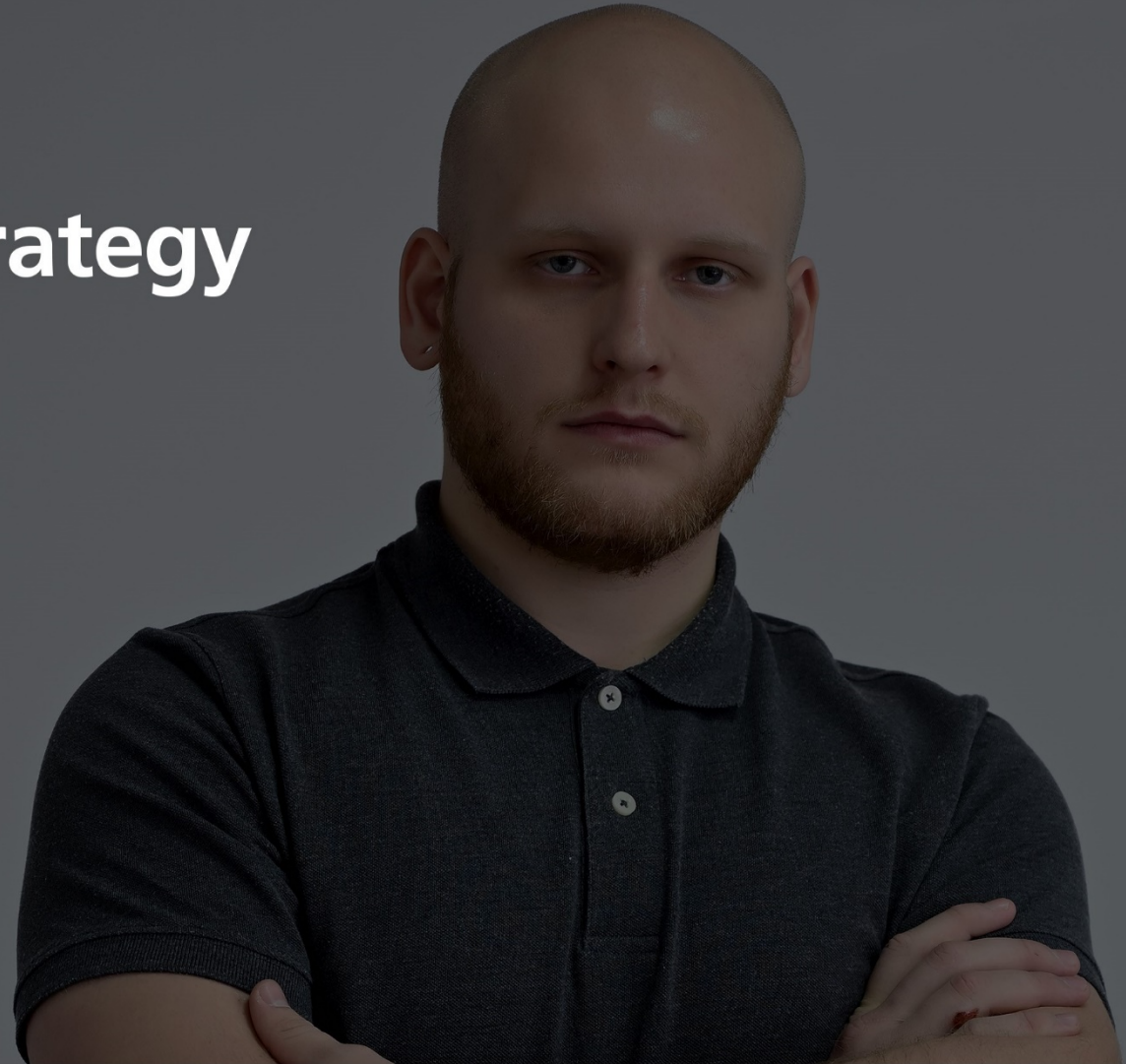




West Yorkshire Suicide Prevention Strategy and Action Plan

2022 - 2027



Suicide prevention - it's everyone's business

Forewords by Nicky Palmer and Stan Foster



I am a survivor of suicide. Does that make sense? Let me elaborate. I have tried to end my own life a number of times. The first time being at age 9. I read the label on a regular box of painkillers and it said, 'Do not exceed more than eight tablets a day'. I decided the following day I would take ten. I took the two extra tablets as I lay down to sleep. I felt peace wash

over me, believing that I would die in my sleep; I didn't.

Sharp blades hacking at my skin, medication washed down with alcohol, taking risks became an integral part in my life.

When you are in that deep, dark pit of despair, and the candle of hope is nearly burnt out, the blinkers come on. You become convinced that the world doesn't need you in it. You truly believe that family members and friends won't miss you and that they will thrive without you holding them back.

I'm a seemingly high functioning, happy carefree person. It's only if you see my bare skin or listen to the bottles of pills rattling around my handbag, hitting against the bottle of whisky that could give the game away.

If someone is sharing their suicidal plans or ideation with you, they haven't quite given in. There are many organisations, both local and national that can answer any questions you have and support the person who is on the brink.

As a person with complex mental health problems, I was referred to a psychiatrist who prescribed me medication. He also referred me for talking therapy which was really useful and helped me to find my voice. Please remember that suicide is most often a permanent solution to a temporary problem even if it doesn't feel like that at the time. Please reach out to someone.

The Light

On the darkest of nights, there is always light.
On the most oppressive foggiest night, there is always light.
There is no star-less sky.
If you can't seem to find hope to find the light - become that light.
Reach out.
Don't rob the world of you.
You are not too helpless.
You are not unfixable.
You are not doomed to live a life you don't enjoy.
You are capable of being almost anything you want to be.
You are the light.
You are the light.
You are the light.
My only ask is that you believe it!

Poem also by me, Nicky Palmer



Stan Foster is the Operations Manager at [GASPED](#) (Giving Advice and Support to People in Emotional Distress) a registered charity based in Wakefield

I work with men who have attempted to end their life or have had suicidal ideation. I have also lost a loved one to suicide.

In my case, my father's suicide ripped our family apart.

My brothers and I struggled to come to terms with my father's death because we did not see it coming; there was no note left by him, and still, to this day, we do not know the reason.

We rallied around our mother, who was in shock for some time but suffered abuse from my father's brother and sister, who blamed my mother for his death.

As a result, the family has been ripped apart, not because we blamed each other, but because we blamed ourselves. To this day, we still cannot talk to each other about our father's death.

I now work with men who have attempted suicide or have made plans because they thought their families would be better off without them.

So, my message to you all is this; **PLEASE, PLEASE, PLEASE**, believe me, we are **NOT** better off without you; we have missed so much, and our families have too.

As someone affected by suicide, I can say that time is not a great healer. It just teaches you how to cope.

Gasped

Giving Advice and Support to People in Emotional Distress

Working with the communities in Wakefield, Castleford and surrounding areas since 1995 to:

- Raise awareness** about mental health issues including addictive behaviours, suicide and domestic abuse.
- Provide supportive services** to help people grow in confidence and rise to the challenges they face.

