



West Yorkshire Suicide Prevention Strategy 2022 - 2027

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Summary

- This WY 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
- Office for National Statistics (ONS) data shows that suicide is more common in West Yorkshire than in England as a whole, and rates have been increasing over the last few years.
- The strategy is targeted to where such evidence tells us we are most likely to have an impact. This West Yorkshire suicide prevention strategy falls into the framework of **influence, do, aware and share**.

Vision: Where do we want to get to?

- 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**
 - **combatting stigma**

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**.

Share Years 1 to 5

- Embed systemwide cross sector collaboration in suicide prevention
- Improve systemwide information sharing around suicide
- Improve the situation for people who reach **crisis** point.

Aware Years 1 to 5

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

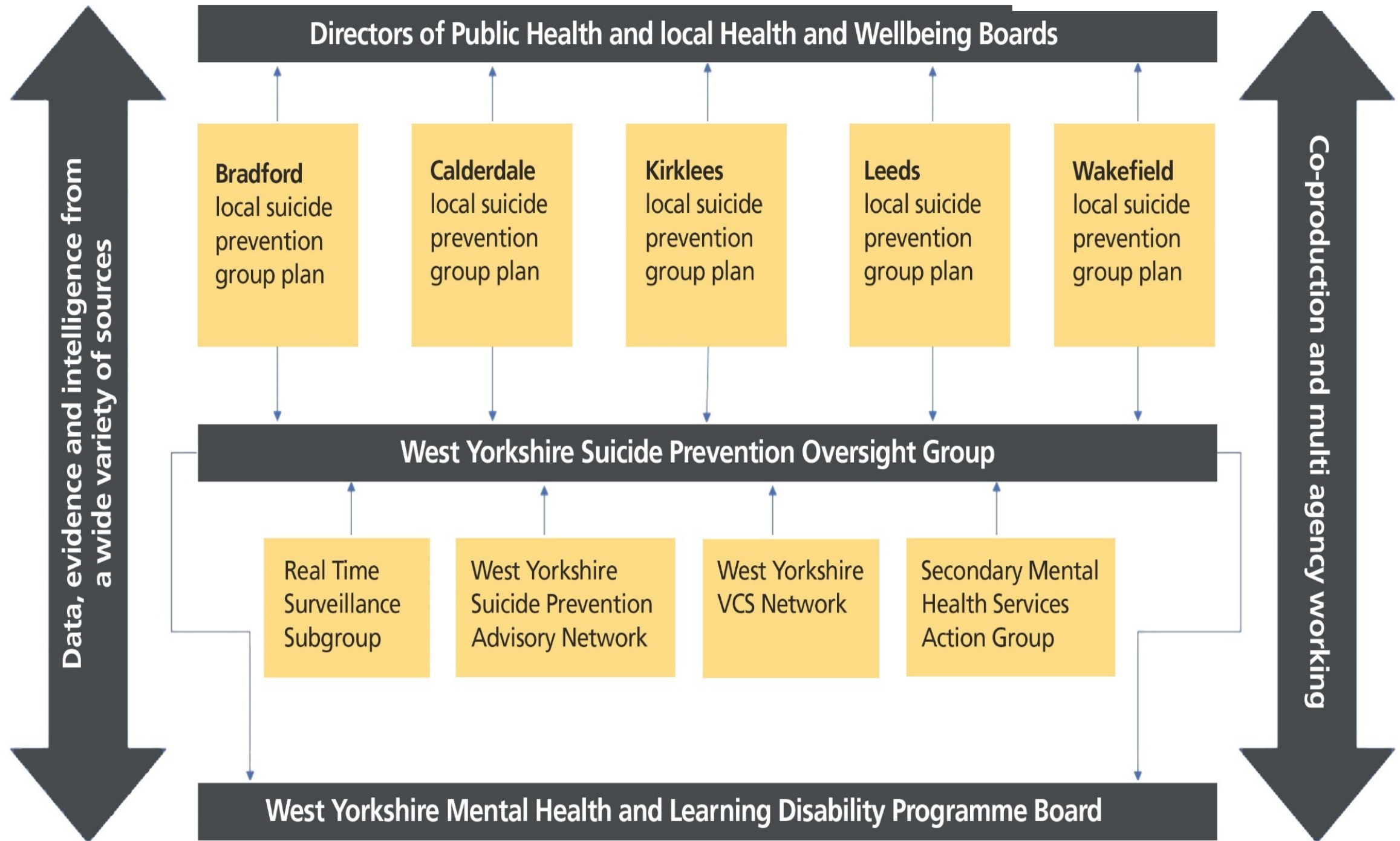
•Years 2 to 5

- 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**.



