HEALTH AND WELLBEING BOARD

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH**

Date: **Monday, 18th May, 2015**

Time: **2.30 p.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.

3. Suicide - Independent Review of Actions and Future Strategy (report herewith) (Pages 1 - 53)

ROTHERHAM BOROUGH COUNCIL

1.	**Meeting**	**Extra Ordinary Health & Wellbeing Board**
2.	**Date**	**18 May 2015**
3.	**Title**	**Independent review of actions taken following a group of suicide events in Rotherham and future strategy in tackling the risk of suicides.**
4.	**Directorate**	**Public Health** **Report author: Jo Abbott** **Consultant in Public Health** **Jo.abbott@rotherham.gov.uk**

5. Summary

5.1 The purpose of this report is

a) **to report formally the key findings of the independent report commissioned by the Council to examine circumstances surrounding the four deaths by suicide of boys and young men in Rotherham aged between 15 and 19 years of age since 5th November 2011 and two identified self-harm incidents as late as March 2014.Two of those who died by suicide and one of the self-harm incidents were students attending School A.**

and

b) **to present Rotherham's Suicide Prevention Action Plan and its model Rotherham Suicide and Serious Self harm Community Response Plan for consideration and approval by the Board**.

5.2 Attached to this report are three appendices

A Executive Summary of An Independent Review of Actions Taken Following a Group of Suicide events in Rotherham

B Draft Rotherham Suicide Prevention and Self Harm Action Plan

C Rotherham Suicide and Serious Self Harm Community Response Plan.

5.3 The authors of the report express their deepest sympathy to the family and friends of the young people who died by suicide or acts of self-harm.

5.4 Enclosed is the updated Rotherham Suicide and Serious Self Harm Community Response Plan that was developed during the response. This has subsequently been used in schools across Rotherham who have had incidents of serious self-

harm amongst their pupils. The schools involved have provided positive feedback about using the plan which addresses a wider community response through 'circles of vulnerability'. This does **not** replace the support that the NHS, Social Care and the Police may be providing for individuals and their families.

The enclosed Rotherham Suicide Prevention and Self Harm Action Plan incorporates the recommendations from the independent review plus the six areas for action as outlined in the Department of Health Suicide Prevention Strategy 2012.

6. Recommendations

6.1 That the Health and Wellbeing Board note the Executive Summary of the Independent Review.

6.2 The Board accept and endorse the Rotherham Suicide Prevention and Self-Harm Action Plan and task the Rotherham Suicide Prevention and Self Harm group to implement it.

6.3 The Rotherham Suicide Prevention and Self Harm group are tasked to provide a minimum of an annual update to the Health and Wellbeing Board about progress made in implementing the plan.

6.4 The Board accept and endorse the Rotherham Suicide and Serious Self Harm Community Response Plan, the use of which will be promoted by the Director of Public Health in the case of any future incidents.

7. Background

7.1 Between 2011-2013 both local elected ward members in the area adjacent to School A and the Director of Public Health had been concerned about the number of teenage suicides and self-harm incidents in a short period, more than one of which had a connection with School A. The elected members expressed formal concerns about the need to respond to these incidents. Some common issues had been highlighted in the Child Death Overview Panel (CDOP) (22nd March 2013) which the Director of Public Health chaired.

7.2 Following discussions with the national team at Public Health England (PHE), a multi-agency strategy group was established in April 2013 in Rotherham to look at how to tackle the risk of any spread of such tragic events. Nationally there are no guidelines for dealing with teenage suicides, although The Samaritans have produced comprehensive guidance for use in schools. To add to the national knowledge on teenage suicides PHE recommended independent authors who could write a review of lessons learnt. RMBC subsequently commissioned the enclosed review.

8 Proposals and Details

8.1 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

8.2 Under the Health and Social Care Act 2012 Public Health transferred into the Local Authority. As suicide prevention is a Public Health Outcome Framework indicator (PHOF), the Director of Public Health established a Suicide Prevention Group in 2012. This group developed an action plan based on the Department of Health Guidance below.

8.3 In 2012 the Government produced "**Preventing suicide in England A cross-government outcomes strategy to save lives":**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

The strategy outlined six areas for action:-

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

8.4 To sit alongside the guidance a **Prompts for local leaders on suicide prevention** was published,also in 2012.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216930/Prompts-for-local-leaders-on-suicide-prevention.pdf

8.5 **The Mental Health Crisis Care Concordat**
The Mental Health Crisis Care Concordat is an agreement between services and organisations involved in the care of people in crisis. It sets out how organisations can work together to make sure people get the help they need when in mental health crisis.Rotherham Mental Health Crisis Care Plan is available – see link enclosed www.crisiscareconcordat.org.uk All statutory partners of the Health and Wellbeing Board are identified as leads within the Rotherham Mental Health Crisis Care Concordat Action Plan. The actions reflect the priorities of the Rotherham Suicide Prevention and Self Harm Group and recommendations from the Rotherham Independent Review.

8.6 **The Public Health Outcome Framework** (PHOF) identifies suicide as an indicator in men and women (indicator 4.10). Rotherham's data can be viewed here:

http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/0/par/E12000003/are/E08000018

Rotherham suicide rate for 2011-13 was 14.2 per 100,000 of the population. For men this scored "similar" to the benchmark of the England average of 13.8 per 100,000. For women the numbers were too low to record an age standardised mortality rate.

8.7 Between 5th November 2011 and March 2014 there were four deaths by suicide of young males in Rotherham between the age of 15-19 and two identified severe self-harm incidents. In January 2014 Rotherham Council commissioned "**An Independent Review of Actions Taken following a Group of Suicide Events in Rotherham"** from consultants recommended by Public Health England.