What We Do

- Provide non-judgemental supportive services** guided by people with lived experience.
- Using a person centered approach** we consult and listen so we can offer give people a voice to let them shape their own recovery.
- Develop partnerships** to deliver mental health support in Wakefield, Castleford and surrounding areas.

Our Story

Gasped was established in 1995. The service was created as a result of one parent's experience of living, caring for and supporting her son who was addicted to drugs. As a result of recognising the isolation, fear, guilt, shame and stigma, a support group and helpline were established to help and support others in similar circumstances.

Today the charity remit is much broader, and we work with local people to help them build emotional resilience, self-esteem, improve their health, wellbeing and education.

Screenshot of the GASPED website home page at <https://www.gasped.co.uk>

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Glossary of terms

CGOS	Cross-Governmental Outcomes Strategy
COVID-19	Coronavirus Disease 2019
DWP	Department of Work and Pensions
ED	Emergency Department
FRS	Fire and Rescue Service
HM	Her Majesty's
ICS	Integrated Care System (West Yorkshire Health and Care Partnership)
KPI	Key Performance Indicator
LA	Local Authority
LD	Learning Disabilities
MH	Mental Health
NHS	National Health Services
ONS	Office of National Statistics
PHE	Public Health England
RTS	Real Time Surveillance
RTSS	Real Time Surveillance System
SPAN	Suicide Prevention Advisory Network
SPOG	Suicide Prevention Oversight Group
SRO	Senior Reporting Officer
WY	West Yorkshire
WYP	West Yorkshire Police
WYHCP	West Yorkshire Health and Care Partnership
VCS	Voluntary and Community Sector
YAS	Yorkshire Ambulance Service
YOI	Young Offender Institute

Executive Summary

Too many people die by suicide in West Yorkshire, and we must act now to change this. This strategy makes suicide prevention everyone's business. All partners in West Yorkshire Health and Care Partnership (WYHCP) have pledged to prevent suicide; reducing the suicide rate by 10% is one of our Partnership's [10 Big Ambitions](#).

To bring the suicide rates down and reduce preventable death, we all have a part to play. This includes citizens, voluntary and community sector organisations, the NHS, local authorities, employers, emergency services, and others.

We know from Office for National Statistics (ONS) data that suicide is more common in West Yorkshire than in England as a whole, and rates have been increasing over the last few years. From local data, such as real time information from West Yorkshire Police (WYP) and local audits of Her Majesty's (HM) Coroner's Inquest files, we know some of the groups at greatest risk, the kind of events that precede suicide, and some of the points at which services may be able to help. The strategy is targeted to where such evidence tells us we are most likely to have an impact.

Responsibility for developing and delivering local plans to prevent suicide sit with the Directors of Public Health in each of the five areas in West Yorkshire: Bradford, Calderdale, Kirklees, Leeds and Wakefield. Each local authority area has its own

active Suicide Prevention Group comprising local partners including voluntary and community sector (VCS) organisations, National Health Service (NHS) representatives, West Yorkshire Police and many other partners. For a number of years, these five place-based groups have been doing excellent work in suicide prevention. Each has a plan and collective decision-making processes on priorities and actions.

As an Integrated Care System (ICS), the WYHCP will continue to act at a regional level, doing things that make sense to do at scale, influencing the wider system, increasing awareness, and sharing good practice across geographies and sectors. This West Yorkshire suicide prevention strategy falls into the framework of **influence, do, aware and share**.



Vision: Where do we want to get to?

We believe that suicide is preventable. Our long-term vision is for zero suicides in West Yorkshire, with everyone having a part to play in achieving this. Our five-year target is a **minimum 10% reduction** in the suicide rate.

To help us achieve our vision, we have agreed on five core principles to guide West Yorkshire-wide decision making and action on suicide prevention: co-production, evidence-based action, system-wide impact, a life course approach and combatting stigma.

Action Plan in summary: How do we get there?

The action plan, summarised in the graphic below, covers five years. It will be updated and amended in response to the changing nature of risk factors around suicide and the continuous evaluation of our progress.

We will work together to begin new projects each year. Work started in previous years will continue to be built upon, ensuring sustainable system-wide work that complements what is happening in local areas.

Thus, across West Yorkshire, we will continue to build on local *'place-based suicide prevention strategies and plans.'*



Summary of key actions from the 2022–2027 West Yorkshire Health and Care Partnership Suicide Prevention Action Plan¹

Influence

Years 1 to 5

Ensure that suicide **prevention** is the business of everyone.

Climb the ‘ladder’ of **coproduction** to ensure lived experience is at the heart of all that we do.

Enable organisations within the WY HCP to reduce suicide among their **staff and volunteers**.

Aware

Years 1 to 5

Support general practices and **primary care** services to better identify and respond to suicide risks.

Years 3 to 5

Support those providing care for **physical health** and long-term conditions to prevent deaths by suicide.

Do at a West Yorkshire footprint

Years 1 to 5

Target resources where suicide risk is the highest and where it makes sense to do so on a regional basis.

Years 2 to 5

Prevent people who **attempt** suicide from going on to take their own lives.

Work together to prevent suicide among **children and young people**, people who become unemployed or face **poverty** and people involved in the **criminal justice system**.

Years 3 to 4

Work together to prevent suicide among people experiencing loneliness and **isolation**.

Share

Years 1 to 5

Embed system-wide cross-sector **collaboration** in suicide prevention.

Improve system wide **information sharing** around suicide.

Improve the situation for people who reach **crisis** point.

Suicide Prevention West Yorkshire 2022-2027

PLAN ON A PAGE

West Yorkshire
Health and Care Partnership



West Yorkshire
Suicide Prevention



> Physical health; long term conditions, chronic pain

> Living alone

> Criminal justice

> Attempted suicide

> Unemployment

> Primary care

> Children and young people

> People in crisis and leaving secondary mental health services

> Health and care staff and volunteers

> Target resources where suicide risk is the highest

> Coproduction

> Information, evidence and resource sharing

> Collaboration to create a movement for change

Year 1



Year 2



Year 3



Year 4



Year 5

5 Core Principles

1

Co-production

2

Evidence-based action

3

System-wide impact

4

Life course approach

5

Combating stigma

Introduction: Where are we now?

Sources of data

Summaries of deaths by place and region are available publicly through the ONS, with quarterly suicide age-adjusted rates available by region (Figure 1 on page 10), annual counts available at multiple geographical levels (Figure 2 on page 11 and Figure 3 on page 12), and three-year average age-adjusted rates available at multiple geographic levels. ONS **rates** are the most useful in comparing geographies and looking at patterns or changes over time. **Suicide counts** are also available at a West Yorkshire and local authority level.

Data is routinely recorded around suicide by HM Coroner and locally by West Yorkshire Police. In both cases, the data is not collected primarily to inform suicide prevention actions, and this should be considered when interpreting this information.

Place-based Suicide Prevention Leads periodically audits the detail of the contents of the Coroner's inquest files. The suicide audit provides more in-depth data and intelligence for each locality. The richness of this data makes it valuable for strategic planning. However, audits are from a past period rather than current because of the time taken for inquests. Importantly, data around key factors such as ethnicity and sexual orientation are poorly recorded. This gives rise to challenges around identifying suicides in some communities. In addition, changes in criminal

justice and audit protocols over time and between areas can limit our ability to make comparisons between audits.

