

## Appendix 3



# SUICIDE PREVENTION AND SELF-HARM ACTION PLAN

## 2016/18

## Suicide Prevention and Self-Harm Action Plan 2016/18

| KEY AREAS FOR ACTION | ACTION | ACTIONED BY WHOM | TIMESCALE | OUTCOMES | RAG STATUS |
|----------------------|--------|------------------|-----------|----------|------------|
|----------------------|--------|------------------|-----------|----------|------------|

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](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.

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|---|--|--|--|--|---|
| <p><b>1. Increase local level of understanding suicide and establish reporting mechanisms to strategic partners:</b></p> <ul style="list-style-type: none"> <li>- <b>Health &amp; Well-Being Board</b></li> <li>- <b>Elected members</b></li> <li>- <b>Clinical Commissioning Group</b></li> <li>- <b>Safe Guarding Adults Board</b></li> <li>- <b>Safeguarding Children Board</b></li> <li>- <b>Rotherham Health Protection Committee</b></li> </ul> | <p>Rotherham Suicide Prevention and Self Harm Group chaired by Consultant in Public Health to meet bi monthly</p> <p>Local Suicide Prevention and Self Harm Group reports to the Rotherham Health Protection Committee.</p> <p>Annual reporting to the Health and Well Being Board.</p> <p>Annually review membership of the Rotherham Suicide Prevention and Self Harm Group, ensuring voluntary sector membership.</p> | <p>Public Health Specialist (Mental Health)</p> <p>Chair of Rotherham Suicide Prevention and Self Harm Group</p> | <p>Terms of Reference reviewed annually</p> <p>Update reports produced</p> <p>Membership reviewed annually</p> | <p>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.</p> | <p>Terms of reference to be signed off at February 2017 mtg</p> |
|   | <p>Annual update on the epidemiology of suicides and actions taken against suicide prevention is provided to the Rotherham Health and Well Being Board.</p>  | <p>Rotherham Suicide Audit Group</p>   | <p>June 2017 &amp; June 2018</p>   | <p>Partner activity of suicide prevention reflects local need</p>  | <p>Not due</p>  |

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|--|---|--|---|--|--|
| <b>2. Reduce risk in high risk groups (non-specific)</b>             | Suicide Audit Group to alert frontline workers to emerging risk factors, for example in briefing articles for GPs.  | Suicide Audit Group and Public Health Specialist<br><br>Partners of the SP & SH Group to ensure risk factors are disseminated and cascaded within their respective organisations | Suicide Audit Group meets bimonthly and reports trends to SP & SH Group.                        | Frontline workers are alerted to risk factors, identifying people who may be at risk and providing appropriate support   | Information included in GP Top Tips for suicide prevention<br><br>Other briefing opportunities to be explored  |
| <b>2. Reduce risk in high risk groups (non-specific)</b>             | Update the GP Top Tips on suicide prevention  | RCCG CAMHS<br>Commissioner<br>Public Health Specialist   | November 2016   | GPs make appropriate referrals   | Updated and agreed and will be included in Top Tips bite size update (Feb 2017)  |
| <b>2. Reduce risk in high risk groups (non-specific)</b>             | Explore options to promote Samaritans Drop -in sessions   | Rotherham Samaritans working with Public Health Specialist and Comms Leads in Statutory partner organisations  | From September 2016   | Drop-in sessions promoted via partner communications   |  |
| <b>2. Reduce risk in high risk groups- Children and young people</b> | Rotherham Suicide and Self-harm Community Response Plan(2015) for children and young people to be revised to include the following :<br><ul style="list-style-type: none"> <li>• Circles of vulnerability</li> <li>• Out of hours support and information</li> <li>• Management of severe self-harm behaviour</li> <li>• Critical response plan for schools.</li> </ul> | Public Health Specialist (Mental Health)   | Plan to be revised by Jan 2017<br><br>Partner organisations to be notified of the revised plan. | Revised Rotherham Suicide and Self-Harm Community Response Plan to be loaded on the Rotherham Local Safeguarding Children Board Manual Contents (Tri-x procedures) | Plan is being revised (due now April 2017) and responsibility for activating the plan and coordinating the meetings will move to Early Help<br><br>All schools have been sent the Critical Incident Prompt Sheet |