There were five key aims to the review:

1. To provide a supportive critique to the work undertaken to date in relation to prevention measures and response plans in the event of future suicides / unexpected deaths.

2. To determine whether there was an appropriate response to assessing and meeting the needs of the specified cohort of young people who have been identified as being closely affected by the events

3. To identify areas of work that has been undertaken to date, which requires redesign or additional specific interventions.

4. To develop a plan for a whole system approach to prevention of young people suicides and self-harm in Rotherham and ways in which any barriers could be overcome.

5. To recommend governance and reporting arrangements for the performance management of the Suicide Prevention and Self-harm Strategy and the Community Plan

The Executive Summary of the report which was finalised in January 2015 is attached to this report at Appendix A. The full report is available on the Council's website. The Council and its partners have used national guidance, the lessons from the independent review and its experiences of dealing with the tragic suicides and self-harm incidents to produce the plans described below.

8.8 During and since the production of this report the Council and its partners have worked through the Rotherham Suicide Prevention and Self Harm Group on an action plan to prevent suicide and self-harm and on a community response plan designed for use in relation to any future incidents of suicides. The draft Rotherham **Suicide Prevention and Self- harm Action Plan** (Appendix B) details many initiatives which have been implemented over the last two years, including:

- A bereavement pathway for children bereaved by suicide
- A suicide prevention conference aimed at front line workers
- Suicide prevention training such as Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (for front line staff)

- CARE about suicide cards for front line staff (Concern, Ask, Respond, Explain)
- Work with the Rotherham Youth Cabinet on self-harm
- GP 'top tips' in suicide prevention developed.
- Rotherham Guidance on self-harm.

8.9 The enclosed **Rotherham Suicide and Serious Self Harm Community Response Plan** (Appendix C) has been developed to assist Rotherham communities and agencies to manage or contain an actual or potential suicide cluster or where there might be a risk of one. The expectation is that in future the Director of Public Health would define whether there was either a risk of or an actual cluster. A community response plan will be developed and implemented by members of the community and the services that support them in order to manage and contain the associated risk of 'copycat suicidal acts' if such a risk occurs. The plan can be applied to a particular geographical area, a particular facility e.g. a school, hospital or youth club, a rural or virtual community. The process will be chaired by Rotherham Public Health.

8.10 Alongside the development of these plans the All Party Parliamentary Group (APPG) on Suicide and Self – harm published an "Inquiry into Local Suicide Prevention Plans in England" January 2015. The APPG considered that there were three main elements that are essential to the successful local implementation of the national strategy. All Local Authorities must have in place:

a) Suicide audit work to in order to understand local suicide risk.
b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.
c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

Rotherham was one of the two local authority areas in the Yorkshire and Humber region which met all three requirements (p39). Rotherham was cited for the conference for frontline workers held in April 2013 (p40) and the CARE about suicide resource cards for frontline workers and the general public which encourages them to act on Concerns, Ask about Suicide, Respond and Explain their actions to help a person at risk(p 40& 70)

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http://www.samaritans.org/sites/default/files/kcfinder/files/APPG%20SUICIDE%20REPORT%2020012015.pdf

8.11 It is proposed that the Board note the recommendations in the Executive Summary of the independent report and that they approve the Rotherham Suicide Prevention and Self – Harm Action Plan and the Rotherham Suicide and Serious Self Harm Community Response Plan for future use in Rotherham, to be monitored by regular reports on progress back to the Health and Well Being Board.

9. Finance

The report will have financial implications:

Training: The Clinical Commissioning Group (CCG) has agreed to fund Mental Health First Aid (MHFA) training for adults and part fund Youth MHFA. Rotherham

Public Health is currently costing self-harm training for universal workers working with young people. They currently have a 10k budget to put towards all suicide and self-harm training.

Commissioning: NHS commissioners are asked to ensure mental health contracts address the needs of suicidal people and offer support to those bereaved by suicide. Partner agencies are signed up to the Crisis Care Concordat which supports people in crisis.http://www.crisiscareconcordat.org.uk/

Voluntary sector colleagues have a key role to play in suicide prevention and expectations on them have implications for existing and future resourcing.

10. Risks and Uncertainties

Families and communities bereaved by suicide are at higher risk of subsequent suicides than the general population. It is therefore important that any school (or community) are vigilant for two years post any suicide event.

Rotherham Public Health Outcomes Framework for suicide prevention reflects on the provision and outcomes of mental health services and mental health and wellbeing initiatives offered across Rotherham.

11. Policy and Performance Agenda Implications

11.1 Public Health England issued guidance in 2014 for Local Authorities to develop suicide prevention action plans.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf

Further suicide prevention guidance is due in 2015 and Help is at Hand (bereavement support) is currently being updated by PHE and will be available in 2015.

11.2 The National Mental Health Intelligence Network (NMHIN) and Public Mental Health Team launched the Suicide Prevention Profile on the Fingertips website in March 2015. This provides the latest data on suicides for local areas. You can access the tool directly from the link here: http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide.