Like Coroner's inquest files, police data is also not publicly available. However, the West Yorkshire **real-time surveillance system** (RTSS) enables Police to pass data about suspected suicides in real-time as they happen to key partners. This system is especially useful in allowing place-based suicide prevention partnerships to identify and prevent clusters of suicide and suicide contagion, a key prevention element.

Many other routine data sources exist that may also inform suicide prevention efforts, such as data from Yorkshire Ambulance Service (YAS), Mental Health Services, Drug and Alcohol Services, Primary Care, Secondary Care, and the Community and Voluntary Sector. Additionally, academic and other research and evaluation have informed this strategy.

What does the data tell us about West Yorkshire?

ONS collect national data around quarterly suicide rates by region that is [publicly available](#). This data (Figure 1 on page 10) shows an overall increase in regional and national suicide rates over time.

Although rates have been increasing over the last five years, there is a notable national and regional decrease in suicide rates in the second quarter of 2020, this coincides with the first COVID-19 lockdown.

It appears that 2021 rates may also be lower than they have been in previous years, however this may in part be due to delays in inquests being carried out leading to underestimation of the real rates. This data is not available at a regional level for West Yorkshire.

Despite being [publicly available](#), WYHCP and local authority figures are not comparable due to the differences in overall population sizes and demographics. However, these datasets are useful in approximating local trends over time.



Figure 1 - Suicide rate (age adjusted) in England and Yorkshire and the Humber 2013-2021

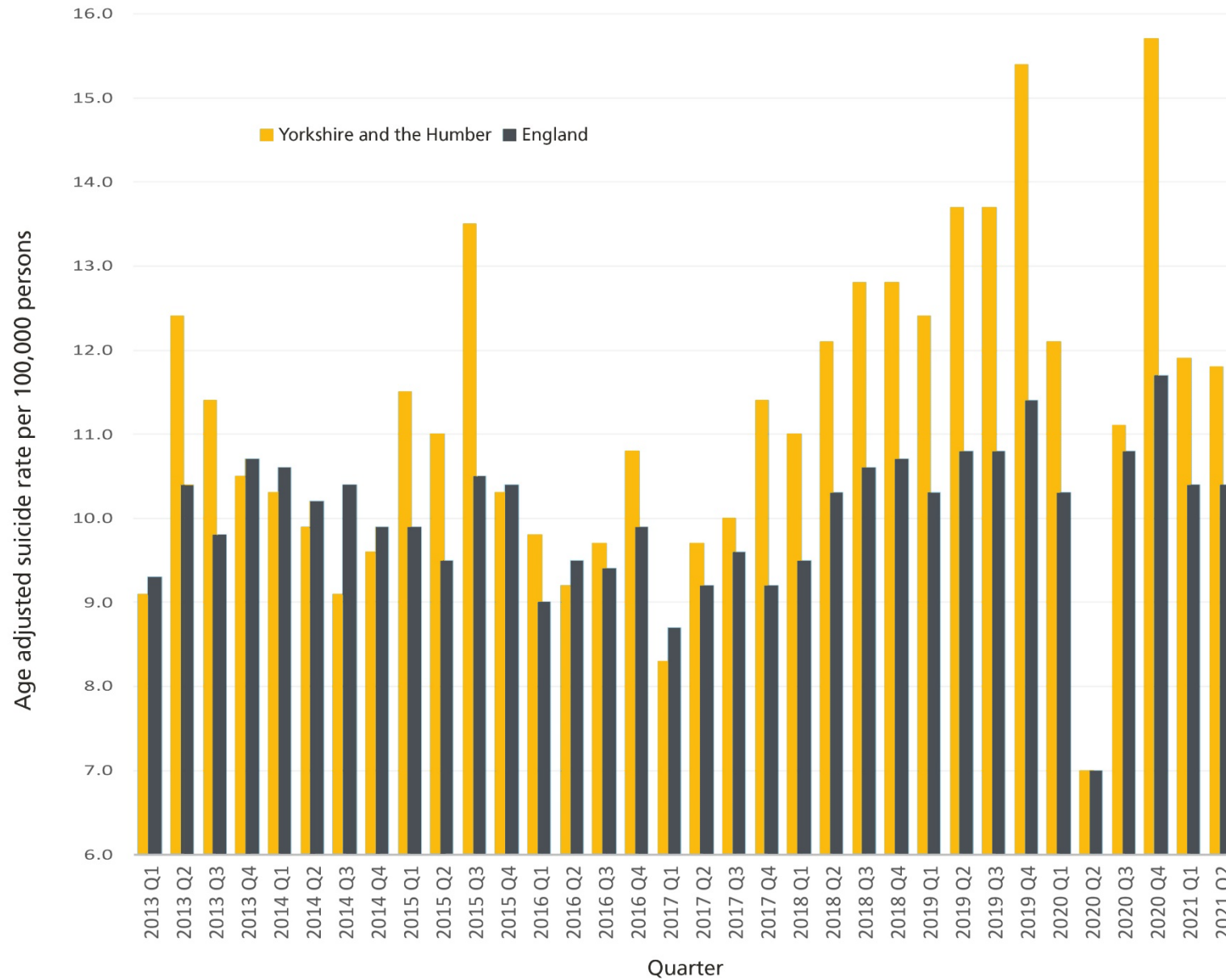


Figure 2 - Suicide count in Yorkshire and the Humber 2001-2020 with trendline showing three-year moving averages