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|  | <ul style="list-style-type: none"> <li>Emerging national guidance</li> </ul>  |   |  |  |   |
|  | Rotherham Suicide and Self-harm Community Response Plan to be actioned within 24-48 hours of any event  | Led by LSCB/Public Health Supported by all agencies involved in Rapid Appraisal Process                                 | In the event of a suspected death by suicide of a young person or an adult within the school community | Rapid Response process will ensure this happens.<br><br>Rotherham is continuing the Real Time suicide Surveillance work. Rotherham Suicide Audit Group reviews all suicides. | See earlier comment   |
|  | Ensure every school and college is aware of the Critical Incident prompt sheet  | Educational Psychology Public Health Specialist (Mental Health)   | October 2106   | Schools and colleges using the recommended best practice   | All schools have a copy of this prompt sheet and evidence that schools have been using it                               |
| <b>2. Reduce risk in high risk groups- Children and young people</b> | To review the My Mind Matters website.<br><br>To continue to promote the My Mind Matters website  | CAMHS Commissioners RMBC and RCCG to lead   | Review of website to be completed by December 2016   |  | Website is being reviewed and will be complete March 2017   |
|  | Support schools and colleges in identifying mental health problems in pupils through collaborative working between education and health professionals:<br>- Promotion of the CAMHS Top Tips – | Public Health Specialist (Mental Health) working with CAMHS commissioners from Rotherham CCG, RMBC and CAMHS providers. | Top Tips and Directory of Services to be reviewed December 2017  | Schools and colleges using CAMHS Top Tips and Directory of Services.   | Top Tips for Universal workers has been updated. Next update due in Jan 2018<br><br>GP Top Tips has also been reviewed. |

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|   | <p>Guidance on the referral of children and young people with emotional wellbeing issues into universal, targeted and RDaSH CAMHS services</p> <p>- Directory of Services – Information on services that provide emotional wellbeing support.</p>                          |   |  |   |   |
|   | <p>Review of the Rotherham Self-Harm Practice Guidance (2015)</p>  | <p>Public Health Specialist (Mental Health)</p>   | <p>Annual Review due by April 2017</p>   | <p>Safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves.</p> | <p>Not yet due</p>  |
| <p><b>2. Reduce risk in high risk groups- Children and young people</b></p> | <p>Development of a local awareness campaign to target young people (15-21)</p> <p>Campaigns to look at non health organisations and sites which could promote these messages</p> <p>Campaigns will include social media marketing techniques relevant to young people</p> | <p>RMBC Comms working with Public Health Specialist, Rotherham Suicide Prevention and Self Harm Group (SP &amp;SH Group), Rotherham Youth Cabinet</p> | <p>Schedule plan to be shared by Comms at the August 2016 SP &amp; SH meeting. Consultation with young people to begin in September 2016.</p> <p>Drafts of the materials to be ready by December 2016</p> <p>Launch of the campaign January 2017</p> |   | <p>Progress has started with consultation events with young people's groups on the message of the campaign and design work. There has been a delay now until the new financial year</p> |

