Places, including a large training offer
 - d) Launching of the Start a Conversation eLearning and various events and conferences
 - e) Establishment of the Lived Experience Network
 - f) 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
 - g) Production of adult and children's mental health COVID-19 resources
 - h) Ongoing collaboration with Leicestershire Police on the Real Time Suspected Suicide Surveillance Data (RTSSSD)
26. There remain ongoing challenges which the 2024-2029 strategy, once approved, will continue to address:
- a) Supporting wider system partners, such as Primary Care, in their suicide prevention role.
 - b) 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.
 - c) Protecting people with self-harm has been a challenge due to gaps in understanding and access to data. This is now being coordinated and will be enhanced.

Consultation

27. Consultation on the draft Strategy took place from 28 October 2024 to 22 December 2024. The consultation exercise was hosted by Leicestershire County Council on behalf of the other partner authorities.
28. The consultation was accessible online with printed copies available on request. A short video explaining the strategy was produced to aid accessibility. Focus groups were conducted with those with lived and living experience of suicide, as well as mental health challenges; LLR Suicide Lived Experience Network, Survivors of Bereavement by Suicide and LPT's Youth

Advisory Board. VCSE's were consulted via the LLR Better Mental Health for All VCSE network.

29. As part of the consultation, the draft strategy was presented and discussed at meetings, boards and committees including:
- a) ICB Operational Delivery Group (22nd October 2024)
 - b) Leicester City Council Public Health and Health Integration Scrutiny Commission (5th November 2024)
 - c) Leicestershire Health Overview and Scrutiny Committee (13th November 2024)
 - d) ICB Urgent and Emergency Care System Group (14th November 2024)
 - e) ICB Best Practice Reference Group (14th November 2024)
 - f) LLR Mental Health Collaborative (25th November 2024)
 - g) Rutland Council Strategic Overview and Scrutiny Committee (28th November 2024)
 - h) Autism Partnership Board (10th December 2024)
 - i) LLR ICS System Quality Group (19th December 2024)
 - j) Rutland Health and Wellbeing Board (14th January 2025)
30. The Suicide Prevention Strategy Refresh Steering Group met to discuss the findings of the consultation and to agree on the subsequent amendments that were needed to the Strategy.

Consultation Findings

31. In total there were 176 online responses across LLR. 33% (58) of views were primarily related to Leicestershire, with 38% (66) being applicable across LLR. A full breakdown can be found within Appendix B to this report.
32. Not all respondents completed their demographic information, however for those that did, some key aspects include:
- a) Respondents were predominantly female (83%, 93), showing the difficulties and challenges faced in engaging with the male cohort for this topic area.
 - b) 34.2% (40) were a parent or carer for someone aged under 18, with 24.1% (28) caring for someone aged 18 or over.
 - c) 24% (42) stated that they have accessed formal support for mental health within the past 12 months, with 61% (107) having lived or living experience of suicide.
33. Overall, responses to the consultation indicated that there was broad agreement with the guiding principles, the priorities and the Strategy.

34. Qualitative responses mainly concentrated on tangible actions and current interactions with services. These ideas and suggestions will support the action plan which will be developed for strategy implementation.
35. Overarching themes and topics from the consultation included:
- Lack of funding for suicide prevention work and services.
 - Long waiting times for mental health services, which can impact suicide.
 - Comments on the perceived lack of support for those in crisis and those who are mentally unwell but not at crisis point, therefore falling through possible gaps in services.
 - Better co-ordination between services and organisations required to ensure person centred care.
 - Increasing awareness of suicide prevention is key.
 - Early prevention is key, conversations about suicide prevention should start early, such as mental health conversations within primary school.
 - Ensure a wide range of organisations and services are involved.
 - Signposting should be improved due to a wide range and variety of available services and no single point of access.
 - Services and interventions should be culturally appropriate.
 - Provide training to relevant individuals or organisations to make sure suicide prevention is everybody's business.
 - Make use of data from a range of sources including VCSE.
 - Address the wider determinants of suicide and tackle those issues e.g. quality of mental health services, personal finance, gambling.
 - Proportionate universalism – respondents felt that there should be services for all, however there should be extra support to those groups in higher need and at greater risk.
 - There were several comments on the structure and writing of the Strategy, discussing its empathetic tone and it's comprehensiveness, whilst also being easy to understand.
36. Some respondents believed that other high-risk groups should be named within the strategy, and/or greater emphasis should be placed on certain high-risk groups, such as those experiencing domestic abuse and menopause, and LGBTQ+.
37. Comments from the focus groups mirrored those from the online survey and agreed with the draft strategy. The comments identified that accessing services needs to be easier, and acknowledged that suicide is, and should be, everyone's business. They felt that support needs to be available for everyone, including those caring for someone at risk of suicide.

