

BRIEFING PAPER FOR HEALTH AND WELLBEING BOARD

1.	Date of meeting:	30th January 2019
2.	Title:	Rotherham Suicide Prevention and Self Harm Action Plan
3.	Meeting:	Rotherham Health and Wellbeing Board

1. Background

- 1.1 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. This can only be done by working collaboratively across all sectors within Rotherham.
- 1.2 In England, responsibility for the suicide prevention action plan and strategy usually lies with local government through health and wellbeing boards. Suicide prevention requires a partnership response.
- 1.3 Rotherham has had an active suicide prevention group which has met since 2013, with action plans to address suicide prevention. Rotherham has developed some excellent joint working between statutory partners and the voluntary sector.
- 1.4 Suicide Prevention is a high priority in the borough with support from the Chair of the Health and Wellbeing Board. There are strong governance arrangements with links to the Health and Wellbeing Board and the Place Plan Board.

2. Key Issues

- 2.1 The latest suicide rate data for Rotherham (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population) shows that:
 - After a small decrease between 2013-15 and 2014-16, the 3-year combined rate increased from 13.9 to 15.9 per 100,000 DSR (Directly standardised rate) between 2014-16 and 2015-17.
 - England decreased from 9.9 to 9.6 per 100,000 DSR. Rotherham is significantly higher than England (Red RAG-status) and ranks as 2nd highest compared to 15 CIPFA Nearest Neighbour local authorities.
 - There were 107 deaths over the three years 2015 to 2017, the highest in the period shown (since 2001-03).
 - Males account for around three-quarters of suicide deaths with the trend in death rates matching the total trend.
 - The female rate has increased every period since 2010-12. The rate increased from 7.2 to 8.4 per 100,000 DSR between 2014-16 and 2015-17 and is now significantly higher than England (4.7).
 - The rate for Rotherham females ranks as highest among CIPFA Nearest Neighbours.

2.2 Suicide prevention is not the responsibility of one organisation. The work of the Rotherham Suicide Prevention and Self Harm group is to reduce suicides by implementing actions within the six areas referenced in '*Preventing suicide in England: A cross-government outcomes strategy to save lives, 2012*'. These are:

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.

2.3 Progress against the 2016-2018 Suicide Prevention and Self Harm action plan has been reported on a monthly basis to the Mental Health and Learning Disability Transformation Board, a sub group of the Rotherham Place Plan Board. Annual updates have been given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Board.

2.4 This refreshed draft action plan follows the same national areas for action. In addition local intelligence has been used to inform the priority areas for Rotherham during 2019-2021.

2.5 South Yorkshire and Bassetlaw Integrated Care System has received funding for two years from NHS England for suicide prevention. This funding cannot fund local plans in their entirety but can support work in line with the national priorities:

- (1) Reducing suicide and self-harm in mental health services.
- (2) Reducing self-harm in community and acute services.
- (3) Suicide prevention in men and/or work with primary care.

3. Key actions and relevant timelines

3.1 Partners of the Rotherham Suicide Prevention and Self Harm Group have reviewed progress on the 2016-2018 action plan and noted areas for continued action.

3.2 Information from real time data has been used to inform the 2019-2021 draft action plan.

3.3 Partners have agreed to use the six national suicide prevention areas for action as detailed above with the addition of two additional areas for attention which are; **Workforce development and welfare of workforce (include primary care)** and **Acute mental health services**.

3.4 The Rotherham Suicide Prevention and Self Harm Group will oversee the implementation of the action plan with progress discussed at the bimonthly meetings.

4. Recommendations to Health and Wellbeing Board

4.1 The Health and Wellbeing Board to note the draft Rotherham Suicide Prevention and Self Harm Action Plan 2019-2021.

4.2 The Health and Wellbeing Board to receive annual updates on progress against the action plan and updates on the work funded through the NHS England suicide prevention funds.

5. Name and contact details

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