WY Strategy Aims will co-exist as BDCFT Aims

- **Aim 1** - Embed system-wide cross-sector **collaboration** in suicide prevention so it is **everybody's business**
- **Aim 2** - Improve system-wide **information sharing** around suicide prevention, identifying and sharing what works
- **Aim 3** - Climb the ladder of **co-production** to bring lived experience to the heart of what we do
- **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
- **Aim 5** - Enable organisations within the WYHCP to reduce suicide risk among their **staff and volunteers**
- **Aim 6** - Improve the situation for people who reach **crisis** point

WY Strategy Aims in line with BDCFT Aims

- **Aim 7** - Focus on preventing **Children** and **Young People** from dying by suicide
- **Aim 8** - Support general practices and **primary care** services to better understand and respond to suicide risk
- **Aim 9** - Intervene and support people who become **unemployed** or lose income
- **Aim 10** - Support people who **attempt suicide**, to prevent their death
- **Aim 11** - Reduce suicides among **perpetrators** and **victims** of specific crimes
- **Aim 12** - Reduce suicide risk among people who may live alone, experience **loneliness**, or are socially excluded and marginalised

BDCFT Local Response to the Strategy :

- **Co-production**
- BDCFT will have Carer representation on the SP steering group, have patient representatives on all committees, including Quality and Safety Committee
- **Evidence-based action**
- BDCFT will share and use our data to influence and review our response to suicide monthly through the SP Steering group
- BDCFT will share and use our data and the intelligence from WY SPAN, SPOG and Bradford Steering Group to inform change
- **System-wide impact**
- BDCFT will engage and attend the strategic and operation WY groups SPAN and SPOG, Bradford steering Group and feed data and intelligence to inform evidence based outcomes
- **A life course approach**
- BDCFT recognise the need for an all age community response and will engage with VCS, service users, carers and community services to inform decision making
- **Combatting stigma**
- BDCFT will hold a Suicide Prevention Awareness Day and invite, staff, service users, carers, VCS, PCNs, Acute Hospitals, Emergency Services

BDCFT Will: Influence Years 1 to 5

- Ensure that suicide **prevention** is the business of everyone; BDCFT will use our SP Event and collaborative approaches to care, employment and engagement
- Climb the 'ladder' of **coproduction** to ensure lived experience is at the heart of all that we do – BDCFT will employ peer support within our workforce as we deliver the transformation programmes
- Enable organisations within the WY HCP to reduce suicide among their **staff and volunteers**- BDCFT will review employees experience, through an anonymous survey monkey to understand suicide risk within the organisation and EHW response

Share Years 1 to 5

- Embed systemwide cross sector collaboration in suicide prevention – BDCFT will be a key stakeholder in the WY programmes
- Improve systemwide information sharing around suicide- BDCFT will engage and share intelligence with the WY SPAN
- Improve the situation for people who reach **crisis** point – BDCFT will use real time intelligence to learn and improve service responses through the SP steering group

BDCFT Will:

Aware Years 1 to 5

- Support general practices and **primary care** services to better identify and respond to suicide risks – BDCFT will engage with the PCNs as part of the transformation programme
- Support those providing care for **physical health** and long-term conditions to prevent deaths by suicide –BDCFT will work and engage with Acute Hospitals in the psychological therapies service commissioning discussions (?)

Do at a BDCFT 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- BDCFT will use clinical evidence to work with Bradford Steering Group to inform planning and use of resource/ funding

•Years 2 to 5

- Prevent people who **attempt** suicide from going on to take their own lives - BDCFT will offer service users bio psycho social assessments post suicide attempts and implement safety planning within First response and the Acute Liaison Psychiatric service. Research findings indicate that safety planning post ED attendance reduces the odds of a patient engaging in suicidal behavior.
- 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** – BDCFT will develop the IPS work, the homeless agenda and Criminal justice liaison and diversion services.

•Years 3 to 4

- Work together to prevent suicide among people experiencing loneliness and **isolation** – BDCFT will work with VCS and community services to develop the agenda