12. Background Papers and Consultation

The following guidance was used to respond to the suicides during 2013:

Developing a community plan for preventing and responding to suicide clusters.
The University of Melbourne. Australia.

http://www.wyopmo.org/upload/Community_Plan%20Clusters,%20DoHA%202012.pdf

Samaritans (2013): Help when we needed it the most: How to prepare and respond to suicide in schools

http://www.samaritans.org/sites/default/files/kcfinder/files/step-by-step/How%20to%20prepare%20and%20respond%20to%20suicide%20in%20schools%20-%20December%202014.pdf

IPMHC
INDEPENDENT PUBLIC MENTAL HEALTH CONSULTANCY

Tony Ryan Associates
Supporting service and organisational development

An Independent Review of Actions Taken Following a Group of Suicide Events in Rotherham

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22th January 2015

FINAL

Executive Summary

Since 5th November 2011, there have been four deaths by suicide of young males in Rotherham aged between 15 and 19 years of age and two identified severe self-harm incidents (including an 11 year old attempted suicide in March 2014). Two of those who died by suicide and one of the severe self-harm incidents, were students attending the same school (School A) in Rotherham. There has also been a 20 year old who died by suicide and who was an ex-pupil of school A.

Based on the national suicide rates in 2011 within the 15 to 19 years age group, Rotherham would be expected to have one young person (aged 15 to 19) die by suicide every two years - (this also applies when considering the national average suicide rate in 15 to 19 year olds between 2001 and 2011). Within three calendar years in Rotherham (January 2011 to December 2013 there have been four suicides in people aged 15 to 19 years (compared to an expected rate of 1.5 in 3 years based on national rates).

A multi-agency response was established promptly to investigate the suicides within School A and assess whether they were related and what action needed to be taken to prevent further suicides.

Early in the process the Director of Public Health sought advice from Public Health England (PHE) regarding concern that Rotherham may be dealing with a suicide cluster – advice from PHE was to refer to it as "an investigation and prevention response related to suicides".

Providing assistance following a young person's suicide requires a sensitive and well-planned approach. Responding to the occurrence of multiple young people suicides provides an even greater challenge. Rotherham was faced with an unusual and complex set of circumstances which emerged over time following the recognition of a death occurring of a pupil at the same school as the initial death by suicide and a further severe self-harm incident..

This was a complex situation within a national policy and guidance vacuum. Whilst also needing to address these events practically, there was also a need to learn quickly how to deal with such a series of incidents. Whilst in retrospect it can be seen that there are issues that could have been addressed more effectively, Rotherham have been keen to learn from their response hence undertaking an independent review of lessons learnt.

It needs to be acknowledged that Rotherham was learning and gaining knowledge on suicide postvention throughout the response and which developed and became more sophisticated over the time period the incidents were managed.

The delivery of crisis response services in the aftermath of a young person's suicide is referred to as "*suicide postvention*".

Effective postvention is itself a primary form of prevention as well as support.

Successful suicide postvention is dependent on a timely efficient and targeted response.

The intention of this independent review is to describe and share learning from this co-ordinated, system-wide community response. This report includes a series of recommendations based on the lessons learnt and shared following a series of interviews with members of the three groups established under complex safeguarding procedures, examination of the minutes of the various groups established and emails / correspondence.

Rotherham has a history of good partnership working and although it is clear the agencies involved worked well together (the majority of those interviewed reported this), events happened in such a way as to somewhat mitigate against the timeliness of the overall postvention response.

To reiterate, it should be acknowledged that what has happened in Rotherham was a very unusual set of circumstances, very few people would have had similar experiences to draw upon for direction and that it was an extremely stressful process for all participants. Nevertheless, interviewees spoke positively about the desire of group members to work together and deliver a multi-agency solution to address the issues they faced.

Key findings

1. Identification of connection between the suicides and young people at risk

1.1. The discovery of a potential link between two suicides at a school via the CDOP led to a sequence of events, which was unusual and complex. Rotherham agencies had to deal with this situation within a national policy and guidance vacuum.

1.2. There were 15 months between the first and second suicides and the episode of near miss self-harm associated with School A occurred a further three months after the second suicide. The establishment of the first CDOP meeting in March 2013 identified a possible issue at the school with regards to the two suicides being potentially linked.

1.3. The lack of a clear national framework for action at the outset added to the difficulty in securing a clear early plan of action. However, the introduction of the multi-agency response under the RLSCB complex safeguarding procedures and the use of the Melbourne Guidelines (May 2013) to develop the Rotherham LSCB multi-agency guidance (June 2013), was helpful in providing a useful framework for action and a more organised approach to the meetings.

1.4. The initial police investigation into a possible link between suicides also added a further layer of complexity and delay to the multiagency response due to the need for police to be able to carry out forensic examination and interviews at the outset. Amongst the large amount of information gathered there was no evidence to substantiate criminal activity in the events under review.

1.5. There were issues with regards to confidentiality in light of the extremely sensitive nature of information pertaining to some specific individuals. Several people reported feeling uncomfortable about some of the discussions relating to some young people. This was not helped by the perception there appeared to be considerable uncertainty in the preliminary meetings, until facts had been more clearly established.

1.6. A cohort of young people were identified as high risk and their support needs assessed including:

- Work carried out to date including needs assessment and service provision
- Risk assessment of named individuals
- Identification of lead practitioners
- Engagement with parents

All the families of the young people involved were working with Social Workers, CAMHS professionals and the police. Although some families were more engaged than others, no families refused help, support or input.

1.7. Those interviewed felt that individual young people and families who needed support were identified and that a lot of effort went into this process, particularly by duty teams. The response by CAMHS and children's social workers was considered to be excellent. The response by police was also rated highly.

1.8. Support was provided by two named police officers in Rotherham, although these were not trained Family Liaison Officers (FLOs). This support was very much welcomed by one of the bereaved families. Indeed there was overwhelmingly positive feedback with regards to the police role and interventions within the response.

1.9. The balance between a vulnerable case / individual safeguarding approach and a broader public health population at risk based approach was challenging at times for many stakeholders.

1.10. It was felt that agencies needed to be quicker in responding e.g. in providing contact details, etc to ensure no delays in the implementation of the community response plan.