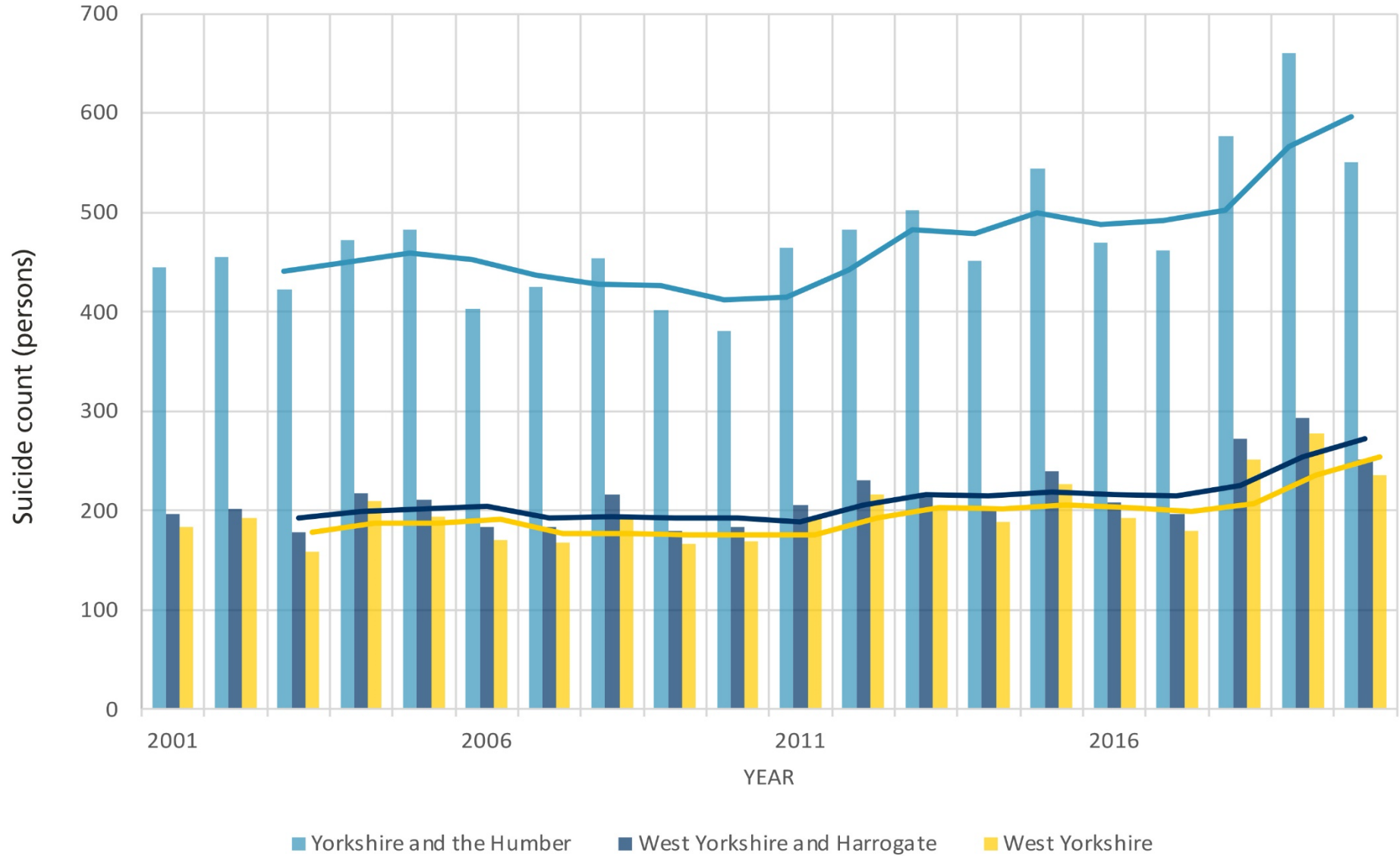
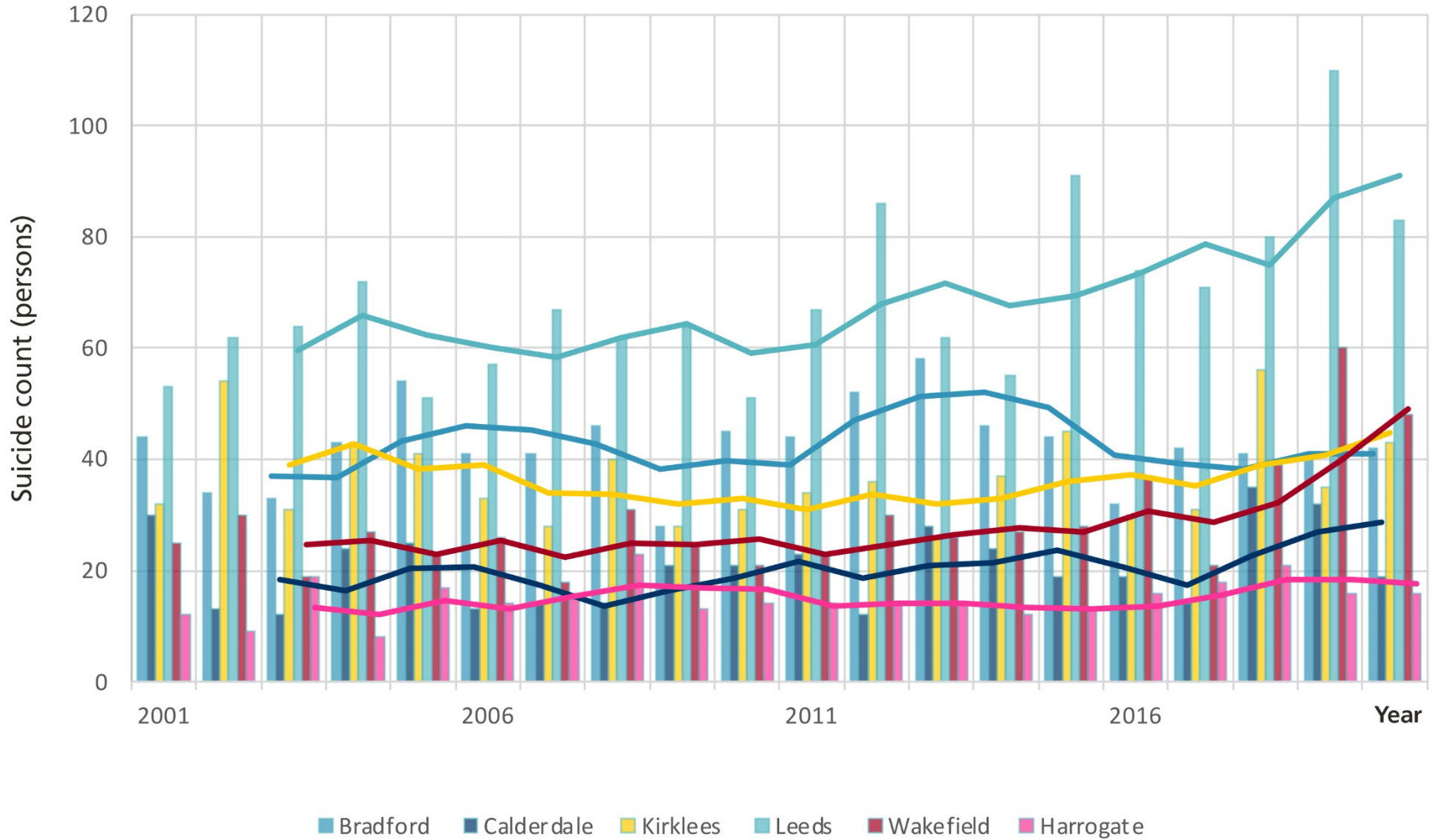


Figure 3 - Suicide count by local authority 2001-2020 with trendline showing three-year moving averages



The graphs on pages 10 to 12 demonstrate an overall increase in suicide count across the region and the WYHCP over the last five years (Figure 2 on page 11). This trend is reflected in many of the local authorities that comprise the partnership. However, counts have been steadier in Bradford (Figure 3 on page 12).

Whilst it is challenging to compare counts over place and time, suicide counts give absolute numbers of people who have taken their own lives in each area. However, counts are less useful than rates for comparison purposes because of differences in population size and ages.

Current suicide rates at a Local Authority footprint are calculated from inquest data. They are available through the [PHE fingertips](#) suicide prevention profiles. The current age-adjusted values are calculated from suicides occurring between 2018 and 2020. In England, the rate is 10.4 in every 100,000.

Overall, rates of suicide are higher in Yorkshire and the Humber than they are nationally. In West Yorkshire, there is current variation across the patch at the time of publishing this strategy; in Bradford (9.2) and Kirklees (11.8), suicide rates are similar to the national average. However, in Calderdale (15.6), Leeds (13.3), and Wakefield (16.2), suicide rates are higher. The causes of variation between areas are complex. Despite many similarities across the whole of West Yorkshire, each authority has a unique population, set of risk factors and protective factors, and unique set of priorities in preventing suicide.