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| <p><b>2. Reduce risk in high risk groups:</b><br/>Men in particular middle aged men</p>   | <p>Promotion of local awareness campaign targeting males particularly middle aged men</p> <p>Campaigns will include social media marketing techniques. Sources will include Public Health Channel, Qmatic Screens, social networking, PH website and non-health sites to promote messages.</p> <p>Campaigns to look at non health organisations and sites which could promote these messages throughout the year.</p> | <p>RMBC Comms working with Public Health Specialist and Rotherham Suicide Prevention and Self Harm Group (SP&amp;SH Group),</p> | <p>Campaign launched July 2016</p> <p>12 month marketing plan to be brought to the SP &amp; SH Group meeting in August 2016 which will show how campaign will promoted throughout the year.</p> <p>Further promotion organised for September 2016 (World Suicide Prevention Day)</p> | <p>Campaign materials displayed through key venues in Rotherham.</p> <p>Partners all aware of the campaign</p> <p>Men and families and friends able to recall seeing campaign materials</p> <p>Increase in number of people accessing help.</p> | <p>Campaign was launched July 2016 and has been promoted a various opportunities since:</p> <p>Home Matters magazine Dec 2016<br/>Adverts in local papers Dec 2016</p> |
| <p><b>2. Reduce risk in high risk groups :</b><br/>People experiencing domestic abuse</p> | <p>Continue to promote awareness of this group amongst GPs – Annual update of GP Guidance / Referral pathway for people experiencing domestic abuse.</p> <p>Ongoing promotion of this resource and</p>  | <p>RCCG Safeguarding Lead</p>   | <p>Ongoing promotion of the flowchart and annual review July 2017</p>  | <p>GPs better equipped to identify and support patients experiencing domestic abuse.</p>  |  |

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|   | annual review   |  |  |  |  |
| <b>2. Reduce risk in high risk groups: women</b>  | Rotherham Suicide Audit Group to identify trends of increased suicide in women and report findings to SP & SH Group.<br><br>SP & SH Group to agree on actions to address this | Rotherham Suicide Audit Group<br><br>SP & SH Group   | Report to SP & SH Group in October/November 2016<br><br>Action to address suicides in women agreed October/November 2016 |  | Suicide Audit Group monitoring trends reflected in presentation to GPs at PLT event September 2016 |
| <b>2. Reduce risk in high risk groups:</b><br>Rotherham residents affected by the changes to welfare reform | Continue roll out of training for frontline customer services using the CARE about suicide resource   | PH Specialist (Mental Health), HR (RMBC working with Team Managers within RMBC to deliver training sessions for frontline customer service staff within RMBC | 200 Plus staff trained to date. Ongoing training provided.   | Staff feeling better equipped to support people who may be in distress and/or expressing thoughts of suicide | RMBC Revs & benefits staff attended training along with Housing Officers                           |
| <b>2. Reduce risk in high risk groups:</b><br>witnesses of suicide  | Publication of leaflet for people witnessing suicide.<br><br>Vulnerable Persons Unit (VPU) to distribute  | RMBC Comms, Public Health Specialist working with SP & SH Group.<br><br>VPU  | Leaflet produced January 2017<br><br>Leaflet launched and used by frontline services inc VPU from                        | People who witness suicides receiving timely and supportive information.                                     | A4 paper version distributed by SYP Officers.  |

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|---|---|---|--|--|--|
|   | leaflet to witnesses.   |   | October January 2017   |  |  |
| <b>2. Reduce risk in high risk groups:</b><br>Carers                    | Training for carers going into the home about the risk that carers experience                                   | RCCG Commissioning Lead for Mental Health<br>Public Health Specialist<br>Crossroads                   | To be discussed at the Dementia Carers Resilience steering group.<br>September 2016  | Workers supporting carers able to spot the signs someone may be vulnerable to suicide. | Discussed at Dementia Carers Resilience steering group. Training due to be delivered by April 2017 |
| <b>3. Tailor approaches to improve mental health in specific groups</b> | Promotion of whole school pilot programme   | Public Health Specialist<br>RMBC CAMHS<br>Commissioner<br>6 Rotherham schools                         | Action plans developed.<br>Work commencing September 2016- July 2017<br><br>Learning shared within School Learning community from September 2017 onwards | Wholes embedding mental health and emotional well-being within school community        | Schools began implementing their action plans in September 2016.                                   |
|   | Training to schools on staff wellbeing and resilience / improving own coping mechanisms.                        | Educational Psychology (RMBC)   | ?  | Children, young people and adults with improved emotional resilience.                  |  |
|   | Promotion of the Workplace well-being scheme to local employers   | Public Health (RMBC)  | No. of companies signed up to the scheme   | Workplaces which support the mental health and emotional well-being of employees.      |  |
| <b>4. Reduce access to means</b>  | Suicide Audit Group bimonthly meetings to identify any hotspots using reports from the police and mental health | Attendees include: PH, RCCG, SYP & RDaSH.<br>Meetings chaired by PH<br><br>PH Specialist to work with | Hotspot work initiated as and when areas are identified. Actions recorded and reported to the wider Suicide  | Action taken at hotspots which could include:<br><br>-installation of                  | RFB and NK (SYP-VPU) met with SYPTE in January 2017. Actions from this meeting being               |