2. Identification of wider communities at risk

2.1. Four levels of "target risk groups" were identified and agreed, however, some people interviewed felt that there were different levels of understanding with regards to the four levels of risk. The identification of at risk individuals appeared to be predominantly focussed on the high risk individuals within School A and was not expanded to include broader vulnerable groups.
Overall there was insufficient identification of wider communities at risk and although "mapping" was mentioned in various strategic meetings, this was not produced.

2.2. There appeared to be insufficient contextual data / intelligence provided to the various groups on the epidemiology of suicides and deliberate self-harm in Rotherham. Although some routinely available local data was provided on young people suicides and CAMHS

activity with regards to DSH by individual schools, there were caveats with regards to data quality. This could be improved by the development of a real time surveillance system.

2.3. There is a lack of clarity as to what plans were put in place to ensure that support is offered to all bereaved families prior to the anniversary and the Inquest dates as per the current multi-agency guidance. A bereavement support pathway is currently being developed.

2.4. During the same time period that the response was underway, there were two further suicides in school aged children in Rotherham (17 year old male August and 16 year old male December 2013). While these did not appear to be linked to the first two suicides under investigation, the relevant part of the Community Response Plan (although in draft) was not initiated fully. Support was offered to the two schools affected via Educational Psychology and was offered to the families of the young people. Given the scale of the response in School A and the number of young person suicides, from a geographical point of view these two suicides should have been included within the cohort of young people suicides in Rotherham requiring an equivalent level of response.

2.5. There was little engagement with the wider community, other schools (particularly those where other suicides occurred) and voluntary sector organisations, youth clubs, sports clubs, faith groups and other relevant groups / organisations). The strategic group was uncertain as to whether additional publicity would have made the situation worse, the guidance recommended wider awareness raising. The lack of voluntary sector agencies included in the groups was mentioned by several interviewees (e.g. Samaritans). The latter having developed guidance for a media reporting approach (Step-by-Step) to postvention in schools and *Help is at Hand* (a resource for the bereaved).

3. The immediate response to parents, young people and the community

3.1. There was a perception of a lack of knowledge and expertise, early in the process, with regards to young people suicides. People felt they were working in unknown territory. Attempts were made to secure outside expertise early, however it was apparent that even national agencies e.g. PHE and NHS England lacked the policy guidance and expertise in this relatively new area in UK.

3.2. Some parents requested clear information to be made available for young people about where to go for help. Parents will know when there has been a suicide and require information to help them help their children and to provide reassurance that services are available to provide support when needed. Some parents felt the school should have targeted information to parents.

3.3.At a meeting held between three affected / bereaved parents on 1st July 2013 and the leads of the multi-agency response, the parents raised some useful issues which were incorporated into the action plan. It was reported that parents commented that "*they are grieving too*". Counselling was available via GPs but there did not appear to be sufficient access. Parents felt it would be useful to have a single point of contact to explain what support is available.

3.4. Parents felt that police should have interviewed all witnesses and people at the scene and that the investigation should have commenced much earlier. They also felt there should have

been follow up police interviews and that the same police officer should undertake those interviews.

3.5. School A offered information, guidance and support to the specific year groups who knew the deceased student and their known friendship groups, including the siblings' friendship group. A decision was taken not to involve younger year groups who would not have known the student who had died in this school of over 2,000 students.

3.6. There was no evidence of any formal communications **to all parents and students** within the school and outside of the school community with regards to the suicides e.g. local sports and youth associations, church and other groups where pupils may congregate outside of school. Other schools in the vicinity were not made aware of events. A general letter was sent to all parents in Rotherham just before school exams (June 2013) to signpost students to local support services should they feel stressed or worried.

3.7. Police examined access to suicide sites visited, contacts and messages sent. However, they did not have the ability/resources to investigate social media.

3.8. There did not appear to have been an issue with the establishment of memorial sites, etc; a memorial was set up on Facebook.

3.9. Overall, the provision of appropriate and timely information was insufficient including information about suicide risk, how to talk about suicide and about available services. The lack of information provided directly on suicide and self-harm at the time, was contrary to current community postvention guidance including the current RLSCB multi-agency guidance (June 2013) as is the lack of engagement with the local media. The lack of national and local guidance at the outset contributed to the lack of awareness raising.

4. Establishing support to the index school

4.1. Early in the response, there was a significant problem in communication between the Director of Public Health (DPH), Director of Children Safeguarding and Families (DCSF) and the Head Teacher (HT) at School A for various reasons, which culminated in significant difficulties in effectively initiating and implementing an effective multi-agency postvention response.

4.2. Although the Head Teacher of School A, in conjunction with the LA Director of Children Safeguarding and Families and the Director of Learning, agreed to carry out the necessary postvention work in the school and with partner agencies through the appointment of an Assistant Head, there was a difference of opinion between the School and the rest of the Strategic Group about the initial response and later how important parts of the community plan should be implemented. Achieving agreement appeared to have been very difficult.

Academies and schools under the provisions contained within sections 157 and 175 (respectively) of the Education Act 2002; and statutory guidance "Working Together 2013" have a legal "*duty to cooperate*" in safeguarding and wellbeing of pupils.

4.3. Whilst every effort was made to ensure joined up working and thinking in the initial stages, it was extremely difficult to have confidence that school A was effectively working

alongside the multi-agency group as the school did not recognise, at the time, that there was significantly heightened anxieties outside the school about what was happening at the school (including a police investigation). It is acknowledged that once the Assistant Head was appointed, the school was felt to be more involved. The newly recruited Assistant Head, Pastoral lead and the remainder of the school staff worked extremely hard within the structures and processes of the multi-agency response as far as possible, which enabled implementation of parts of the community response.