In line with the Cross-Governmental Outcomes Strategy for Suicide Prevention, suicide audits are carried out by local authorities, reviewing HM Coroner's records, and collecting data and wider intelligence on suicides. Audit (and some nationally provided ONS data) helps understand how suicide rates and risks may be distributed throughout society.

The following four bullet points are key to suicide prevention in West Yorkshire, and all work delivered through the action plan should consider these risk factors:

- Significantly more suicides occur in males. However, the way inquest data is recorded and collected means we may underestimate the incidence of suicide in females. In addition, we know little about suicide in those who are transgender or non-binary.
- Most suicides occur in heterosexuals. However, how we record and process data means we know little about suicide in lesbian, gay and bisexual people or those who describe their sexual orientation in other ways.
- Most suicides occur with 'White British' people. However, poor recording of ethnicity data makes it difficult to understand the relative incidence in all other ethnic groups. Audits have highlighted multiple suicides in some groups, such as young Polish men.
- Suicides commonly occur with people who are unemployed or in low-wage, skilled-manual and self-employed work.

Factors increasing the risk of suicide in West Yorkshire

Suicide audits tell us a lot about the risk factors and wider determinants of health among people who have taken their own lives. The most common risk factors are summarised here. Additional data can be found in each local authority audit report.

- Adverse life course events, particularly difficulties with relationships, loss of contact with children, development of financial difficulties/exclusion, bereavement (especially from suicide), poor physical health including chronic pain and/or long-term conditions, and social isolation.
- Existing mental health conditions, commonly depression, anxiety, insomnia, and psychotic disorders.
- A history of self-harm and previous attempted suicide.
- Alcohol is a key risk factor, but also other substance misuses, commonly with cocaine, cannabis, and opioids.
- Trauma, particularly a history of adverse events in childhood.
- Contact with the criminal justice system.

How suicide can be prevented in West Yorkshire

We know that most suicides in West Yorkshire involve residents of West Yorkshire. Many have always lived locally, others have moved more recently, and almost all have experienced significant life events within the county. To prevent suicide, we need to embed suicide prevention throughout the life course.

- Most people who die from suicide have been in recent contact (in the last three months) with health and care services. Most frequently, they access primary care (around half), with fewer (around a quarter) having contact with mental health services.
- Other services helping people with unemployment, relationships, substance abuse, and other risk factors may also be well-positioned to prevent suicide.
- People who share their suicidal intent before enacting on suicidal ideations commonly share with either friends and family or health and care professionals.
- Crisis and early interventions may be directed to suicide and possible suicide clusters through communication and information sharing across the system (including RTSS).

Several key areas have been highlighted in the national strategy and subsequent amendments (2012):

- Reduce the risk of suicide in key high-risk groups, particularly middle-aged men.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by suicide or self-harm, encompassing the needs of family members, carers and friends of people who display self-harm and suicidal ideation behaviours.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.
- Addressing issues of self-harm.

A 2019 update to the strategy highlighted further priority areas:

- Working in partnership with local government to embed their local suicide prevention plans in every community.
- Delivering our ambition for zero suicide in mental health inpatients, improving safety across mental health wards, and extending this to whole community approaches.
- Addressing the highest risk groups, including middle-aged men and other vulnerable people such as people with autism and/or learning disabilities and people who have experienced trauma by sexual assault and abuse.
- 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.
- Addressing increasing suicides and self-harming in young people.
- Improving support for those bereaved by suicide.

Vision: Where do we want to get to?

Suicide is a preventable cause of death. So, the overarching vision at a West Yorkshire level is an aim for Zero Suicides.

We align with the [Zero Suicide Alliance](#) and many other organisations nationally and internationally that believe that suicide is not inevitable but preventable.

Every death is one death too many, so a ‘zero suicide’ philosophy underpins this strategy.

Our five-year target is a minimum **10% reduction in suicides** across West Yorkshire to work toward this.

This vision makes suicide prevention **everyone’s** business. To prevent suicides, we all must play our part, and this includes individuals, communities, private organisations, the NHS, local authorities, employers, emergency services (fire, police, ambulance), etc.

We will take a life course approach to suicide prevention by understanding and responding to suicide risk throughout an individual’s life, starting with pregnancy and following through to older age. In addition, we will focus on the wider determinants of health and the possibility of creating healthier lives through intervention at critical periods in an individuals lifetime.

To help us achieve our vision, we have agreed five core principles to guide West Yorkshire wide decision making and action:

- ✓ **Co-production:** enabling people with lived experience of suicide and suicide bereavement to lead the work.
- ✓ **Evidence-based action:** ensuring that we understand the data and use an insight approach in all we do to maximise impact on suicide rates.
- ✓ **System-wide impact:** ensuring that the WYHCP work adds value and impact to existing work at place through our four functions – influence, aware, share, do.
- ✓ **Life course approach:** understanding the protective and risk factors, health inequalities and the life course to intervene as early as possible to reduce suicide risk and prevent death.
- ✓ **Combatting stigma:** creating a West Yorkshire where everyone can talk about their mental health and suicide will reduce the risk of suicide.

Suicide prevention is everyone's responsibility

The national government lays out statutory responsibilities for suicide prevention to local suicide prevention groups held within local authorities. These are made up of local health and care, police, and VCS partners. In addition, other groups, documents, and sources of data are in place to support this process (Figure 4 on page 17).

Anyone able to influence any one of the areas shown in the circles to the right can help prevent suicide. Accordingly, we believe that every suicide is preventable at a system level, in line with the Zero Suicide Alliance.

However, everyone reading this strategy must understand that focusing on individuals and what could have been done differently is not helpful and a risk factor for suicide. Therefore, this strategy aims not to focus on an individual level but rather on systemic change.

We are clear that the responsibility for prevention sits beyond individual contacts, with wider health and care, economic and social systems.

The ICS stands by this ambition and aims to do this sensitively without blame and with the understanding that embedding prevention across the system is neither quick nor easy.