Comments from the Health Overview and Scrutiny Committee

38. The Health Overview and Scrutiny Committee considered a report on the draft strategy on 13 November 2024 and its comments are set out below.
39. With regard to Priority 1 of the Strategy “Supporting the system to put in place measures to help reduce suicidal ideation and suicides in children and young people.” it was suggested that the wording needed to be more specific. The Director of Public Health agreed to give this consideration.
40. In response to a suggestion from a member that faith groups should be included in the consultation, it was explained that Leicester City Council had strong links with faith groups and liaison would take place to ensure their views were taken into account.
41. Members raised concerns that social isolation was a contributing factor towards suicide and suggested that more work needed to be carried out to ensure that people had opportunities to converse with each other. Members were also concerned that the extent that people were suffering from suicidal ideation was usually hidden until it was too late. The Director of Public Health explained that services provided by Public Health such as Local Area Co-ordinators and First Contact Plus played a role in signposting people to organisations that could help with social isolation. Future editions of the Leicestershire Matters magazine would have articles relating to suicide prevention and First Contact Plus.
42. It was noted that the Suicide Prevention Strategy did not come with any additional funding which might enable more to be done to tackle the problem of social isolation. Members requested a report at a future meeting of the Committee regarding the work being carried out to tackle social isolation and improve mental wellbeing.
43. Members suggested that, as people were known best by their family and friends, it was important that family and friends were also trained on what signs to look for with regards to suicide. A member suggested the ‘train the trainer’ approach was useful. Some local organisations did provide low-level training to family and friends on how to support others during a difficult time. In response to a suggestion that this training should be expanded further it was acknowledged that the Strategy document could be strengthened in this regard. Other professionals such as hairdressers were also being given training on how to support people around their mental wellbeing. It was important to make every contact with a professional count especially for people that did not have much social contact.

44. A member stated that it was important that the different services for mental health complemented each other but did not overlap too much or duplicate each other's work. The Director responded that care was taken to avoid duplication and there was regular communication with partners such as LPT and the ICB to share information. The Health and Wellbeing Board have a sub-group for Mental Health which relevant partners attend and discuss what they were working on.
45. It was noted that some groups of people were more at risk of suicide such as single people and 'middle aged men' i.e. men between the ages of 35 and 55. Men are three times more likely to die by suicide than women. Some work was taking place to deal with loneliness in the farming community (although data did not identify farmers as particularly high risk).
46. A member suggested that the approach should be more targeted towards particular groups of people and then monitoring carried out to see the impact. In response it was explained that the Director of Public Health had a responsibility to improve the health of the whole population and had difficult decisions to make on whether to prioritise the groups of people that had the largest overall suicide rates or those groups that had the highest percentage within those groups. It was difficult to encourage partners to focus on one particular area. It was acknowledged that all the required work would not be able to be carried out immediately and prioritisation of decisions would have to be made.
47. The draft Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-29 was welcomed.

The Refreshed Strategy 2024-2029

48. The revised strategy, attached as Appendix A, was developed in collaboration through a Steering Group, based on a robust engagement exercise and then had minor adjustments following the formal consultation.
49. Following consultation, only one priority was altered. Priority 1 retains its focus on children on young people, but was reworded to be more specific:
1. Enabling partners, including educational establishments, to use sound evidence and proven measures to target and support **children and young people** at risk of suicide.
 2. Targeted support and resources at **higher risk groups and locations**, as identified by local and national data and evidence.

3. Improve our local understanding of **self-harm** and support people with a history of self-harm.
 4. Providing effective **bereavement** support to those affected by suicide.
 5. **Leadership** - Work with partners and communities to support their role within suicide prevention.
50. While the focus of the six guiding principles remains unchanged, the scope of three of them has been expanded to emphasise the importance of understanding local intersectionality of factors contributing to suicide, broadening the use of local data, and ensuring cultural appropriateness in approaches.
51. In response to consultation feedback requesting the inclusion of additional high-risk groups and/or greater emphasis on certain groups, new groups have been added, and extra data has been included, such as LGBTQ+ individuals and those experiencing domestic abuse

Equality Implications

52. 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.
53. 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 C.

Human Rights Implications

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

Other Implications and Impact Assessments

55. A Health Implications eForm was completed on the strategy, which can be found in Appendix D. 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.

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>

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>

Appendices

Appendix A Draft LLR Suicide Prevention Strategy 2024-2029

Appendix B Consultation Summary Slides

Appendix C Equality Impact Assessment

Appendix D Health Implications eForm