4.4. However, it was also reported during interviews by some individuals that they felt that they were held somewhat responsible for what had happened at the school and it was difficult to get their points of view across in the strategic meetings. This is in contrast to the perception of others interviewed, who felt that the approach to the school was more positive and supportive. It was suggested that a single point of liaison for the school would have helped and that coproduction of a Community Response Plan moving forwards would be helpful in moving towards this.

4.5. In effect, the issues relating to the problematic communications with the school has meant that the postvention response has not been as effectively delivered in School A in Rotherham as it could have been given the scale and joined up positive approach of all the agencies.

5. The Development of the Community Plan

5.1. As previously stated, the lack of a clear national framework for action at the outset added to the difficulty in securing a clear early plan of action. At the start of the process, there was ambiguity about the role of the initial multi-agency meetings established by the DPH and where it fitted within the current structures and processes established at Rotherham Borough Council. However, the introduction of the Melbourne Guidelines (May 2013) and the subsequent development of the Rotherham LSCB multi-agency guidance (June 2013) was helpful in providing a useful framework for action and a more organised approach to the meetings. This formalised arrangement within adapted guidance "*Rotherham multi-agency guidance for preventing and responding to behaviours which may indicate potential suicide or self-harm clusters*" (June 2013). This Community Response Plan is included under RLSCB and this should ensure that there is a clear strategic response, which all agencies are signed up to, established early on in future i.e. as early post-incident as possible. The Strategic Group was established on 2nd May 2013 and it was agreed on the 5th September to meet bimonthly until the lessons learnt report was completed. The work of the Operational Group and JIT was completed in July 2013.

5.2. There was a perception of a lack of knowledge and expertise, early in the process, with regards to young people suicides. People felt they were working in unknown territory. Attempts were made to secure outside expertise early, however, it was apparent that even national agencies e.g. PHE and NHS England lacked the guidance and expertise in this relatively new area. This was further compounded by the apparent link between two of the suicides and a severe self-harm incident, which led to an initial police investigation to assess whether a criminal act had taken place. As the Police had to carry out an investigation to see whether a criminal act had taken place, this resulted in other work being delayed or the course of work being changed until the police had completed the work required.

5.3. The Community Plan developed in Rotherham (based extensively on Melbourne guidelines), lists the key steps through preparedness, intervention, and follow up stages, however the plan remains very general and not specific to Rotherham. The plan will need further adaptation for local use following this review. (Rotherham Multi-agency Guidance for Preventing and Responding to Behaviours which may Indicate Potential Suicide or Self-Harm Clusters, June 2013).

5.4. Although there was a lack of information provided directly on suicide and self-harm, which is contrary to the current RLSCB multi-agency guidance (June 2013), the subsequent guidance developed recommends proactive working with media to help to ensure sensitive media reporting that encourages help seeking and does not increase the risk of further suicidal acts.

5.5. With regards to the established meetings, generally it was felt that there were too many meetings and too many attendees at many of these (i.e. several people attending from one agency / professional group). It was also felt the meetings were too long and there was extensive overlap of discussion.

5.6. It was perceived that agencies needed to be quicker in responding in the initial stages e.g. providing contact details and identifying senior leads.

5.7. As stated within the community plan, coroners and coroners' officers can offer immediate support. There was little evidence that this happened in Rotherham; one of the bereaved families felt there was a lack of support from the local Coroner. Concerns were also raised with regards to the Inquest process and different standards that appear to exist within different coroner areas.

5.8. An action plan was developed to ensure actions were implemented and monitored via the Strategic Group (see appendix 4), the last update to the action plan was November 2013. It was not clear at that point who had overall responsibility for ensuring the plan was implemented, who and what agency was responsible for delivery of which actions by when, the action plan is now being monitored by the Rotherham Suicide Prevention Group.

5.9. There remains a lack of clarity on the lead organisation and lead responsible for implementing the community plan moving forwards. This is particularly important for future postvention in specific schools and the ongoing surveillance / longer-term follow up actions. Although recorded in the minutes of the strategic group on 19th December that "*the aftermath of the work of the strategic group now belongs with the Suicide and Self-harm Prevention Group*" –if the Suicide Prevention Group is where the accountability now lies, the relationship between the suicide prevention group and the Rotherham Local Safeguarding Children's Board (and RLSAB) with regards to a future suicide and the threshold for initiating the community response remains unclear. Furthermore, the governance structures around the Suicide Prevention Group and the lines of accountability are not clear either. This is vital for the Group to be able to deliver in the future and needs to be clarified and clearly documented to ensure the postvention process continues. Step 7 of the current community plan "*Link to Longer Term Suicide Prevention Work*" seeks to ensure the link between the crisis response and a longer-term programme of suicide risk reduction and community recovery.

5.10. Under the new national safeguarding arrangements (post April 2013), neither Public Health or PHE are statutory partners of LCSB. Guidance states that PHE will work with "local arrangements for safeguarding, liaison with NHS Commissioning Board to access local expertise and advice". Directors of Public Health are expected to play a full part in their authorities to meet the needs of vulnerable children for example by linking effectively with their local Safeguarding Children's Board. Further clarity is required nationally and within Rotherham, about the relationship between Public Health, the Health and Wellbeing Board (HWBB) and the local Safeguarding Boards particularly with regards to further implementation of the postvention follow up response.

The emotional health and wellbeing of young people is not one of the current priority areas for Rotherham HWBB.