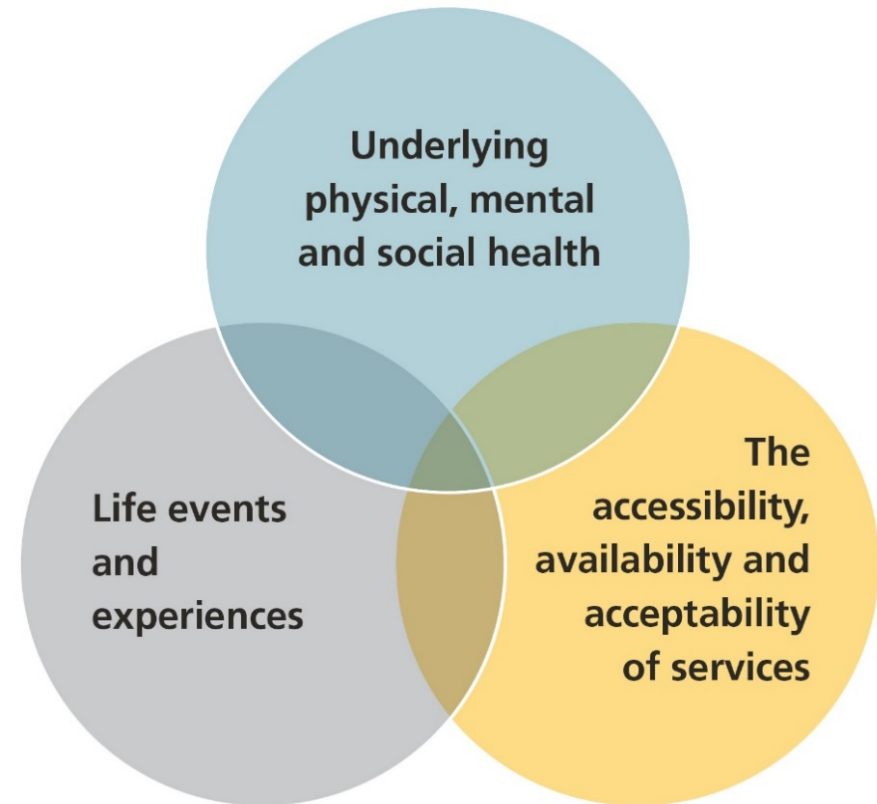
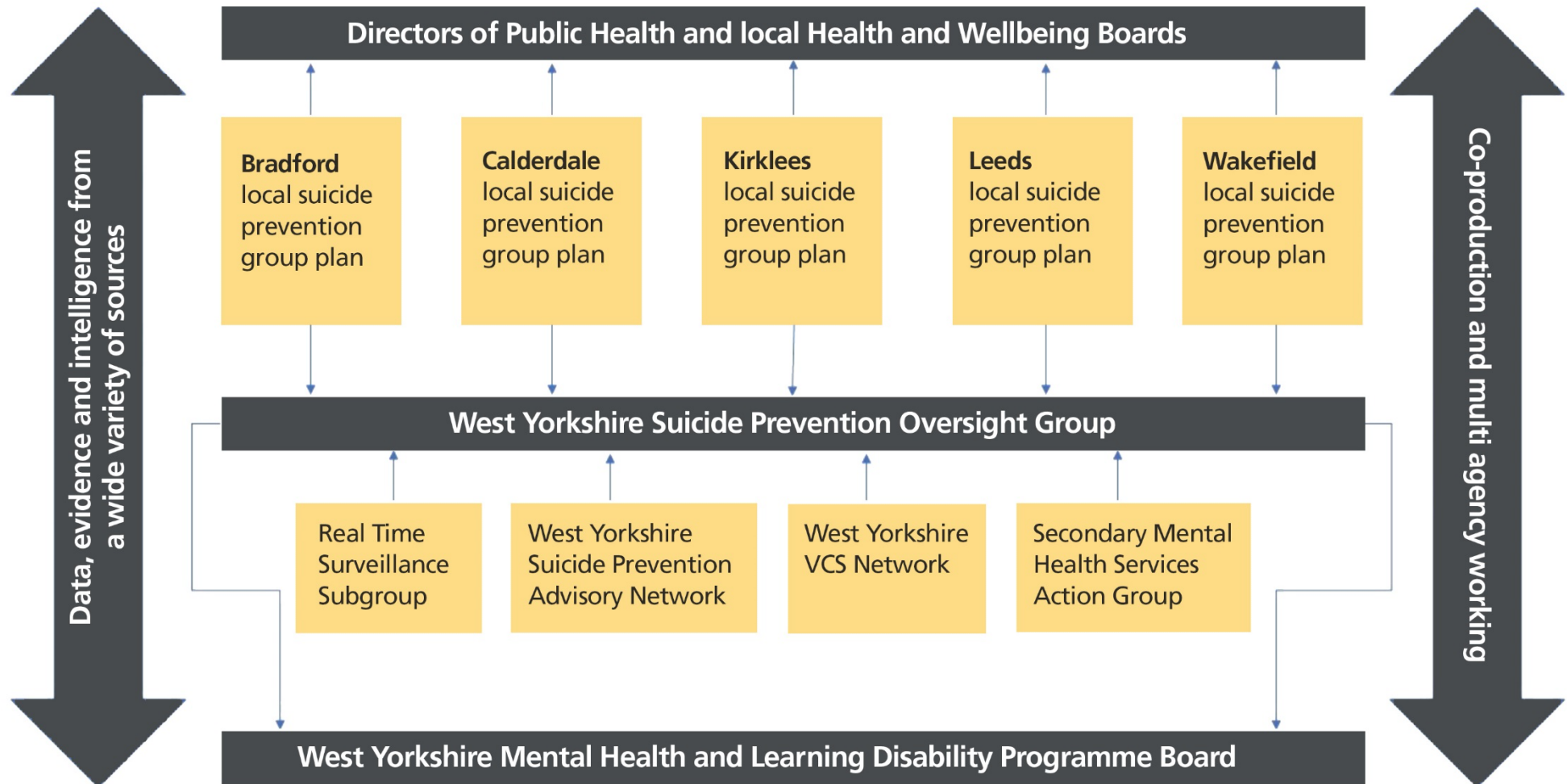


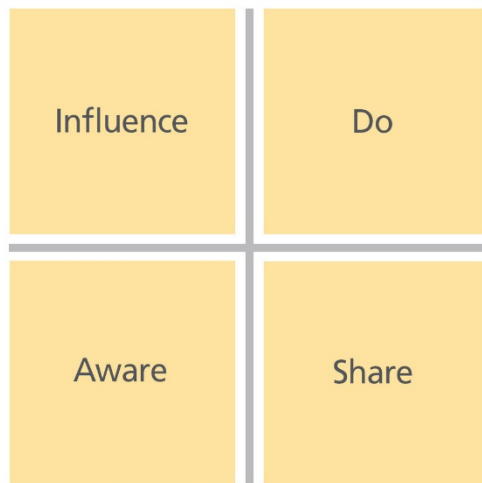
Figure 4 - Governance



How can the West Yorkshire Health and Care Partnership add value?

The WYHCP can add value to existing suicide prevention work in four ways:

- **Influence:** Influence parts of the wider system to help prevent suicide.
- **Do:** Implement or commission specific research, projects, and interventions where it makes sense to do so at a larger scale and scope.
- **Aware:** Increase awareness of suicide prevention across the health, care, and VCS system.
- **Share:** Share good practice across the health, care, and VCS system.



The Suicide Prevention Oversight Group (SPOG), as a part of the WYHCP, enables action, influence, awareness and sharing around suicide prevention to occur across the wider system. Partners from all five local authorities and many others are represented in this group.

The SPOG has considered and sense-checked what should be done at a local authority level or lower and what makes sense to do West Yorkshire-wide. For all suicide prevention work, we have decided or will decide:

1. What should be done once across West Yorkshire in the same way for each place on behalf of West Yorkshire; part of this strategy and action plan.
2. What should be done five different times across the system, in similar ways, with coordination and collaboration across West Yorkshire delivered by the WYHCP; part of this strategy and action plan.
3. Work that should be done locally and differently in each of our five places, with the WYHCP providing a forum to share good practice; part of local suicide prevention plans.
4. Work that may only be happening in one or two of our places, part of place-based suicide prevention strategies and plans.

Action Plan (2021-2026): How do we achieve the vision?