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|---|---|---|--|--|---|
|   | <p>services. Minutes and actions are recorded. Actions are initiated.</p> <p>Actions incorporated in Suicide Prevention and Self-Harm Action Plan</p>   | <p>other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)</p> | <p>Prevention and Self-Harm Group.</p>   | <p>physical barriers and or moving ligature points</p> <p>-encouraging help seeking behaviours</p> <p>-increasing the likelihood of a third party intervention through surveillance and staff training</p> <p>-responsible media reporting</p> | <p>implemented which includes training for staff and distribution of CARE about suicide cards to staff.</p> |
|   | <p>Local partners to share actions and learning to reduce suicide particularly after a serious incident (SI) with Suicide Audit Group and the Rotherham Suicide Prevention and Self-Harm Group.</p> | <p>Provider Services for example: RDaSH, SYP TRFT</p>   | <p>SIs discussed at each Suicide Audit meeting</p>   | <p>Suicide prevention practice is shared across organisations</p>  |   |
| <p><b>4. Reduce access to means</b></p> | <p>Training frontline staff to identify access to means, e.g. carers going into the home, Housing staff</p>   | <p>Public Health Specialist<br/>SP &amp; SH Group members<br/>Crossroads<br/>RMBC Housing</p>   | <p>Housing staff given suicide prevention training 2015/16. Training to rolled out to carers organisations from October 2016</p> | <p>Staff vigilant to access to means and appropriate action taken</p>  | <p>Shared at suicide prevention training</p>  |
| <p><b>4. Reduce access to means</b></p> | <p>Investigate potential work with Trading Standards re sales of</p>  | <p>Public Health Specialist<br/>Trading Standards</p>   | <p>December 2016</p>   | <p>Retailers adhering to legal requirement of Paracetamol sales.</p>   |   |

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|--|--|---|--|--|---|
|  | Paracetamol  |   |  |  |   |
| 4. Reduce access to means                                      | Reminders to general public re safe storage of medication incl prescribed and over the counter, using Public Health Channel, Qmatic screens and internal communications. | Public Health Specialist<br>Comms Leads (RCCG, RMBC)<br>Local Pharmaceutical Committee? | January 2017   | Safe storage of medication both prescribed and over the counter within the home. |   |
| 4. Reduce access to means                                      | Explore opportunities to work with Planning Department re access to means at new builds  | Public Health Specialist working with RMBC Planning                                     | January 2017   |  |   |
| 4. Reduce access to means                                      | Training frontline staff to identify access to means, e.g. carers going into the home, Housing staff   | Public Health Specialist<br>SP & SH Group members<br>Crossroads<br>RMBC Housing         | Housing staff given suicide prevention training 2015/16.<br>Training to rolled out to carers organisations from October 2016 |  | Training for carer organisations by April 2017  |
| 5. Better information and support to those bereaved by suicide | Bereaved families to receive a visit from VPU within 48 hours of notification of death. Families to receive Help is at Hand and other local contact details              | SYP VPU   | Ongoing  | Improved post bereavement support for adults                                     | Families visited within 48-72 hours of the suspected suicide. Each family offered the Help is at Hand resource. Families asked if they would like to be referred to the bereavement support provided by Rotherham Samaritans. SPY VPU make the referral |