5.11. There was substantial agreement that the multi-agency working was effective and that people and agencies worked well together to try to deal with the issues. It should also be acknowledged that this was a very unusual set of circumstances, very few people would have had similar experiences to draw upon for direction and that it was an extremely stressful process for all participants. Nevertheless, interviewees spoke positively about the desire of group members to work together and deliver a multi-agency solution to address the issues they faced.

5.12. Multi-agency working was very good across all organisations apart from engagement with the HT of School A. Although this possibly could have been avoided, there are lessons to be learnt about engagement between schools, health, social care and police in a genuine partnership.

5.13. The need for a Serious Case Review (SCR) was considered and it was agreed that this sequence of events did not meet the criteria for a formal SCR.

5.14. In the future it may be useful to have a section on suicide / self-harm postvention responses incorporated into the Educational Psychology Directorate's Incident Response in Schools Plan. This could form part of the schools' commissioning of LA Educational Psychology services on an annual basis. In future (post-suicide cluster), this would enable a simplified approach, which could be led by schools with support from Educational Psychology and other health and social care colleagues as appropriate along with public health. Should it be suspected that a suicide cluster is occurring or there is a high profile local suicide, then the full multi-agency Community Response Plan should be initiated. Both plans would need to be consistent with each other.

5.15. In reality the current response should continue whilst the risk remains high i.e. for at least a period of two years (according to Samaritans guidance).

5.16. It is also essential the impact of cumulative traumatic events is considered as part of any community response. For example, pupils may have links to a pupil who died by cancer and a pupil who died by suicide.

Recommendations

We have made seven specific recommendations here and go on below to describe some of the actions that would be necessary to implement these recommendations. There are also two areas for further consideration that are raised at the end of our recommendations that should also be considered.

1 Local stakeholders, led by an agreed lead agency, should agree procedures for the ongoing development of the Community Response Plan and the associated Action Plan (with clear timescales and identified leads) ensuring the Action Plan remains an ongoing and up to date plan.

2 The Rotherham School Incident Plan should be updated alongside the community response plan to include available support services for suicide / attempted suicide within Rotherham.

3 The current Rotherham Suicide Prevention Strategy Action Plan should be updated and thereafter re-updated annually and include the use of suicide audit to inform its redrafting.

4 The Rotherham Health and Wellbeing Board should develop a Public Health Mental Health and Wellbeing Strategy within which the emotional needs of young people are clearly addressed and are prioritised at Cabinet level in the council.

5 A clear communications strategy should be developed between Rotherham MBC and its strategic partners. This should proactively promote suicide prevention approaches.

6 The Rotherham Police and Coroner's Office should consider some of their specific roles and responses to deaths by suicide in light of this report.

7 Primary care and mental health service commissioners should review their relevant commissioning strategies in light of this report.

There are also two additional issues for consideration by the CEO of Rotherham Borough Council and the Director of Public Health respectively:

1. Consider recommending that CEO of Rotherham Borough Council writes to Minister of Education and the Minister of Health regarding the issue of School A failing to engage in the multi-agency response as an issue of national policy. This has implications for others school academies that do not engage in incidents that require a coordinated strategic response.

2. The Director of Public Health should consider sharing learning with a wider audience, including Public Health England and NHS England and other Local Authorities.

SUICIDE PREVENTION AND SELF-HARM ACTION PLAN

2015/16

DRAFT

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

In 2012 the Government produced “Preventing suicide in England A cross-government outcomes strategy to save lives”:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

The strategy outlined six areas for action:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

This action plan outlines the actions agencies across Rotherham are taking to prevent suicides.

Rotherham takes suicide prevention seriously and the Director of Public Health Chairs the Suicide Prevention Group who are tasked to implement this plan. The Health and Wellbeing Board will receive a minimum of annual updates against the plan.

DRAFT - Suicide Prevention and Self-Harm Action Plan 2015/2016 Version 2

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
1. Increase local level of understanding suicide and establish reporting mechanisms to strategic partners: - **Health & Well-Being Board** - **Elected members** - **Clinical Commissioning Group** - **Safe Guarding Adults Board** - **Safeguarding Children Board** - **Rotherham Health Protection Committee**	Rotherham Suicide Prevention and Self Harm Group chaired by Director of PH to meet bi monthly Local Suicide Prevention and Self Harm Group reports to the Rotherham Health Protection Committee and the Rotherham Health and Wellbeing Board. Annually review membership of the Rotherham Suicide Prevention and Self Harm Group, ensuring voluntary sector membership.	Public Health Specialist (Mental Health)	Terms of Reference reviewed annually Update reports produced Membership reviewed annually	Terms of reference agreed including reporting mechanisms agreed and reviewed annually. Rotherham Suicide Prevention and Self Harm Group's membership reflects the partnership approach to suicide prevention.	**GREEN**
	Annual update on the epidemiology of suicides and actions taken against suicide prevention is provided to the Health and Well Being Board.	Rotherham Suicide Audit Group	April 2015	Partner activity of suicide prevention reflects local need	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
2. Reduce risk in high risk groups- Children and young people	Rotherham Suicide and Self-harm Community Response Plan(2015) for children and young people to be revised to include the following : • Circles of vulnerability • Out of hours support and information • Management of severe self-harm behaviour • Letter and public information leaflet for use in schools and collages • Emerging national guidance	Consultant in Public Health Public Health Specialist (Mental Health)	Plan adapted by June 2015 Partner organisations signed up to the Rotherham Suicide and Self-harm Community Response Plan by September 2015	Rotherham Suicide and Self-harm Community Response Plan (2015) adapted and approved by Partner organisations	**AMBER**
	Rotherham Suicide and Self-harm Community Response Plan(2015) to be actioned within 24-48 hours of any event	Led by LSCB Supported by all agencies involved in Rapid Appraisal Process	In the event of a suspected death by suicide of a young person	Rapid Response process will ensure this happens. Rotherham is participating in the PHE Real Time suicide Surveillance Pilot. Rotherham Suicide Audit Group reviews all suicides.	