The action plan covers a five-year period and will be updated and amended in response to externalities and the formative evaluation of progress. Each year new systems-based work will commence, whilst work started in previous years will continue to be built upon, ensuring sustainable system-wide working that complements what is happening in local areas. This will include scoping and gathering of qualitative and quantitative measures.

Years 1 - 5 (April 2022 – April 2027)

Aim 1

Embed system-wide cross-sector **collaboration** in suicide prevention so it is **everybody's business**.

Outcomes

- Improved VCS, Public Health, YAS, Police, transport involvement in Suicide Prevention.
- Improved knowledge, information, and shared approaches.
- Investment in place-based suicide prevention partnerships.
- Increased media and public engagement.

Actions

1. Diversify the SPOG to include wider system partners.
2. Develop and diversify the WY VCS network to be an action learning and peer support forum open to all.
3. Develop and diversify the Suicide Prevention Advisory Network (SPAN) to be a place where positive approaches are celebrated, learning is shared and systems thinking is sparked.
4. Embed our Engagements and Partnership worker to add capacity to system.
5. Sustain investment in local solutions, focused on community assets through channelling investment through public health suicide prevention programmes at 'place'.

Measure

- SPAN network numbers
- Website sign up
- Partner feedback

Aim 2

Improve system-wide **information sharing** around suicide prevention, identifying and sharing what works.

Outcomes

- WY HCP supports the ability of all its partners to share resources, evidence, and support.
- Real time surveillance informs the strategy and planning at system and at place.
- National and local evidence informs the strategy and planning at system and at place.
- Qualitative and quantitative information and lived experience are valued and used.
- Enable future suicide audits to better inform future suicide action plans.

Actions

1. Develop a website as a platform for sharing evidence and celebrating what works and what the evidence says and directing people to local and national sources of support.
2. VCS and SPAN network development to include planned real time information sharing across key partners – including pragmatic use of RTS Data.
3. Sharing across the system, particularly organisations supporting those at the greatest risk of suicide through the use of bulletins to partners and media logs.

4. Improve communications profile of Suicide Prevention Programme, including via social media.
5. Convene Public Health leads meeting for greater peer support and collaboration.
6. Develop the real time surveillance system through a multi-agency action plan, enabling WY Police, YAS, FRS and other system partners to contribute to, share, and action intelligence.
7. Ensure there is platform to share qualitative as well as quantitative information around suicide prevention.
8. Work with relevant parts of the criminal justice system to understand how routinely collected data can be optimised to support and direct suicide prevention activities.
9. Work with relevant parts of the criminal justice system to better understand whether there may be groups at high risk of suicide who are not well represented in current data-streams.
10. Learn from other data sources, for example, emergency department and ambulance service data, where we can.

Measure

- SPOG attendance
- RTSS and plan implementation
- SPOG feedback

Aim 3

Climb the ladder of **co-production** to bring lived experience to the heart of what we do.

Outcomes

- People with lived experience of suicide attempts and suicide bereavement are leaders in suicide prevention in West Yorkshire. They influence decisions, provision, and change.

Actions

1. Investment in tender for suicide prevention coproduction project with two-year pilot.
2. Ensure coproduction has a leadership role in all system wide workstreams.

Measure

- Number of co-produced workstreams
- Continual feedback



Aim 4

Target resources and investment at communities where suicide risk is the highest where it makes sense to do so at a West Yorkshire footprint.

Outcomes

- Places, organisations, and funders target the communities where local, regional, and national evidence indicates suicide risk is the highest.
- Promote preventative approaches that focus on the protective factors for poor mental health
- People who are bereaved by suicide are supported, as they are themselves at higher risk.
- The system can respond in real time to what is happening in communities.

Actions

1. Provide a dynamic and ongoing response to changes in suicide risk to continue to focus on those groups most in need of support organised and facilitated at an ICS level.
2. Provide specialist Gypsy and Traveller Suicide Prevention service.
3. Deliver ex-service personnel prevention campaign.
4. Regional support to place based suicide prevention groups/networks to gather and interpret local data and evidence, specific to place.

5. Deliver an effective suicide bereavement service which is led by people with lived experience, and advocate for sustainable investment.
6. Continue to collaborate with a wide range of partners to enable them to reach men who are unemployed and particularly vulnerable as furlough ends and the economic impact of the pandemic played out.
7. Use real time surveillance information to support place-led responses, including at high-risk locations and clusters/contagion.
8. Work across the ICS and wider system to ensure suicide prevention is considered by workstreams offering wider support to groups at increased risk of suicide.

Measure

- RTSS data
- Outcomes data
- HM Coroner's data

Aim 5

Enable organisations within the WYHCP to reduce suicide risk among their **staff and volunteers**.

Outcomes

- Acknowledging our own role as anchor institutions in preventing suicide among workforces.
- Protect health and social care workforce from suicide as the pandemic and other significant pressures continue to have an impact.
- Ensure that workplace and other wellbeing offers are inclusive of those most at risk of suicide.

Actions

1. Continue to promote and develop the staff Check-In campaign.
2. Support the [mental health and wellbeing hub](#) to be inclusive of those most at risk of suicide.
3. Improve understanding of staff and volunteer suicide risk factors to ensure we support for those most at risk.
4. Contribute to conversations and strategies promoting compassionate leadership to ensure that health and social care system understands suicide protective and risk factors.

Measure

- SPAN network numbers
- Website sign up
- Partner feedback

Aim 6

Improve the situation for people who reach **crisis point**.

Outcomes

- Support the mental health system so that fewer mental health patients and fewer people who are in crisis die by suicide.

Actions

1. Bring together the secondary mental health trusts to understand and share learning from serious incidents, investigations, near misses and inquests and continue to implement and self-assess against the NCISH recommendations 'safer services toolkit'.
2. Improve real time surveillance (including WYP, YAS and others) so that the system and local areas get information about self-harm and suicide attempts. Use this information to shape investment decisions and service improvements.
3. Improve understanding of pathways between services and across West Yorkshire for people who are suicidal and their carers, including those who are in crisis.
4. Bring substance misuse / alcohol/ domestic violence services into the SPAN.

Measure

- RTSS distribution and contribution list
- RTSS data

Years 2 - 5 (April 2023 – April 2027)

Aim 7

Focus on preventing **Children and Young People** from dying by suicide.

Outcomes

- Scope and complement existing place-based Future in Mind programmes, child mental health, self-harm and suicide strategies and action plans.

Actions

1. Scope and advocate for investment to support all children and young people who attempt suicide and/or are bereaved by suicide in West Yorkshire.
2. Develop links and pathways with the Violence Reduction Unit, YOI Wetherby, and liaison and diversion teams, building a programme of work around young people and contact with the criminal justice system, domestic abuse, and adverse childhood experiences.
3. Ensure the SPAN is inclusive of children and young people.
4. Improve real time surveillance to include information about children and young people who die by suicide or attempt suicide and self-harm.
5. Offer suicide prevention training.

Measure

- RTSS and ONS data
- Training outcomes and outputs
- HM Coroner's data (summative only)

Aim 8

Support general practices and **primary care** services to better understand and respond to suicide risk.