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|----------------------|---|--|---|---|--|
|                      | Every GP Practice in Rotherham to have copy (copies) of the Help is at Hand resource  | Public Health Specialist<br>RCCG- incl RCCG Comms Lead   | Resource to be promoted at PLT in September 2016.   | Supportive information available for people who are bereaved.   | All GP Practices issued with this guidance in September 2016   |
|                      | Using a variety of Comms channels to promote messages of support to those bereaved by suicide   | RMBC Comms to lead working with Comms Leads from TRFT, RDaSH, SYP, RCCG<br><br>Input from Public Health Specialist | Comms Lead to be vigilant to when this may be required.<br><br>Particular action to be taken on dates like World Suicide Prevention Day (10 <sup>th</sup> September 2016) | Supportive information available for people who are bereaved.   | During 2016 promotion of suicide prevention messages via Twitter, Qmatic screens, PH Channel, RMBC Staff briefing and local newspapers |
|                      | To continue to promote the LSCB Bereavement pathway for children and young people bereaved as a result of suicide or sudden death.<br><br>6 month review of pathway | Public Health Specialist working with Rotherham LSCB and the Rotherham Suicide Prevention and Self Harm Group      | First launched in January 2015<br>Reviewed in May and updated version sent out in July 2016<br><br>January 2017   | Children and young people received timely and appropriate support when bereaved by suicide or sudden death. | Pathway reviewed in May 2016.<br><br>Need to promote again with SYP Officers   |

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|   | <p>Rotherham Samaritans to offer 2 booked phone calls with individuals and families who have been bereaved by suicide.</p> <p>Offer will be made to families via VPU when visiting bereaved families.</p> <p>Support to be reviewed after 6 months</p> | <p>Rotherham Samaritans</p> <p>Rotherham VPU</p>  | <p>Starting September 2016</p> <p>Review Feb/March 2017</p>  | <p>Bereaved families offered support from an independent source.</p>   | <p>Bereavement support launched January 2017. Rotherham Samaritans to collate numbers</p> |
| <p><b>6. Support media in delivering sensitive approaches to suicide and suicidal behaviour</b></p> | <p>Develop a marketing plan which indicates how the men's and young people's campaigns are to be promoted throughout the year</p>  | <p>RMBC Communications &amp; Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG.</p> | <p>12 month marketing plan to be brought to the SP &amp; SH Group meeting in August 2016 which will show how both campaigns will be promoted throughout the year.</p> <p>Further promotion organised for men's campaign in September 2016 (World Suicide Prevention Day)</p> | <p>Campaign materials displayed through key venues in Rotherham.</p> <p>Partners all aware of the campaign</p> <p>Men, young people, families and friends able to recall seeing campaign materials</p> <p>Increase in number of people accessing help.</p> | <p>See earlier comments</p>   |