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	Ensure every school and college has been equipped with support materials in the event of self-harm or suicide. To include the following: • Template letter for schools to use to inform parent and carers • Policy for dealing with suicide or sudden death • Multi agency care pathway for emotional/ mental health issues.	Public Health Specialist (Mental Health)	June 2015	Schools and colleges using the recommended best practice	**AMBER**
	To launch the Child and Adolescent Mental Health (CAMHS) pathways for universal workers (incl self-harm, emotional health and wellbeing , ASD, ADHS, post abuse)	CAMHS Commissioners RMBC and RCCG to lead	Pathways to be launched in spring 2015	Universal workers across Rotherham working to the same pathways. Young people, parents and carers receiving consistent approach	**AMBER**
	Update the GP Top Tips and Directory of Services annually	RCCG CAMHS Commissioner	Ongoing	GPs make appropriate referrals	**GREEN**
	Support schools and colleges in identifying mental health problems in pupils through collaborative working between education and health professionals:	Public Health Specialist (Mental Health) working with CAMHS commissioners from Rotherham CCG, RMBC and CAMHS providers.	All schools and colleges received CAMHS Top Tips and Directory of Services in March 2015	Schools and colleges using CAMHS Top Tips and Directory of Services.	**GREEN**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	- Promotion of the CAMHS Top Tips – Guidance on the referral of children and young people with emotional wellbeing issues into universal, targeted and RDaSH CAMHS services - Directory of Services – Information on services that provide emotional wellbeing support.				
	Development and launch of the Rotherham Self-Harm Practice Guidance 2015	Public Health Specialist (Mental Health) working with Rotherham Youth Cabinet and Rotherham Suicide Prevention and Self Harm Group	Guidance approved at H&WBB March 2015 Launch and promotion of guidance April 2015	Safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves.	**GREEN**
Reduce risk in high risk groups: Children and young people & middle aged men	Development of a local awareness campaign to target high risk groups. Two campaigns planned for 2015/16 based on local data: - Young people (15-21) - Males Campaigns will include social media marketing	Editorial Group to include PH Specialist (Mental Health), RMBC Communications & Media Manager, Rotherham Youth Cabinet, Rotherham Suicide Prevention and Self Harm Group.	Work Commencing April 2015		**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	techniques. Sources will include Public Health Channel, Qmatic Screens, social networking, PH website and non-health sites to promote messages. Campaigns to look at non health organisations and sites which could promote these messages				
Reduce risk in high risk groups : People experiencing domestic abuse	Promote awareness of this group amongst GPs – Development of GP Guidance / Referral pathway for people experiencing domestic abuse. Ongoing promotion of tis resource and annual review	PH Specialist, RMBC, Head of Contracts and Service improvement, CCG & RDaSH	Ongoing promotion of the flowchart and annual review July 2015	GPs better equipped to identify and support patients experiencing domestic abuse.	**GREEN**
Reduce risk in high risk groups: Rotherham residents affected by the changes to welfare reform	Training for frontline customer services using the CARE about suicide resource	PH Specialist (Mental Health), HR (RMBC), RDaSH Crisis Service working with Team Managers within RMBC to deliver training sessions for frontline customer service staff within RMBC	Training commenced February 2015. Training sessions ongoing until May 2015. .	Staff feeling better equipped to support people who may be in distress and/or expressing thoughts of suicide	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
Reduce risk in high risk groups: witnesses of suicide	Develop supportive and signposting information for people who witness a suicide.	RDaSH and PH Specialist (Mental Health) with input from the Rotherham Suicide Prevention and Self Harm Group.	April 2015 leaflet send out for consultation May 2015 leaflet launched and used by frontline services for example SYP	People who witness suicides receiving timely and supportive information.	**AMBER**
3. Tailor approaches to improve mental health in specific groups	Development of the Emotional Health and Mental Health website for young people, parents/carers and professionals which will provide information on: - signposting - different mental/emotional health topics - self help - help in a crisis - looking after yourself	RMBC Commissioning & Public Health, working with Rotherham Youth Cabinet, Rotherham parents and carers and CAMHS Partnership Group.	Website developed with input from Rotherham Youth Cabinet, parents/carers and professionals March/April 2015 Launched May 2015	Comprehensive and reliable information on a variety of mental/emotional health topics including self-help guidance.	**AMBER**
	The new Rotherham Health and Well Being Strategy to incorporate targets and actions to improve the emotional health and well-being of children and young people(By Sept 2015).	Rotherham Health and Well Being Board	From April 2015 onwards	Partners all working to improve the mental health and well-being of children and young people.	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	The development and implementation of the Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014-2019.	RMBC and RCCG Commissioners & RMBC PH, working with Rotherham CAMHS Partnership.	Strategy has been approved by the H&WBB. Implementation is ongoing and monitored quarterly.	Improved services and support for children and young people in Rotherham regarding their emotional health and well-being.	**AMBER**
4. Reduce access to means	Suicide audit group bimonthly meetings to identify any hotspots using reports from the police and mental health services. Minutes and actions are recorded. Actions are initiated. Actions incorporated in Suicide Prevention and Self-Harm Action Plan	Attendees include: PH, RCCG, SYP & RDaSH. Meetings chaired by PH PH Specialist to work with other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)	Hotspot work initiated as and when areas are identified. Actions recorded and reported to the wider Suicide Prevention and Self-Harm Group.	Action taken at hotspots which could include: -installation of physical barriers and or moving ligature points -encouraging help seeking behaviours -increasing the likelihood of a third party intervention through surveillance and staff training -responsible media reporting	**GREEN**
	Local partners to share actions and learning to reduce suicide particularly after a serious incident (SI)	Provider Services for example: RDaSH, SYP TRFT	SIs discussed at each Suicide Audit meeting	Suicide prevention practice is shared across organisations	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	with Suicide Audit Group and the Rotherham Suicide Prevention and Self-Harm Group.				
5. Better information and support to those bereaved by suicide	Development of the Rotherham Adult Bereavement pathway Promotion of pathway across the district which will be monitored by the Rotherham Suicide Prevention and Self Harm Group.	Public Health Specialist (Mental Health) working with the Rotherham Suicide Prevention and Self Harm Group	Development of pathway March 2015 Launch of pathway April 2015	Adult Bereavement pathway in place Improved post bereavement support for adults	**AMBER**
	To continue to promote and review the LSCB Bereavement pathway for children and young people bereaved as a result of suicide or sudden death.	Public Health Specialist working with Rotherham LSCB and the Rotherham Suicide Prevention and Self Harm Group	Launched in January 2015 Review due January 2016	Children and young people received timely and appropriate support when bereaved by suicide or sudden death.	**GREEN**
	Explore having a single point of contact for the bereaved.	South Yorkshire Police and Coroner's Office	June 2015	Bereaved families have a single point of contact.	