Outcomes

- Greater integration and understanding of risk factors.
- We know that people ask for help from GPs and other services **and** we want to get them to the right place to prevent death.

Actions

1. Explore how Population Health Management can support us to reach those most at risk of suicide.
2. Improve systemic primary care responses to self-harm and risk factors, so that people who seek help from primary care are included and supported; linking with social prescribing link workers and others in the system who understand local community offers.
3. Offer training and support, support informed enquiry about suicide ideation.

Measure

- HM Coroner's data
- Training outcomes and outputs

Aim 9

Intervene and support people who become **unemployed** or lose income.

Outcomes

- Many people who die by suicide in WY are unemployed, we know that financial difficulties such as gambling, and debt have a significant impact – we want to intervene.

Actions

1. Positive engagement of DWP / Job Centre and other organisations who support people who are unemployed, including prison leavers.
2. Consider co-ordinated WY campaign to reach out to sectors where we know redundancies will occur, should this pathway be developed.
3. Scope and map food banks as a means of reaching people and families most at risk.

Measure

- HM Coroner's data
- Partner feedback
- Outputs and outcomes of services

Aim 10

Support people who **attempt suicide**, to prevent their death.

Outcomes

- Ensure that those who present at urgent care services having attempted suicide do not go on to take their own lives.

Actions

1. Improve RTS so that the system has a greater understanding of suicide attempts and self-harm to inform practice.
2. Support interventions that are appropriate for the person who presents in crisis and reduce access barriers for support.

Measure

- RTSS data
- HM Coroner's data

Aim 11

Reduce suicides among **perpetrators** and **victims** of specific crimes.

Outcomes

- Improve understanding of risk and offer support suspected perpetrators and victims of domestic abuse and those accused of sex crimes.

Actions

1. Scope and deliver interventions for perpetrators and family members / victims of domestic abuse and those accused of possessing indecent images or other highly stigmatised crimes.
2. Explore female offender pathways to improve knowledge.
3. Offer training and support.

Measure

- RTSS data
- HM Coroner's data

Years 3 - 5 (April 2024 – April 2027)

Aim 12

Reduce suicide risk among people who may live alone, experience **loneliness**, or are socially excluded and marginalised.

Outcomes

- Support housing associations and housing organisations to prevent suicide, using what we know about people who live alone and suicide risk.

Actions

1. Review isolation and loneliness strategies and place to understand where the working at a system level can add value.
2. Offer training and support.
3. Build relationships with health and housing teams.
4. Build relationships with third sector organisations with similar visions (for example, the Jo Cox Foundation).

Measure

- HM Coroner's data

Aim 13

Influence those providing care for **physical health** and long-term conditions (including chronic pain) to consider suicide prevention.

Outcomes

- Ensure those experiencing difficulties with physical health and long-term conditions have access to the support they require in managing their mental health.

Actions

1. Make every contact count: linking in to improve suicide awareness at touchpoints with the system.
2. Audit and support meaningful mental health engagement, signposting and sharing of information in relevant primary and secondary care services.

Measure

- HM Coroner's data



Evaluation: How will we know when we have got there?

Across West Yorkshire, different local suicide prevention partnerships have taken different approaches to evaluate the impact of their action plans.

The SPOG action plan aims to build in evaluation from the start, informed by methods employed at place.

This has been split into:

- Ongoing evaluation carried out as the work is delivered, which will guide further strategy implementation.
- End of strategy evaluation to show both how well the SPOG have implemented the strategy and the overall effectiveness of the strategy in achieving the visions of the SPOG.

Ongoing

At every SPOG meeting there will be a brief report providing:

- A report of progress against each aim in the action plan.
- A summary of key developments in the strategy.

Annually there will be:

- A rated report of progress against each outcome in the action plan.
- A report of progress on the key performance indicators (KPIs) listed under 'measures' in the action plan. The specific nature of measures such as 'RTSS data' will be dependent on the progress made in improving these data-streams.
- A chance for feedback from members of the SPOG and SPAN partners undertaking partnership work to deliver this strategy.
- A clear statement to continue working as per the strategy, or to make specific modifications in response to feedback.

End of Action Plan

After the strategy's completion in five years, further evaluation is planned, involving:

- A plot of suicide counts across West Yorkshire over the last ten years, with an estimate of the change in suicide frequency between 2016-2021 and 2020-2026. Age-adjusted suicide rates would be a better measure of the strategies impact on suicide, accounting for temporal changes in population size and composition and linking to the WY HCP priority targets. However, suicide rates are only publicly available as a three-year average with a two-year delay before publication. ONS provide suicide counts annually that should better fit the timescales of the evaluation.
- A report of progress against each outcome.
- A plot of KPIs across the five years.
- A summary of relevant changes and trends in suicide audit findings where available.
- A summary of trends in SPOG and partner feedback

This work will be accompanied by commentary and discussion to understand the impact of the strategy, what worked well, and where the most improvement is required.



Afterword



Pictured above from left to right: Nichola Sanderson, Deputy Director of Nursing at Leeds and York Partnership Foundation Trust, Kim Shutler, CEO at The Cellar Trust and Darryl Thompson, Director of Nursing, Quality and Professions, South West Yorkshire Partnership Foundation Trust

Too many people take their own lives in West Yorkshire, more than in most other parts of the country. As the Senior Responsible Officers for suicide prevention across the West Yorkshire Health and Care Partnership (WYHCP), we are committed to doing everything we can as a system to prevent the devastating loss of life and the enduring impact every death has on a vast number of people, communities, employers, colleagues, friends, and families.

We think suicide is preventable. Our zero-suicide approach runs through this strategy and plan. We want to continue to deliver a

collaborative approach, which makes suicide prevention everybody's business. Only by working collectively as a group of organisations and citizens, including communities, voluntary and community sector organisations, emergency services, NHS organisations, local authorities, and others, will we bring the suicide rate down.

This strategy highlights the significance of our five place-based suicide prevention plans and how the Health and Wellbeing Boards of Bradford, Calderdale, Kirklees, Leeds, and Wakefield oversee local action. This West Yorkshire strategy and plan adds value and highlights key areas where we have agreed to work together regionally over the next five years.

As a partnership, we continue to understand the importance of research, data and evidence. We will use what evidence tells us about where we should concentrate our efforts and the opportunities to intervene. We know that people ask for help; we need to get better at providing inclusive and responsive support as a system.

Suicide prevention really is everyone's business; only through working together will we reduce the suicide rate. So please come and join us in realising our vision to reduce the suicide rate.

You can read lots more about suicide, what puts people at risk, how to protect people from suicide, and what's going on to prevent suicide in West Yorkshire on our website suicidepreventionwestyorkshire.co.uk.

If you haven't already done so, please take the 20-minute Zero Suicide Alliance suicide prevention training here:

<https://www.zerosuicidealliance.com/training>

Please sign up to join our Suicide Prevention Network and be part of our movement for change across West Yorkshire. You can also sign up to get the latest updates on suicide prevention:

<https://suicidepreventionwestyorkshire.co.uk/news-and-blogs/Keep-Updated>

Find local and national organisations who can offer support in your area of West Yorkshire at:

<https://suicidepreventionwestyorkshire.co.uk/support-your-area>

Connect, talk, support.

January 2022