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|---|--|--|---|---|--|
|   | <p>Continue to promote the Rotherham CARE about suicide resource.</p> <p>CARE about suicide resource to be on every statutory partners' website</p>  | <p>RMBC Communications &amp; Media Manager working with Communication leads from RDaSH, TRFT, SYP and RCCG.</p> <p>Support given from Public Health Specialist (Mental Health)</p>               | <p>CARE resource to be on all statutory partners' websites by October 2016</p>  | <p>Increase in confidence of universal workers and the general public to ask about suicide and take appropriate action</p>  |  |
| <p><b>7. Data collection and monitoring</b></p> | <p>Continuation of Real Time Suicide Surveillance. South Yorkshire Police to share real time data around recorded incidents of attempt suicide, to inform and enable the group to identify trends, at risk groups, locations, to better inform and deliver services in preventing future suicide episodes in Rotherham.</p> <p>Data is reviewed at the Rotherham Suicide Audit meetings.</p> <p>Findings may lead to work with geographical communities and communities of interest</p> <p>Suicide audit group</p> | <p>RMBC Public Health SYP VPU RCCG</p> <p>Suicide Audit Group</p> <p>Suicide Audit Group working with partners like Area Assemblies, Early Help, GP Practices.</p> <p>Attendees include: PH,</p> | <p>Ongoing with Suicide Audit Group meeting bimonthly</p> <p>Targeted work either with geographical communities or communities of interest.</p> <p>Suicide audit group to</p> | <p>General themes and trends reported back to Suicide Prevention and Self Harm group and actions to reduce risk reflected in action plan.</p> <p>Real time public health interventions for suicide prevention.</p> <p>Identifying at risk groups will inform commissioning cycle.</p> <p>General themes and</p> | <p>Still awaiting decision on SY real time surveillance.</p> <p>Rotherham VPU goes through all police records and alerts partners; RDaSH and Housing to suspected suicides.</p> <p>Suicide Audit Group</p> |

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|                      | <p>bimonthly meetings to identify any hotspots using reports from the police and mental health services. Minutes and actions are recorded. Actions are initiated.</p> <p>RDaSH to share SIs with the Suicide Audit Group to enable public health prevention actions to be identified.(Serious Incident Reports).</p> <p>Suicide Audit group agrees actions.</p> <p>Actions are reviewed at next meeting.</p> <p>Generic actions are reported back to the wider Suicide Prevention and Self Harm Group.</p> | <p>RCCG, SYP &amp; RDaSH. Meetings chaired by PH</p> <p>PH Specialist to work with other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)</p> | <p>meet every bimonthly and review each death by suicide and agree follow-up actions.</p> | <p>trends reported back to Suicide Prevention group and actions to reduce risk reflected in action plan. Real time public health interventions for suicide prevention.</p> <p>Identifying at risk groups will inform commissioning cycle.</p> | <p>meets bimonthly. Action points are taken and updated at next meeting</p> |
|                      | <p>Develop closer working relationships with the Coroners Officer to assist with real time surveillance and with any learning post</p>   | <p>Rotherham Coroner's Office<br/>Public Health<br/>SYP VPU</p>   | <p>October 2016</p>   | <p>Suicide prevention measures put in place.</p>  |   |

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|                                 | inquest  |   |                                       |   |   |
| <b>8. Workforce Development</b> | Provision of 4 Adult MHFA Training during 2016/17  | RCCG, RMBC PH and RDaSH                                     | Commencing April 2016- March 2017     | Improved awareness of mental health, reduced stigma and awareness of local services | 3 courses July 2016, January 2017 and February 2017<br><br>An additional MHFA course will be running in WV Area Assembly          |
|                                 | Provision of 4 Youth MHFA Training during 2016/17  | PH RMBC and L&D Leads                                       | Commencing April 2015                 | Improved awareness of mental health, reduced stigma and awareness of local services | 2 courses August 2016 & October 2016<br><br>An additional Youth MHFA course will be running in WV Area Assembly                   |
|                                 | 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 September 2016 | Improved response to people in emotional distress                                   | WV Area Assembly is funding suicide prevention work in the Maltby Hellaby and Wickersley wards which includes ASIST and Safe Talk |
|                                 | To explore opportunities for other training for non-health workforce e.g Faith Leaders, Town Pastors, Carers and befrienders | Public Health Specialist SP & SH Group members L & D (RMBC) | January 2017                          | Improved awareness of mental health, reduced stigma and awareness of local services | See above comment<br><br>In addition Public Health Specialist ran training session run for SY Town pastors in July 2016           |
|                                 | Delivery of a GP Projected Learning Time Event on mental health crisis   | RCCG  | 2015/16                               | Increase awareness of the Mental Health Crisis Care Pathway                         | PLT presentation in September 2016  |

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### 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 Health Trust

**TRFT** The Rotherham Foundation Hospital Trust