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
6. Support media in delivering sensitive approaches to suicide and suicidal behaviour	Develop a clear communications strategy between RMBC and its strategic partners which proactively promotes suicide prevention approaches.	RMBC Communications & Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG.	Work commenced February 2015 and is ongoing	Agreed communications strategy across all statutory partners.	AMBER
	Commission a local awareness campaign to target young people (aged 15-21 years) as a high risk group	Public Health Specialist (Mental Health) and Marketing and Creative Services Manager (RMBC) working with the Rotherham Suicide Prevention and Self Harm Group.	Commencing March 2015	Media campaign launched and reviewed.	AMBER
	Hold a media summit/workshop for local media on suicide prevention.	RMBC Communications & Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG. Support given from Public Health Specialist (Mental Health) and Rotherham Suicide Prevention and Self Harm Group.	Planning to commence April 2015	Summit/workshop held.	AMBER
	Promotion of the Rotherham CARE about suicide resource. CARE about suicide resource to be on every statutory partners'	RMBC Communications & Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG. Support given from Public	Launched April 2014 To be on all statutory partners' websites by April 2015	Increase in confidence of universal workers and the general public to ask about suicide and take appropriate action	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	website	Health Specialist (Mental Health)			
7. Data collection and monitoring	Participation of Rotherham in the Real Time Suicide Surveillance Pilot (South Yorkshire). Data is reviewed at the Rotherham Suicide Audit meetings	Rotherham Leads PH Specialist (Mental Health) and Mental Health Coordinator South Yorkshire Police (SYP).	Commenced September 2014. Review April 2015	General themes and trends reported back to Suicide Prevention and Self Harm group and actions to reduce risk reflected in action plan. Real time public health interventions for suicide prevention. Identifying at risk groups will inform commissioning cycle.	**AMBER**
	Suicide audit group bimonthly meetings to identify any hotspots using reports from the police and mental health services. Minutes and actions are recorded. Actions are initiated. RDaSH to share SIs with the Suicide Audit	Attendees include: PH, RCCG, SYP & RDaSH. Meetings chaired by PH PH Specialist to work with other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)	Suicide audit group to meet every bimonthly and review each death by suicide and agree follow-up actions.	General themes and trends reported back to Suicide Prevention group and actions to reduce risk reflected in action plan. Real time public health interventions for suicide	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	Group to enable public health prevention actions to be identified.(Serious Incident Reports). Suicide Audit group agrees actions. Actions are reviewed at next meeting. Generic actions are reported back to the wider Suicide Prevention and Self Harm Group.			prevention. Identifying at risk groups will inform commissioning cycle.	
	Provision of epidemiological evidence to shape the development of services to support the emotional and mental health of children and young people (Needs Analaysis)	RMBC Public Health and RCCG	Annually	Services reflective of local epidemiology	**AMBER**
8. Workforce Development	Provision of 6 Adult MHFA Training during 2015/16	RCCG, RMBC PH and RDaSH	Commencing April 2015- March 2016	Improved awareness of mental health, reduced stigma and awareness of local services	**AMBER**

KEY AREAS FOR ACTION	ACTION	ACTIONED BY WHOM	TIMESCALE	OUTCOMES	RAG STATUS
	Provision of 4 Youth MHFA Training during 2015/16	PH RMBC and L&D Leads	Commencing April 2015	Improved awareness of mental health, reduced stigma and awareness of local services	**AMBER**
	To roll out further ASIST courses and other suicide prevention and self-harm courses to frontline workers	PH RMBC and L&D Leads	ASIST courses commence May 2015 Discussion re further courses commencing April 2015	Improved response to people in emotional distress	**AMBER**
	Delivery of a GP Projected Learning Time Event on mental health crisis	RCCG	2015/16	Increase awareness of the Mental Health Crisis Care Pathway	**AMBER**

Glossary

ASIST	Applied Suicide Intervention Skills Training
DPH	Director of Public Health
MHFA	Mental Health First Aid training
PH	Public Health
PHE	Public Health England
PHS	Public Health Specialist
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham, Doncaster and South Humber NHS Foundation Heath Trust
TRFT	The Rotherham Foundation Hospital Trust

Version 2 – 11 May 2015

Document is Restricted